

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  11/06/2024
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 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident must receive and the facility must provide necessary behavioral health care and services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44958</b></p> <p>Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 1), was seen by the psychiatrist after she continued to express feelings of sadness on 8/12/2024, 8/22/2024, and on 9/23/2024.</p> <p>This failure resulted in Resident 1 not being seen by the psychiatrist after referrals were made on 8/12/2024 and 9/23/2024, and had the potential to place Resident 1 at risk to suffer further mental anguish and decreased quality of life.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record (Face Sheet), the Face Sheet indicated Resident 1 was admitted to 7/17/2024 and readmitted [DATE] with diagnoses including anemia (not having enough healthy red blood cells), dementia (a progressive state of decline in mental abilities), and polyneuropathy (condition which causes many nerves in the body to malfunction at the same time).</p> <p>During a review of Resident 1 ' s History and Physical (H&amp;P) dated 8/9/2024, the H&amp;P indicated Resident 1 had fluctuating capacity to understand and make decisions.</p> <p>During a review of Resident 1's Minimum Data Set (MDS - a federally mandated resident assessment tool), dated 10/10/2024, the MDS indicated Resident 1 ' s cognition was intact and was usually able to understand and was usually understood by others. The MDS indicated Resident 1 felt little interest or pleasure in doing things seven to eleven (half of more of the days) during the assessment period and felt down, depressed (sadness, loss of interest and change in a person ' s daily functioning), and hopeless two to six days (several days) during the assessment period.</p> <p>During a review of Resident 1 ' s Clinical Record (Care Plan section), initiated on 7/18/2024, the Care Plan indicated Resident 1 had a psychosocial well-being problem (actual or potential) related to a decline in health. The Care Plan goal indicated Resident 1 will effectively cope with her feelings of worry related to her decline in health by a target date of 1/13/2025. The Care Plan interventions included to consult with psychiatric services.</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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<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1 ' s Psychiatric Progress Notes, dated 7/22/2024, the Psychiatric Progress Notes indicated Resident 1 was seen by the psychiatrist on 7/22/2024 and verbalized feelings of sadness during the psychiatric visit. The Psychiatric Progress Notes indicated Resident 1 was to receive continued monitoring and follow-up.</p> <p>During a review of Resident 1's Social Services Evaluation, dated 8/12/2024, the Social Services Evaluation indicated Resident 1 verbalized having poor appetite and felt sad because of her condition. The Social Services Evaluation indicated a referral to psychiatry was made.</p> <p>During a review of Resident 1's Care Plan Conference Summary (a team of healthcare professionals with the addition of the residents which discuss and plan resident ' s treatment goals) dated 8/22/2024, the Care Plan Conference Summary indicated Resident 1 had little interest in group activities and refused to get out of bed to participate in activities. The Care Plan Conference Summary indicated social services to continue to provide psychosocial support as needed/requested.</p> <p>During a review of Resident 1's Social Services Evaluation, dated 9/23/2024, the Social Services Evaluation indicated Resident 1 verbalized having poor appetite and felt sad because of her condition. The Social Services Evaluation indicated a referral to psychiatry was made.</p> <p>During an interview on 11/6/2024 at 12 p.m., the Social Services Director (SSD) stated she oversees coordinating the resident ' s psychiatry and psychology appointments. The SSD stated her records do not indicate Resident 1 was seen by psychiatrist or psychologist since her psychiatry visit on 7/22/2024. The SSD stated when Resident 1 expressed sadness on 8/12/2024 and 8/22/2024, she scheduled a referral with the psychiatrist, however, did not follow-up to see if the psychiatrist saw Resident 1. The SSD stated she should have followed-up to see if the psychiatrist saw Resident 1 and provided necessary support and screening for her sadness. The SSD stated the facility failed to ensure Resident 1 ' s behavioral and psychosocial needs were met.</p> <p>During an interview on 11/6/2024 at 3:06 p.m., the Quality Assurance (QA) nurse stated based on her review of Resident 1 ' s Clinical Chart, the facility did not met Resident 1 ' s behavioral needs by ensuring Resident 1 was seen by the psychiatrist when she continued to express feelings of sadness. The QA nurse stated the facility should have continued to monitor Resident 1 ' s sadness and ensure there were consistent visits from the psychiatrist and/or psychologist.</p> <p>During an interview on 11/6/2024, at 3:50 p.m., the DON stated the facility should have followed up to ensure Resident 1 ' s behavioral needs and well-being were being monitored and met. The DON stated during the Care Plan Conference they should have addressed Resident 1 ' s continued verbalization of sadness and ensured Resident 1 was seen by the psychiatrist and/or psychologist. The DON stated by failing to monitor and address Resident 1 ' s sadness, the facility placed Resident 1 at risk to suffer further mental anguish and a decreased quality of life.</p> <p>(continued on next page)</p>		

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<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's policies and Procedures (P&amp;P), titled Behavioral Assessment, Intervention and Monitoring, revised 3/2019, the P&amp;P indicated the facility will provide and residents will receive behavioral health services as needed to attain or maintain the highest practicable physical, mental, and psychosocial well-being in accordance with the comprehensive assessment and plan of care. The P&amp;P indicated the nursing staff with identify, document, and inform the physician about specific details regarding changes in an individual ' s mental status, behavior and cognition including onset, duration, intensity and frequency of behavioral symptoms, any recent precipitating or relevant factor or environmental triggers, appearance, and alertness of resident and related observations.</p>		