STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055353	A. Building B. Wing	06/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shoreline Healthcare Center	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)
F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure one of three sampled residents (Resident 1) was admitted back to the facility after Resident 5 was evaluated and cleared by the General Acute Care hospital (GACH) to return to the facility on 6/5/2026.These deficient practices resulted in a delayed admission from the GACH back to the facility from 6/5/2026 to 6/12/2026 and had the potential to cause psychosocial harm top Resident 1.Findings:During review of Resident 1's admission Record, the admission Record indicated Resident 1 was admitted to the facility on [DATE] and readmitted to the facility on [DATE]. Resident 1 with diagnoses of but not limited to acute respiratory failure, chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing), muscle weakness and type 2 diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing).During a review of Resident 1's Minimum Data Set (MDS-a resident assessment tool), dated 2/25/2026, the MDS indicated Resident 1 had the ability to express wants, ideas and was able to make self understood. The MDS indicated Resident 1 had the ability to understand others. The MDS indicated Resident 1 was dependent (helper does all of the effort) on nursing staff for toileting, showering, dressing, sitting up, lying down, and rolling from left to right.During review of Resident 1's Progress Notes dated 5/13/2026 timed at 6:14 p.m., the Progress Note indicated Resident 1 complained of chest pain radiating to the back with pain scale seven out of 10 (0 out of 10 a numeric pain scale with zero meaning no pain and 10 meaning the worst pain imaginable). The note indicated Resident 1 was transferred to GACH for further evaluation.During an observation on 6/13/2026 at 10:46 a.m., multiple empty female beds were available for admission in the facility.During a phone interview on 6/13/2026 at 12:36 p.m., with the Community Liaison (CL), CL stated she was responsible for communicating with the GACH to review records and ensure admissions were appropriate for residents returning to the facility. The CL stated on 6/5/2026 she received a call from the GACH asking whether the facility would accept Resident 1 back. She stated she informed GACH Resident 1 could return when ready. The CL stated she requested Resident 1's medical records so the Director of Nursing (DON) could review them. She stated the DON reviewed the records and informed her it was appropriate to accept Resident 1 back to the facility. The CL stated she went to the GACH on 6/5/2026 but did not speak with Resident 1 or any GACH staff. She later spoke with the GACH case manager by phone on 6/12/2026 and explained there had been a misunderstanding regarding her statement that the facility would not readmit Resident 1. The CL apologized and stated she should have arranged for Resident 1 to return once the DON had reviewed the Resident 1's records on 6/5/2026. She stated the delay in Resident 1's readmission should not have occurred. The CL stated she did not want to hold residents in the GACH if it was safe and appropriate for them to return to the facility.During a concurrent interview and record review on 6/13/2026 at 3:09 p.m., with the Director of Nursing (DON), the facility's policy and procedure (P&P) titled admission Criteria, revised 5/2024 was reviewed. The P&P indicated the facility would admit residents whose medical and nursing care could be adequately provided. The DON stated the facility's P&P was not followed when determining whether to accept Resident 1 back to the facility and stated (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	she was not sure what occurred. The DON stated the facility will readmit Resident 1 to the facility on 6/13/2026.During a review of the facility's policy and procedure (P&P) titled admission Criteria, revised 5/2024, the P&P indicated It is the policy of this facility to admit only those residents whose medical and nursing care can be adequately provided.