| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055123 | A. Building<br>B. Wing | 08/19/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Beachside Post Acute | 3294 Santa Fe Avenue<br>Long Beach, CA 90810 |

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 0557<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46415<br><br>Based on observation, interview, and record review, the facility failed to maintain and enhance the resident ' s dignity by prohibiting the use of motorized wheelchairs in the facility for two of three sampled residents (Resident 1 and 2).<br><br>This deficient practice had the potential to negatively affect the residents' psychosocial wellbeing.<br><br>Findings:<br><br>a. During a review of Resident 1 ' s Face Sheet (Admission record), the Face Sheet indicated Resident 1 was initially admitted to the facility on [DATE] and was readmitted on [DATE] with diagnoses including hemiplegia (immobility of one side of the body) and hemiparesis (muscle weakness on one side) following cerebral infarction (stroke: cluster of brain cells dying due to not getting enough blood) affecting right dominant (hand instinctively used) side, and idiopathic peripheral autonomic neuropathy (never disorder that affects the functions of digestion, heart, and bladder).<br><br>During a review of Resident 1 ' s Minimum Data Set [(MDS) a standardized assessment and care screening tool], dated 8/5/2024, the MDS indicated Resident 1 ' s cognitive skills (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) were intact. The MDS indicated Resident 1 is mostly dependent on performing activities of daily living (ADL: toilet hygiene, bathing, dressing, transferring in shower, chair/bed to chair transfer), required maximal assistance from sitting to lying flat on bed, personal/oral hygiene, and required set up for eating. The MDS indicated Resident 1 have impairments on both the upper and lower extremities (arms and legs) and utilized a wheelchair.<br><br>During an observation on 8/19/2024 at 2:47p.m., there were five motorized wheelchairs lined up against the wall with bed side tables in the front in the Restorative Nursing Assistant (RNA) room.<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 |
|---|---|---|

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| F 0557<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | During a concurrent observation and interview on 8/19/2024 at 2:49p.m. with Resident 1, Resident 1 was sitting in a manual wheelchair. Resident 1 stated he had started using the motorized wheelchair recently and were able to utilize the motorized wheelchair in the facility. Resident 1 stated on 7/1/2024, he was informed that he will no longer be able to use the motorized wheelchair in the facility, was not provided a specific reason, and had his motorized wheelchair taken along with other residents that utilized the motorized wheelchair. Resident 1 stated due to his impairment on his right side of the arm, he is unable to use the manual wheelchair and push himself and required staff assistance. Resident 1 stated not being able to use his motorized wheelchair has made him feel bad about himself and lose his independence. Resident 1 stated he has never had a serious accident and being able to utilize his motorized wheelchair was his only hope and means to go around the facility. Resident 1 stated he would like to be able to utilize his motorized wheelchair within the facility so that he can go to his room and to the dining area on his own.<br><br>b. During a review of Resident 2 ' s Face Sheet, the Face Sheet indicated Resident 2 was initially admitted to the facility on [DATE] and was readmitted on [DATE] with diagnoses including encephalopathy (disease that affects the brain), difficulty walking, acute myocardial infarction (heart attack: occurs when the blood leading to the heart is blocked leading to tissue damage<br><br>During a review of Resident 2 ' s MDS, dated [DATE], the MDS indicated Resident 2 ' s cognitive skills were intact. The MDS indicated Resident 2 required maximal assistance on toileting, bathing, required moderate assistance on toilet/shower/chair/bed-to-chair transfer, personal hygiene, required supervision dressing the upper body, and required set up for eating and oral hygiene. The MDS indicated Resident 2 did not have any impairments on both the upper and lower extremities (arms and legs) and utilized a wheelchair and walker.<br><br>During a concurrent observation and interview on 8/19/2024 at 2:27p.m. with Resident 2, Resident 2 had his motorized wheelchair in the room by his bed. Resident 2 stated he had gotten his motorized wheelchair three to four months ago and was able to utilize his motorized wheelchair, however two months ago the facility stated he could no longer use his motorized wheelchair in the facility. Resident 2 additionally stated if the facility continued to ask about his motorized wheelchair to be parked at the front, he will leave the facility. Resident 2 stated he requires a manual wheelchair to go down the hallway and depending on how motivated he feels will request assistance from the staff to wheel him around. Resident 2 expressed his unhappiness and dislike about this new implementation and stated the facility should have implemented not able to use the motorized wheelchair in the facility slowly rather than banning the use of motorized wheelchair in the facility all together.<br><br>During an interview on 8/19/2024 at 1:51p.m. with Resident 1 ' s pervious roommates family member 1 (RFM 1), RMF 1 identified concerns regarding the use of motorized wheelchairs in the facility. RMF 1 stated Resident 1 owns a motorized wheelchair, and the resident was able to utilize the motorized wheelchair within the facility, but since the new Administrator (ADMN) came, Resident 1 ' s motorized wheelchair was taken away from him since he is no longer able to use it in the facility. RMF 1 stated Resident 1 had been at the facility since 2015 and has had his motorized wheelchair a little over a year and identified the residents need their motorized wheelchair as it is their last bit of mobility. RMF 1 stated she has observed non-motorized wheelchairs move faster than the motorized wheelchairs and have not observed any concerns when Resident 1 was utilizing it in the facility. RFM1 identified Resident 1 requires to be pushed around in the wheelchair. RMF 1 stated there are six residents that utilize the motorized wheelchair and removing the use of their motorized wheelchair is like taking their last bit of independence away from them.<br><br>(continued on next page) |

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| F 0557<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | During an interview on 8/19/2024 at 3:27p.m. with Certified Nursing Assistant 1 (CNA 1), CNA 1 stated the inability to use the motorized wheelchairs in the facility was implemented two months ago as it is dangerous, and the hallway is narrow. CNA 1 stated Resident 1 expressed that he wanted to use his motorized wheelchair despite not being able to use it in the facility anymore. CNA 1 stated she has not observed Resident 1 bump into anyone or has caused any incidents.<br><br>During an interview on 8/19/2024 at 3:37p.m. with Licensed Vocational Nurse 1 (LVN 1), LVN 1 stated Resident 1 gets up every day and always participates in activities. LVN 1 stated the inability to use the motorized wheelchair was implemented a month ago and started having Resident 1 use a manual wheelchair since the facility had narrow hallways and is for the safety of the resident. LVN 1 stated she does not recall any incidents regarding the motorized wheelchair and the residents can still utilized it when they go out on pass or go to their appointments. LVN 1 stated Resident 1 is more independent with the motorized wheelchair and had expressed the want to use his motorized wheelchair despite not being allowed to.<br><br>During an interview on 8/19/2024 at 4:19p.m. with ADMN, ADMN stated the use of motorized wheelchairs were brought to her attention in May or June 2024 for safety concerns and incidents where residents have backed up into the staffs. ADMN stated she reviewed the policy and procedure for motorized wheelchairs dated 5/2014 and noted motorized wheelchairs were not permitted in the facility. ADMN stated prior to this policy being implemented, this topic was brought up during the Quality Assurance Performance Improvement Committee Meeting (QAPI: meetings to improve quality of services offered by the facility) for safety concerns of other residents. ADMN stated they have dementia (group of symptoms that affect memory and thinking) residents that walk in the hallway, and the use of motorized wheelchairs are not safe for them as the residents are going too fast or backing up into staff. ADMN stated this policy for no motorized wheelchair use was implemented on July 1and on 8/5/2024 she found another policy for motorized wheelchairs dated 2017, so an assessment for the motorized wheelchair was performed for three out of four residents. ADMN stated during the time the residents are not allowed to use their motorized wheelchair, she ensured to provide them with new manual wheelchairs that accommodated their size. ADMN 1 stated although Resident 1 utilizes the motorized wheelchair, Resident 1 still required assistance from the staff and needs to be pushed around the facility.<br><br>During a review of the facility ' s P&P titled, Wheelchairs, Motorized, revised date 10/2017, the P&P indicated it is the policy of the facility to permit residents to utilize motorized wheelchairs if the resident ' s physician and IDT (Interdisciplinary Team) assess the resident to be able to properly use the wheelchair and that the resident ' s use of the motorized wheelchair does not represent a hazard to the resident or any other resident ' s health and safety.<br><br>During a review of the facility ' s P&P titled, Resident ' s Rights to Dignity and Privacy, revised date 9/2017, the P&P indicated it is the policy of the facility that each resident shall be cared for in a manner that promotes dignity, respect and individuality .the facility will protect and promote the rights of the resident. |