

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  02/26/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45425</b></p> <p>Based on observation, interview, and record review the facility failed to ensure a resident (Resident 1) who had an open cast (also referred to as a half cast, a medical device used to immobilize an injured area while allowing room for swelling) and had a physician ' s order to see a surgeon, authorization was obtained promptly for one of four sampled residents (Resident 1).</p> <p>This deficient practice resulted in a delay in Resident 1 being seen by the surgeon and had the potential for Resident 1 to have muscle atrophy (muscle wasting), joint stiffness, decreased range of motion (the direction a joint can move to its full potential), skin irritation, and delayed healing.</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 the facility on [DATE] with the diagnoses including fracture (broken bone) of the right radius (wrist).</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS - a resident assessment tool) dated 2/19/2025, the MDS indicated Resident 1 was moderately independent in making decisions regarding tasks of daily life and required substantial/maximal assistance from staff to complete activities of daily living (ADLs - activities such as bathing, dressing and toileting a person performs daily).</p> <p>During a review of Resident 1 ' s Physician Order dated 2/5/2025, the Physician Order indicated an order was written on 2/5/2025 for Resident 1 to be seen by a surgeon to have her right arm open cast evaluated.</p> <p>During a concurrent observation and interview on 2/25/2025 at 9:32 a.m., in Resident 1 ' s room, Resident 1 was observed with an open cast on her right arm. Resident 1 stated she has had the open cast on her right arm for about four to five weeks and has not had a follow-up appointment to be seen by a physician regarding the cast. Resident 1 stated she wondered how much longer she would need to wear the cast because she thought it was well past the time a cast should be worn.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 2/25/2025 at 12:50 p.m., Licensed Vocational Nurse 1 (LVN 1) stated the physician order for Resident 1 was received on 2/5/2025 but did not fax the authorization request until 2/21/2025. LVN 1 stated on 2/21/2025, she received a request to resubmit the authorization request. LVN 1 stated that Resident 1 still has not been approved to see any surgeon regarding her right arm. LVN 1 stated authorizations usually take 48 to 72 hours to process, and the authorization should have been requested earlier. LVN 1 stated with a delay in requesting authorization, Resident 1 is at risk for skin breakdown and potential delay in receiving any necessary treatment and/or recommendations provided by the surgeon.</p> <p>During an interview on 2/26/2025 at 2:29 p.m., the Social Services Director (SSD) stated authorizations should be completed within 24 hours of receiving the physician order. The SSD stated authorization requests should be received within three to five business days after the authorization was requested.</p> <p>During a review of the facility ' s policy and procedure (P&amp;P) titled Referrals, Social Services dated 12/2008, the P&amp;P indicated social services shall coordinate most resident referrals with outside agencies. The P&amp;P indicated referrals for medical services must be based on physician evaluation of resident need and a related physician order.</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45425</b></p> <p>Based on interview and record review, the facility failed to provide treatment and services to maintain or prevent further decrease in joint range of motion ([ROM]full movement potential of a joint) and/or mobility for one of four sampled residents (Resident 1) by failing to:</p> <ol style="list-style-type: none"> <li>1. Provided services to maintain and prevent a decline in range of motion for Resident 1 ' s bilateral upper extremities.</li> <li>2. Provide services to maintain and prevent a decline in Resident 1 ' s mobility.</li> <li>3. Ensure Rehabilitation (therapy given to restore an individual back to their highest possible level of physical, mental, and psychosocial well-being) Screenings were performed upon Resident 1 ' s readmission from a General Acute Care Hospital (GACH).</li> </ol> <p>These deficient practices placed Resident 1 at risk for decline in ROM, mobility, physical functioning, and contractures (loss of motion of a joint).</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 the facility on [DATE] with the diagnoses including fracture (broken bone) of the right radius (wrist).</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS - a resident assessment tool) dated 2/19/2025, the MDS indicated Resident 1 moderately independent in making decisions regarding tasks of daily life and required substantial/maximal assistance from staff to complete activities of daily living (ADLs - activities such as bathing, dressing and toileting a person performs daily).</p> <p>During a review of Resident 1 ' s Restorative Nurse Assistant (RNA - nursing aide program that helps residents maintain their function and joint mobility) orders dated 5/24/2024, the RNA orders indicated Resident 1 was to receive active assistive range of motion (AAROM -use of muscles surrounding the joint to perform the exercise but requires some help from the therapist or equipment) exercises to the left lower extremities one time a day three times a week on Monday, Wednesday, and Friday.</p> <p>During a review of Resident 1 ' s Functional Range of Motion (ROM) and Voluntary Movement Note dated 10/19/2024, indicated Resident 1 would benefit from physical therapy to improve functional mobility and Resident 1 verbalized that she would like perform transfers and gait. The Functional Range of Motion (ROM) and Voluntary Movement Note indicated Resident 1 was currently receiving Restorative Nurse Assistant (RNA) services for AAROM exercises only.</p> <p>During an interview on 2/25/2025 at 9:48 a.m., Certified Nursing Assistant (CNA 1) stated she had not transferred Resident 1 out of bed and was not sure if Resident 1 could stand. CNA 1 stated she has seen other CNAs use a mechanical lift (a device that helps people move and transfer who need more support than caregivers can provide) to transfer Resident 1 into a wheelchair.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 2/25/2025 at 10:16 a.m., CNA 2 stated she had not seen Resident 1 out of bed and that Resident 1 could not walk.</p> <p>During an interview on 2/26/2025 at 10:41 a.m., RNAs 1 and 2 stated Resident 1 was receiving RNA services for AAROM exercises to the lower extremities only.</p> <p>During an interview on 2/26/2025 at 10:45 a.m., Resident 1 stated she would like to practice walking.</p> <p>During an interview on 2/26/2025 at 11:03 a.m., the Occupational Therapist (OT 1) stated Resident 1 would have benefitted from an RNA program involving her upper extremities. OT 1 stated Resident 1 spends a lot of time in her bed placing her at risk for potential decline in her ROM.</p> <p>During an interview on 2/26/2025 at 11:05 am, the Director of Rehabilitation (DOR) stated after the Rehabilitation Screen was completed on 10/19/2024, Resident 1 did not receive any rehabilitation services which would maintain or prevent a decline in Resident 1 ' s mobility. The DOR stated rehabilitation screens should be completed when a resident is readmitted from the hospital. The DOR stated Resident 1 should have had a rehabilitation screen when she returned from the hospital on 1/26/2025.</p> <p>During an interview on 2/26/2025 at 4:11 p.m., the Director of Nursing (DON) stated rehabilitation services should be provided to any resident who requires them. The DON stated if rehabilitation services are not provided, residents are at risk for a decline in their functional mobility and their ROM. The DON stated rehabilitation screens should be completed upon readmission from the hospital because the resident could experience a change of condition while in the hospital.</p> <p>During a review of the facility ' s policy and procedure (P&amp;P) titled Restorative Nursing Services, dated 7/2017, the P&amp;P indicated residents will receive restorative nursing care as needed to help promote optimal safety and independence.</p> <p>During a review of the facility ' s P&amp;P titled Resident Mobility and Range of Motion, dated 7/2017, the P&amp;P indicated residents with limited range of motion will receive treatment and services to increase and/or prevent further decrease in range of motion.</p>

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<p>F 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or get specialized rehabilitative services as required for a resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45425</b></p> <p>Based on interview and record review, the facility failed to provide rehabilitation (therapy given to restore an individual back to their highest possible level of physical, mental, and psychosocial well-being) services for one of four residents (Resident 1) services when Resident 1 had a physician order dated 10/11/2024 for a physical therapy evaluation.</p> <p>This deficient practice resulted in a delay of providing rehabilitation services to Resident 1 and placed Resident 1 at risk for a decline in range of motion ([ROM] full movement potential of a joint), mobility, physical functioning and contractures (loss of motion of a joint).</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission Record (Face Sheet), the Face Sheet indicated Resident 1 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including fracture (broken bone) of right radius (wrist).</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS - a resident assessment tool) dated 2/19/2025, the MDS indicated Resident 1 was moderately independent in making decisions regarding tasks of daily life and required substantial/maximal assistance from staff to complete activities of daily living (ADLs - activities such as bathing, dressing and toileting a person performs daily).</p> <p>During a review of Resident 1 ' s Physician Order dated 10/11/2024, the Physician Order indicated an order was placed on 10/11/2024 for Resident 1 to have a physical therapy (PT - treatment used to restore functional movements, such as standing, walking, and moving different body parts) and occupational therapy (OT - treatment used to improve a person ' s ability to perform activities of daily living) evaluation.</p> <p>During a review of Resident 1 ' s Functional Range of Motion (ROM) and Voluntary Movement Note dated 10/19/2024, the Functional Range of Motion (ROM) and Voluntary Movement Note indicated Resident 1 would benefit from physical therapy to improve functional mobility and Resident 1 verbalized that she would like perform transfers and gait. The Functional Range of Motion (ROM) and Voluntary Movement Note indicated Resident 1 is currently on Restorative Nurse Assistant (RNA) program for active assist range of motion (AAROM - use of muscles surrounding the joint to perform the exercise but requires some help from the therapist or equipment) exercises only.</p> <p>During an interview on 2/26/2025 at 10:41 a.m., Resident 1 stated she would like to walk again.</p> <p>During an interview on 2/26/2025 at 11:03 a.m., the Director of Rehabilitation (DOR) stated after the rehabilitation screen is completed, if needed, she (the DOR) would put an order for the resident to receive rehabilitation services. The DOR stated the rehabilitation screen that was done on 10/19/2024 indicated Resident 1 would benefit from physical therapy. The DOR stated for Resident 1, there was no PT therapy evaluation completed when it was ordered on 10/11/2024. The DOR stated Resident 1 was at risk for decline in ambulation.</p> <p>(continued on next page)</p>		

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<p>F 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 2/26/2025 at 4:11 p.m., the Director of Nursing (DON) stated rehabilitation services should be provided to any resident who requires them. The DON stated if rehabilitation services are not provided, residents are at risk for a decline in their functional mobility.</p> <p>During a review of the facility ' s policy and procedure (P&amp;P) titled Specialized Rehabilitative Services, dated 12/2009, the P&amp;P indicated therapeutic services are provided only upon the written order of the resident ' s attending physician.</p>