| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055041 | A. Building<br>B. Wing | 09/06/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Royal Care Skilled Nursing Ctr | 2725 Pacific Avenue<br>Long Beach, CA 90806 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0558<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Reasonably accommodate the needs and preferences of each resident.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49889<br><br>Based on interview and record review the facility failed to ensure call light was answered in a timely manner for two of two sampled residents (Resident 2 and Resident 4).<br><br>This deficient practice resulted in Resident 2 and Resident 4 sitting in their urine and feces for a long period of time and has the potential for Resident 2 and Resident 4 to feel embarrassed and humiliated.<br><br>Findings:<br><br>During a review of Resident 2 ' s Admission Record, the Admission Record indicated Resident 2 was admitted on [DATE] with diagnoses including diabetes mellitus type 2 (a condition in which the body fails to process glucose (sugar) correctly) depression (serious mental health condition that involves a persistent low mood or loss of interest in activities), and transient ischemic attack (blockage of blood flow to the brain)<br><br>During a review of Resident 2 ' s Minimum Data Set (MDS comprehensive assessment and care screening tool), dated 6/12/ 2024, the MDS indicated Resident 2 was able to understand and make decisions. The MDS indicated Resident 2 needs supervision with transfers.<br><br>During an interview on 9/6/2024 at 12:59 p.m. with Resident 2, Resident 2 stated the staff on the 3 pm to 11 pm shift would turn off the call light and will say they will come back to assist but will not return. Resident 2 stated that there were times when it would take 30-40 minutes for staff to come and assist, resulting in Resident 2 having a bowel movement in his pants. Resident 2 stated he felt extremely down and embarrassed.<br><br>During a review of Resident 4 ' s Admission Record, the Admission Record indicated Resident 4 was admitted on [DATE] with diagnoses including hemiplegia left side (paralysis on one side), depression, and muscle weakness.<br><br>During a review of Resident 4 ' s MDS), dated [DATE], the MDS indicated Resident 4 was able to understand and make decisions. The MDS indicated Resident 4 needs partial/moderate assist with transfers.<br><br>(continued on next page) |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 055041 | A. Building<br>B. Wing | 09/06/2024 |

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0558<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | During an interview on 9/6/24 12:41 p.m., with Resident 4, Resident 4 stated she had to sit in a urine-soaked diaper. Resident 4 stated the staff on the 3pm to 11 pm shift would turn off the call light and will say they will come back to assist but will not return. Resident 4 stated there were times when she transfers herself in her wheelchair and go out of her room to look for staff when she had a bowel movement. Resident 4 stated she annoyed when the staff does not come back to assist her with her needs.<br><br>During a record review of Resident Council-Meeting Minutes dated 7/23/24, indicated improvement was recommended for the staff to let the residents know when they go on break.<br><br>During a record review of Resident Council Meeting Minutes dated 8/20/24, indicated improvement was recommended for the staff to answer call lights in a timely manner.<br><br>During a concurrent interview and record review on 9/6/24 at 12:25 p.m. with the Activities Director (AD), AD stated that concerns with the call lights have been identified and was one of topics at the resident council meetings, in July and August.<br><br>During an interview on 9/6/24 at 1:14 p.m., with Director of Staff Development (DSD), the DSD stated call light should be answered as prompt as possible. DSD stated 30 to 40 minutes was too long to answer the call light. DSD stated anyone can answer call light. Resident could develop skin breakdown if call lights were not answered promptly.<br><br>During an interview on 9/6/24 at 1:42 p.m., with the Director of Nursing (DON), the DON stated call lights should be answered in 2-3 minutes. The DON stated all staff should answer the call lights. The DON stated residents (in general) should not have to wait 30 to 40 minutes for the call light to be answered. Call lights should be answered in a timely manner for resident safety.<br><br>During a review of the facility ' s policy and procedure (P&P) titled, Call Lights: Accessibility and Timely Response dated 10/22, indicated, To facilitate timely call light response, all staff members who see or hear an activated call light are responsible for responding. If the staff member cannot provide what the resident desires, the appropriate personnel should be notified.<br><br>Process for responding to call lights:<br><br>A. Turn off the signal light in the resident's room.<br><br>B. Identify yourself and call the resident by name.<br><br>C. Listen to the resident's request and respond accordingly. Inform the resident if you cannot meet the need and assure him/her that you will notify the appropriate personnel.<br><br>D. Inform the appropriate personnel of the resident's need.<br><br>E. Do not promise something you cannot deliver.<br><br>F. If assistance is needed with a procedure, summon help by using the call light. Stay with the resident until help arrives. |