

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 01/13/2025
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)
<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39028</p> <p>Based on observation, interview and record review, the facility failed to ensure one of 4 sampled residents (Resident 2) ' s bed was kept clean and bed with piled up blankets.</p> <p>This deficient practice resulted in Resident 2 not having enough bed space to move and be comfortable while in bed.</p> <p>Findings:</p> <p>During a review of Resident 2 ' s Admission Records (Face Sheet), the Face Sheet indicated Resident 2 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis including pain in left hip, abnormalities of gait and mobility, and muscle weakness.</p> <p>During a review of Resident 2 ' s Minimum Data Set ([MDS] resident assessment) dated 12/6/2024, the MDS indicated Resident 2 ' s daily decision-making skills were cognitively intact (had ability to make decisions and understand others) The MDS indicated Resident 3 required one-person physical assist with activities of daily living ([ADLs] task such as eating, bathing, dressing, grooming and toileting).</p> <p>During a review of Resident 2 ' s History and Physical (H&P) dated 12/7/2024, the H&P indicated Resident 2 has the capacity to understand and make decisions.</p> <p>During a concurrent observation on 1/13/2025 at 1:13 p.m. and interview with Resident 2 , While Resident 2 sitting up in bed stated not feeling good. Resident 2 stated nobody is helping me to make my bed, CNA 1 assigned to me this morning stated that I can make my own bed. Resident 2 ' s bed was observed a pile of blanket and does not allow Resident 2 to sit up properly in bed because of dirty piled up blankets. Resident 2 stated I have requested and reported to not assign the staff to me because CNA 1 does not like to help me, but every time I ask the nurses it is always the CNA 1 assigned to me.</p> <p>During an intermittent interview on 1/13/2025, at 1:16 p.m. with CNA 1, CNA 1 stated Resident 2 can make her own bed. CNA 1 stated she saw Resident 2 when she was in the other room making her own bed CNA 1 stated we don ' t get along.</p> <p>(continued on next page)</p>

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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During interview on 1/13/2025 AT 1:30 p.m. with CNA 2 , CNA2 stated she is not Resident ' s 2 assigned CNA it is CNA1, But CNA ' s randomly bring food tray to anyone. CNA1 stated Resident 2 does not like each other and they still assigned CNA 1 to her.</p> <p>During a concurrent observation on 1/13/2025 at 1:40 p.m. and interview with the Director of Nursing (DON), DON stated there is not enough space in the bed for Resident 2 to lay down so Resident 2 can rest comfortable in her bed.</p> <p>During an interview on 1/13/2025 at 1:45 p.m. with the DSD, the DSD stated she announced it on the overhead phone about the assignment has been adjusted. DSD stated that she never put the updated assignment sheet and never discussed it during the huddle and the DSD does not know if everyone knows about the change of assignment. DSD stated it is important to communicate to everyone if there is changes so staff won ' t be missing any residents that needed care.</p> <p>During a review of facility ' s Policy and Procedure (P/P) titled Resident Rights -Accommodation of Needs, dated 1/1/2012, the P/P indicated Residents ' individual needs and preferences are accommodated to the extent possible, except when the health and safety of the individual or other residents would be endangered.</p> <p>Residents ' individual needs are accounted for in the Facility ' s provision of a clean comfortable bed with adequate mattress, sheets, pillow, pillowcase, and blankets, all of which are in good repair and consistent with individual resident needs.</p> <p>During a record review of facility ' s P & P titled Activities of Daily Living (ADLs), dated March 2018, indicated appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with.</p> <p>a. Hygiene (Bathing, dressing, grooming, and oral care)</p> <p>b. Mobility (Transfer and ambulation, including walking)</p> <p>c. Elimination (toileting)</p> <p>d. Dining (meals and snacks).</p>		