

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 09/04/2025
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure an allegation of abuse was reported for one of three sampled residents (Resident 1), when Resident 1 reported that a resident (Resident 2) pulled his right arm and touched his right leg multiple times. This deficient practice resulted in the inability of the California Department of Public Health (CDPH) to investigate the allegation of abuse in a timely manner and had the potential for information and recollection of the event(s) to be possibly lost. Findings: During a review of Resident 2's admission Record (Face Sheet) Face Sheet indicated Resident 2 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including picks disease (a gradual deterioration of nerve cells leading to changes in behavior and social appropriateness), and schizophrenia (a mental illness that is characterized by disturbances in thought). During a review of Resident 2's Minimum Data Set ([MDS] a resident assessment tool) dated 6/30/2025, the MDS indicated Resident 2's cognition was moderately impaired. During a review of Resident 2's Nursing Progress Notes dated 9/1/2025 and timed at 10:22 a.m., the Nursing Progress Notes indicated Resident 2 unintentionally touched his roommate's (Resident 1) legs and arms. During an interview on 9/3/2024 at 9:13 a.m., Resident 1 stated Resident 2 was his roommate and on 9/1/2025 Resident 2 walked to his bedside, pulled his right arm, and touched his right leg multiple times. Resident 1 stated he did not like Resident 2 touching him and he was afraid when it happened. Resident 1 stated he yelled for help, but no one came. Resident 2 stated he reported the incident to his assigned Certified Nurse Assistant (CNA) 2 during the 7 a.m. to 3 p.m. shift (9/1/2025). During a telephone interview on 9/3/2025 at 10:45 a.m., CNA 2 stated on 9/1/2025 when he started his shift (7 a.m. to 3 p.m. exact time unknown) Resident 1 reported to him that Resident 2 touched his right arm and right leg many times. CNA 2 stated he reported Resident 1's complaint to Registered Nurse (RN) 1 because it was his duty to report something like this because it could be abuse. During an interview on 9/4/2025 at 7:30 a.m., RN 1 stated Resident 2 reported to her that he did not want Resident 2 wandering around because he was afraid his arm would be pulled again. RN 1 stated she reported the incident to her abuse coordinator and there was a meeting, and a grievance was filed. During an interview on 9/4/2025 at 9:04 a.m., the Administrator (ADM), stated there was a meeting held with staff to discuss Resident 1's complaint and it was determined it was not an allegation of abuse, so he treated it as a grievance. The ADM stated he did not investigate Resident 1's complaint for possible abuse and did not report it to CDPH because he did not believe it was an allegation of abuse. During an interview on 9/4/2025 at 10:57 a.m., the Director of Nursing (DON) stated if a resident continuously touched a resident, we should report the suspected abuse to CDPH. During a review of the facility's Policy and Procedure (P&P), titled, Abuse and Neglect - Clinical Protocol revised 3/2018, the P&P indicated management and staff, with physician support, will address situations of suspected or identified abuse and report them in a timely manner to appropriate agencies, consistent with applicable laws and regulations.</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
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