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| 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 04/02/2025 |
| 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) |
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| <p>F 0729</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Verify that a nurse aide has been trained; and if they haven't worked as a nurse aide for 2 years, receive retraining.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45425</p> <p>Based on interview and record review, the facility failed to ensure one of three sampled Certified Nursing Assistants (CNA 1) certification was active and not expired.</p> <p>This deficient practice resulted in the CNA 1 working 10 shifts (from [DATE] to [DATE]) with an expired certification.</p> <p>Findings:</p> <p>During a review of the California Department of Public Health (CDPH) License and Certification (L&C) Verification Detail Page obtained from https://cvl.cdph.ca.gov/SearchPage.aspx, dated [DATE], the L&C page indicated CNA 1 ' s certification expired on [DATE].</p> <p>During a review of the facility ' s Nursing Staff Assignment Sheets dated [DATE] to [DATE], the assignment sheets indicated CNA 1 worked 10 shifts from [DATE] to [DATE].</p> <p>During an interview on [DATE] at 10:31 a.m., the Director of Staff Development (DSD) stated CNA 1 was functioning as a CNA with her certification expired. The DSD stated after [DATE], CNA 1 was assigned to non-clinical roles because her certification was still expired. The DSD stated working with an expired certification is a liability because having a valid certificate shows the CNA is competent to the perform the job.</p> <p>During an interview on [DATE] at 1:05 p.m., the Director of Nursing (DON) stated the DSD should keep track of all CNAs certifications. The DON stated the employee should also approach the DSD with enough time to have their certification renewed within a good time frame, and the employee should also notify the DSD if the certification is not renewed or if they are having issues with renewing. The DON stated a CNA cannot work if their certification is expired.</p> <p>During an interview on [DATE] at 1:48 p.m., CNA 1 stated she was aware her certification expiring in , d+[DATE], but continued to work as a CNA after it had expired.</p> <p>During a review of the facility ' s undated Certified Nursing Assistant Job Description, the Job Description indicated the employee should have a license as a certified nursing assistant.</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.

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