STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055077	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/25/2024
NAME OF PROVIDER OR SUPPLIER: Coral Cove Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE: 1730 Grand Ave Long Beach, CA 90804	

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44055 Based on interview and record review the facility failed to ensure one of three residents ' (Resident 2) orthopedic (aim at the treatment of the musculoskeletal system) consult for right shoulder pain after hospitalization in 1/2024 and for left hip dislocation on 6/2024 was completed in a timely manner. The outpatient orthopedic consult was completed on 9/25/2024. The failure resulted in a delay of care which can result in negative health outcomes. Findings During a review of Resident 2 ' s Admission Record, the Admission Record indicated Resident 2 was originally admitted to the facility on [DATE] with diagnoses including unspecified inflammatory spondylopathy (swelling and tenderness in one or more joints, causing joint pain or stiffness) lumbar region (lower end of back bone), injury at other symptoms of musculoskeletal system, quadriplegia (paralysis that affects all a person's limbs), and osteoarthritis (a progressive disorder of the joints, caused by a gradual loss of cartilage) right shoulder muscle contracture (a stiffening/shortening at any joint, that reduces the joint's range of motion) . During a review of Resident 2 ' s Minimum Data Set ([MDS]), a federally mandated resident assessment tool), dated 7/31/2024, the MDS indicated Resident 2 ' s cognition was intact. The MDS indicated Resident 2 was dependent on staff for all activities of daily living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves). During a review of Resident 2 ' s physician's Orders dated 9/20/2024, the order indicated Resident 2 had an orthopedic appointment on 9/25/2024 at 2:30 p.m. During an interview with Resident 2 on 9/24/2024 at 6:01 a.m., Resident 2 stated he was in the hospital in January where the torn right shoulder tendon (flexible tissue connecting muscles to bones) was identified and he stated he was supposed to have an orthopedic consult 2 months after, around 3/2024. Resident 2 stated on 6/2024 he was hospitalized again, and they found Resident 2 ' s left hip was dislocated and needed an orthopedic consult as an outpatient around 7/2024 after he went back to the facility. Resident 2 stated he hasn ' t had the outpatient orthopedic consult yet. Resident 2 stated he would be going on 9/25/2024. (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: 055077	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/25/2024
NAME OF PROVIDER OR SUPPLIER Coral Cove Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1730 Grand Ave Long Beach, CA 90804	

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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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview and record review on 9/24/2024 at 10:38 a.m. with the Quality Assurance Nurse (QA nurse), Resident 2 ' s Discharge Summary from the General acute care hospital (GACH) 1 dated 1/9/2024 was reviewed and it indicated Resident 2 had a partial tear of supraspinatus (muscle in the shoulder that helps stabilize the shoulder joint and abduct the arm) right shoulder pain. The QA nurse stated Resident 4 should have followed up with orthopedics as an outpatient shortly after the hospitalization . During the continued interview and record review on 9/24/2024 at 1:41 p.m. with the QA nurse, Resident 2 ' s Orthopedic Consult Note from GACH 2 dated 6/21/2024 was reviewed and it indicated Resident 2 had a chronic dislocation (joint is forced out of normal position) of the left hip joint with abnormal soft tissue in the hip joint and Resident 2 was to follow up with the orthopedic specialist at the outpatient clinic in 3 to 4 weeks for re-evaluation. The QA nurse stated Resident 2 should have followed up with orthopedics as outpatient back in January and again in July post hospitalization . The QA nurse stated Resident 2 should have been seen sooner for chronic pain and treatment. During an interview on 9/26/2024 at 1:02 p.m., with the Director of Nursing (DON), the DON stated Resident 2 ' s orthopedic consult should have been done sooner so we know how the resident was doing post hospitalization . The DON stated the admission nurses should have reviewed Resident 2 ' s discharge summary and followed up on the consults needed. During a review of the facility ' s policy and procedure (P&P) titled, Resident Rights - Quality of Life, revised 3/2017, the P&P indicated: each resident shall be cared for in a manner that promotes and enhances the quality of life, dignity, respect, individuality and receives services in a person-centered manner, as well as those that support the resident in attaining or maintaining his/her highest practicable well-being. During a review of the facility ' s Facility Assessment Tool, updated 1/25/2024, the facility will provide necessary services for the resident ' s wellbeing. During a review of the facility ' s P&P titled, Referrals to Outside Services, revised 12/1/2013, the P&P indicated the facility will provide residents with outside services as required. For clinical services a nursing designee will assist the director of Social Services in locating a provider.

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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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44055 Based on interview and record review the facility failed to ensure one of three residents ' (Resident 4) Oxycodone (strong pain medication) was available to administer to Resident 4 when he was in pain. The failure had the potential to result in unrelieved pain which can result in negative health outcomes. Findings: During a review of Resident 4 ' s Admission Record, the Admission Record indicated Resident 4 was originally admitted to the facility on [DATE] with diagnoses including rheumatoid arthritis (chronic disorder that affects the joints in the hands and feet and can cause pain), ulcer (sores that can cause pain) of anus (opening where stool exits the body) and rectum (final part of large intestine connect to the anus), muscle spasms (sudden and involuntary contraction of a muscle or group of muscles), age related osteoporosis (bone disease that causes it to be brittle and break easy), and personal history of traumatic fracture (broken bone that occurs when a significant force is applied to the bone, such as from a fall, car accident, or forceful overextension). During a review of Resident 4's Minimum Data Set ([MDS]), a federally mandated assessment tool), dated [DATE], the MDS indicated Resident 4 ' s cognition (ability to make decisions of daily living) was intact. The MDS indicated Resident 4 needed set up assistance when eating, performing oral hygiene, and personal hygiene, supervision with upper body dressing, and was dependent on staff with toileting hygiene, and showering. During a review of Resident 4 ' s Physican's Orders Summary as of [DATE], the summary indicated an order for Oxycodone Oral tablet 5 milligrams every six hours as needed for pain scale 5 to 10 (moderate pain to worst pain), starting on [DATE]. During an interview with Resident 4 on [DATE] at 7:20 a.m., Resident 4 stated his Oxycodone has been out for about 7 days. Resident 4 stated he needed it for pain management. During an interview on [DATE] at 8:26 a.m. with Licensed Vocational Nurse (LVN) 2, LVN 2 stated the facility ran out of Resident 4 ' s Oxycodone last week and LVN 2 stated she called the pharmacy three times to have them deliver it. LVN 2 stated on the last pharmacy call on [DATE] the pharmacy indicated the prescription was expired and the physican needs to write a new prescription. LVN 2 stated she did not follow-up with the physician and pain medication refill, but she should have. During an interview and record review of Resident 4 ' s Individual Narcotic (medication that treats moderate to severe pain) Record numbered 56, on [DATE] at 10:27 a.m. with the Director of Staff Development (DSD), the narcotic record was reviewed, and it indicated Resident 4 ' s Oxycodone 5 milligrams ran out on [DATE]. (continued on next page)

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	055077	A. Building B. Wing	09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Coral Cove Post Acute	1730 Grand Ave Long Beach, CA 90804

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on [DATE] at 1:02 p.m., with the Director of Nursing (DON), the DON stated prescribed pain medication for the residents needs to be in stock, so the resident ' s pain is controlled. During a review of the facility ' s policy and procedure (P&P) titled, Medication Ordering and Receiving from Pharmacy, effective ,d+[DATE], the P&P indicated: 1. Medications are received from the dispensing pharmacy on a timely basis. 2. If not automatically refilled by the pharmacy, repeat medications (refills) are written on a medication order form/ordered by peeling the bottom part of the pharmacy label and placing it in the appropriate area on the order form provided by the pharmacy for that purpose and ordered as follows: a. Reorder medication five days in advance of need to assure an adequate supply is on hand. b. The refill order is called in, faxed, or otherwise transmitted to the pharmacy.

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49573 Based on interview and record review, the facility failed to obtain informed consent (voluntary agreement to accept treatment and/or procedures after receiving education regarding the risks, benefits, and alternatives offered) prior to administering psychotropic (a drug that affects a person ' s mental state) medication on two occasions for one of three sampled residents (Resident 6) who was on quetiapine (a medication used to treat schizophrenia [a serious mental health condition that affects how people think, feel and behave] and bipolar disorder [a mental illness that causes extreme mood swings, which can make it hard to do daily tasks]). This deficient practice had the potential for Resident 6 to be uninformed about the adverse (unwanted or dangerous medication side effects) effects of quetiapine he may experience when receiving the medication . Findings: During a review of Resident 6 ' s Admission Record (face sheet), the face sheet indicated Resident 6 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including type 2 diabetes mellitus (abnormal blood sugar), chronic obstructive pulmonary disease (inflammation of the lungs restricting airflow), acute kidney failure (a sudden decline in kidney function that can develop within a week), anemia (low red blood cells to carry oxygen to other body tissues), schizophrenia (a serious mental health condition that affects how people think, feel and behave), depression (a sad mood disorder that can affect a person's thoughts, feelings, and behavior), bipolar disorder (a mental illness that causes extreme mood swings, which can make it hard to do daily tasks), anxiety disorder (a group of mental health conditions that cause fear, dread and other symptoms that are out of proportion to the situation), and seizures (a temporary disruption in brain activity that can cause abnormal movements, behaviors, or awareness). During a review of Resident 6's Minimum Data Set ([MDS], a standardized screening and care assessment tool), dated 9/3/2024, the MDS indicated Resident 6 was intact in cognitive skills (thought process) for daily decision-making and needed maximal assistance with mobility (ability to move freely and easily) and was dependent on self-care abilities such as toileting hygiene, shower/bathing, and lower body dressing. During a review of Resident 6 ' s physician's orders dated 9/18/2024, the orders indicated quetiapine fumarate oral tablet 100 milligram (mg) give 1 tablet by mouth at bedtime for schizophrenia manifested by constantly calling 911. The physician's orders indicated to monitor the behavior episodes of constantly calling 911 and indicate the number of behavior occurrences. During a review of Resident 6 ' s electronic medication administration records (MAR) dated 9/1/2024 to 9/30/2024, the MAR indicated Resident 6 was administered Seroquel oral tablet 100 mg (quetiapine fumarate) give 100 mg by mouth one time a day for bipolar disorder manifested by labile mood on 9/11/24. The MAR also indicated Resident 6 was administered quetiapine fumarate oral tablet 100 mg give 1 tablet by mouth at bedtime for constantly calling 911 on 9/17/2024. (continued on next page)

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 6 ' s informed consent (a process that ensures a person has enough information to make an informed decision about accepting a risk) documentation dated 9/18/2024, indicated informed consent was obtained from the resident for order quetiapine 100 mg give 1 tablet by mouth at bedtime for schizophrenia manifested by constantly calling 911. During a concurrent interview with record review of Resident 6 ' s MAR and informed consent documentation with the Director of Staff Development (DSD), the DSD confirmed that the medication quetiapine 100 mg was given on 9/17/2024 and 9/11/2024. The DSD stated there need to be informed consent first before psychotropic medication can be given. The DSD stated informed consent was obtained on 9/18/2024. During a concurrent interview with record review of Resident 6 ' s MAR and informed consent documentation with the Director of Nursing (DON), the DON acknowledged that informed consent needs to be obtained first prior to giving any psychotropic medication to residents. The DON stated the psychotropic medication was given without informed consent and that psychotropic medication affects the brain and thinking process so all psychotropic medication must have informed consent before giving resident the medication. During a review of the facility ' s policy and procedure (P/P) titled, Informed Consent, dated 1/3/2024, the P/P indicated before administering the first dose or first increase dose of psychoactive medications, the licensed nurse will confirm that the healthcare practitioner obtained informed consent and will document the verification in the resident ' s medical record. During a review of the facility ' s P/P titled, Behavior/Psychoactive Drug Management, dated revised November 2018, the P/P indicated whenever an order obtained for psychoactive medication(s), the licensed nurse verifies with the attending physician/prescriber that informed consent has been obtained. The licensed nurse documents this verification of the order on NP-67-Form C-Verification of informed consent.