

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055364	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/05/2024
NAME OF PROVIDER OR SUPPLIER  Long Beach Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3401 Cedar Avenue Long Beach, CA 90807	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47092</b></p> <p>Based on observation, interview, and record review the facility failed to ensure incontinence care was provided for one out of three sampled residents (Resident 2).</p> <p>This deficient practice had the potential to result in Resident 2 having complications from skin break down.</p> <p>Findings:</p> <p>During a review of Resident 2 ' s Admission Record (Face Sheet), the Face Sheet indicated Resident 2 was originally admitted to the facility on [DATE] and readmitted to the facility on [DATE] with diagnoses including diabetes mellitus (DM) type 2 [a chronic disease characterized by elevated levels of blood glucose (or blood sugar) in a bloodstream], and a stage 4 (a depth to the muscle, bone, tendon, or joint) pressure ulcer (a skin injury caused by sustained pressure on an area of the body) of the sacral region (lower back) and right buttock.</p> <p>During a review of Resident 2 ' s Minimum Data Set ([MDS] a standardized assessment and care screening tool) dated 8/10/2024, the MDS indicated Resident 2 was moderately cognitively impaired (ability to think and reason). The MDS indicated Resident 2 required total assistance (helper does all the effort) with toileting hygiene, showering/bathing, dressing, and personal hygiene.</p> <p>During a review of Resident 2 ' s untitled Care Plan, dated 2/9/2024, the Care Plan indicated Resident 2 had a potential for skin breakdown. The Care Plan interventions indicated staff are to provide good peri care after each bladder and or bowel incontinence episode to minimize skin impairment.</p> <p>During an interview on 9/4/202 at 10:05 a.m., Resident 2 stated he had been waiting for his soiled brief to be changed for 3 hours.</p> <p>During a review of Resident 2 ' s Change in Condition Evaluation dated 9/4/2024 and timed at 1:21 p.m., the Change in Condition Evaluation indicated Resident 2 had a new onset of moisture-associated skin damage ([MASD], inflammation or skin erosion caused by prolonged exposure to a source of moisture such as urine, stool, sweat, or wound drainage) from not turning and repositioning, not having his diaper changed.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  Facility ID: 055364	If continuation sheet Page 1 of 2

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 9/4/2024 at 10:13 a.m., in Resident 2 ' s room, Certified Nursing Assistant (CNA) 1 and CNA 2 were observed changing Resident 2 ' s soiled brief. Resident 2 ' s brief was noted with a small amount of feces and a moderate amount of urine. Resident 2 ' s skin was observed having redness around the perianal (around the anus) area with two small areas of approximately 0.5x1 centimeters ([cm] a unit of measurement) partial thickness loss (skin loss involving the top layers of the skin known as the epidermis and dermis).</p> <p>During an interview on 9/4/2024 at 10:20 a.m., CNA 1 stated she did not change Resident 2 during her shift starting from 7 a.m. because Resident 2 was in pain and refused to be changed.</p> <p>During an interview on 9/4/2024 at 10:26 a.m., Licensed Vocational Nurse (LVN) 1 stated Resident 2 was able to verbalize his needs, and when she gave Resident 2 ' s his medications he was not in pain. LVN 1 stated she had not been informed by any of the other nurses that Resident 2 was in pain or of his refusal of incontinence care. LVN 1 stated if a Resident 2 or any resident refused incontinence care the CNA should report it to her or another licensed nurse so they could intervene to prevent skin breakdown.</p> <p>During an interview on 9/4/2024 at 11:53 a.m., LVN 2 stated on 9/3/2024, she observed Resident 2 ' s skin and at that time he did not have MASD. LVN 2 stated MASD occurs from not being changed enough. LVN 2 stated if a resident stays in their own urine or feces the skin could break down in 1 hour. LVN 2 stated the redness and partial thickness loss around his perianal is a new onset of MASD.</p> <p>During an interview on 9/5/2024 at 1:47 p.m., the Assistant Director of Nursing (ADON) stated if Resident 2 refused care the CNA should have educated and encouraged him to be changed, and if Resident 2 still refused the CNA should have informed a licensed nurse to maintain the integrity of Resident 2 ' s skin.</p> <p>During a review of facility Policy and Procedure, (P&amp;P), titled Diarrhea and Fecal Incontinence, dated 9/2010, the P&amp;P indicated the purpose of the policy is to provide guidelines that will aid in preventing the resident ' s exposure to feces, and if a resident refuses the supervisor must be notified.</p>		