

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055353	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2025
NAME OF PROVIDER OR SUPPLIER Shoreline Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4029 East Anaheim Street 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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50144</p> <p>Based on interview and record review, the facility failed to provide toileting hygiene care after a bowel movement for one of three sampled residents (Resident 25).</p> <p>This failure had the potential to result in Resident 25 developing further skin breakdown.</p> <p>Findings:</p> <p>During a review of Resident 25's Admission record, the Admission record indicated Resident 25 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including acute respiratory failure (difficulty or inability to breath), pressure ulcer (localized, pressure-related damage to the skin and/or underlying tissue usually over a bony prominence) Stage 3 (Full-thickness loss of skin. Dead and black tissue may be visible) of right buttock, and neuromuscular dysfunction of bladder (condition where the nerves controlling bladder function are damaged, leading to impaired bladder muscle coordination resulting in difficulty urinating or incontinence).</p> <p>During a review of Resident 25's History and Physical (H&P), dated 3/24/2025, the H&P indicated Resident 25 had the capacity to understand and make decisions with Power of Attorney (POA- legal authority to make decisions on another person's behalf) assistance.</p> <p>During a review of Resident 25 's Minimum Data Set (MDS - a resident assessment tool), dated 3/7/2025, the MDS indicated Resident 25 had moderate cognitive (ability to learn, reason, remember, understand, and make decisions) impairment, required maximal assistance (helper does more than half the effort) for eating and personal hygiene and was dependent (helper does all of the effort) for toileting hygiene, showering, bathing, and dressing.</p> <p>During an interview on 4/27/2025 at 5:36 p.m., with emergency personnel (EP), the EP stated Resident 25 was transported from the facility. EP stated Resident 25 had soiled incontinence briefs and had not been changed or showered in a while.</p> <p>During an interview on 5/2/2025 at 10:16 a.m., with Certified Nurse Assistant (CNA) 5, CNA 5 stated the cleaning of a dependent resident after a bowel movement is documented as dependent under the CNA task titled, GG toilet hygiene.</p> <p>During an interview on 5/2/2025 at 10:42 a.m., with CNA 4, CNA 4 stated the cleaning of a dependent resident after a bowel movement is documented as a sponge bath under the CNA task titled, bathing.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 5/2/2025 at 1:04 p.m., with the Assistant Director of Nursing (ADON), Resident 25 ' s CNA task flowsheet was reviewed. The ADON stated Resident 25 ' s last bowel movement was on 4/26/2025 at 10:38 p.m. The ADON stated there is not a separate CNA task to document that a dependent resident was cleaned after a bowel movement. The ADON stated if a bowel movement was documented in the Bowel Movement/Bowel Continence CNA task, it is assumed that toileting hygiene was provided. The ADON stated a sponge bath is not the same as toileting hygiene.</p> <p>During an interview on 5/2/2025 at 4:12 p.m., with the Director of Staff Development (DSD), the DSD stated the CNA task titled, Bowel Movement/Bowel Continence captured the following information: Date/time of occurrence, size of bowel movement (none, small, medium, or large), consistency of bowel movement (Formed/soft/normal, loose/diarrhea, constipated/hard, putty like), and bowel continence (continent, incontinent, or no bowel movement). The DSD stated it is not clear in the Bowel Movement/Bowel Continence task what if any, toileting hygiene care was provided to a resident.</p> <p>During a concurrent interview and record review on 5/2/2025 at 4:45 p.m., with the MDS Coordinator (MDSC), Resident 25 ' s CNA task flowsheet was reviewed. The MDSC stated the GG toileting Hygiene CNA task reflects the time and type of care the CNA provided to a resident, for example Dependent means the helper does all of the effort. The MDSC stated Resident 25 ' s last bowel movement was 4/26/2025 at 10:38 p.m. and the last toileting hygiene was documented on 4/26/2025 at 5:51 p.m.</p> <p>During an interview on 5/2/2025 at 5:05p.m. with the Director of Nursing (DON), the DON stated if a staff member is documenting the bowel movement for a dependent resident, the expectation is that the staff member will provided the toileting hygiene. The DON stated if Resident 25 does not receive proper toileting hygiene, it will delay Resident 25 ' s pressure ulcer healing process and put them at risk for further skin breakdown.</p> <p>During a review of the facility ' s policy and procedure (P&P), titled Quality of Care - ADL, Services to carry out, revised November 2007, the P&P indicated residents who are unable to carry out activities of daily living (ADL) will receive services to maintain: good nutrition, grooming, personal hygiene, and oral hygiene.</p>		