STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055364	A. Building B. Wing	04/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Long Beach Healthcare Center	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)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure one of four sampled residents (Resident 1) call light (device that allows residents to request assistance from nursing staff) was accessible and within reach. This failure resulted in the inability of Resident 1 to use her call light to obtain assistance from staff and had the potential to result in a delay of care placing Resident 1 at risk for unmet needs, including assistance with toileting, pain, or other immediate care concerns.Findings:During a review of Resident 1's admission Record (Face Sheet), the admission Record indicated Resident 1 was initially admitted to the facility on [DATE]. Resident 1 had diagnoses including unspecified dementia (a progressive state of decline in mental abilities), hypertension ([HTN] high blood pressure), and lack of coordination.During a review of Resident 1's History and Physical (H&P) dated 1/16/2025, the H&P indicated Resident 1 had the capacity to understand and make decisions. During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool) dated 3/6/2026, the MDS indicated Resident 1 had moderate cognitive (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) impairment. The MDS indicated Resident 1 required partial to moderate assistance (helper does less than half the effort) from staff for oral hygiene and was dependent (helper does all the effort) on staff for toilet hygiene, shower/bathing, and lower-body dressing. The MDS indicated Resident 1 was wheelchair bound.During a review of Resident 1's untitled Care Plan dated 1/29/2025, the Care Plan indicated Resident 1 was at risk for falls due to dementia, HTN, and lack of coordination. The Care Plan's intervention indicated to place make sure Resident 1's call light is within reach and to encourage the resident to use it for assistance as needed. During a concurrent observation and interview on 4/23/2026 at 9:30 a.m., in Resident 1's room, Resident 1 was observed lying in bed. Resident 1's call light was observed hanging against the wall touching the floor, out of Resident 1's reach. Resident 1 stated she needed her nurse but was unable to call for assistance because she could not locate her call light. During a concurrent observation and interview on 4/23/2026 at 10:00 a.m. with Certified Nurse Assistant (CNA) 1, in Resident 1's room, CNA 1 located Resident 1's call light and placed it on Resident 1's bed. CNA 1 stated when making rounds she typically ensures residents have water and the call light in reach. CNA 1 stated it was her first day working in the facility and she did not check all call lights to make sure they are within the residents' reach. CNA 1 stated it is important to make sure the call light is in reach to prevent accidents like falls, due to residents looking for the call light.During an interview on 4/23/2026 at 11:23 a.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated that during staff huddles she usually instruct the CNAs to answer the call lights. LVN 1stated Resident 1 has not used her call light today and it is her roommate who turns on her call light to get help for Resident 1. LVN 1 stated she did not realize Resident 1 did not have her call light and was more concerned with the resident not feeling well. LVN 1 stated it is important to make sure Resident 1's call light is in reach to prevent accidents.During an interview on 4/29/2026 at 4:00 p.m. with the Director of Nursing (DON), DON stated call lights must be kept within easy reach of residents and answered promptly. The DON stated that ensuring call lights are accessible is the responsibility of all staff. The DON further stated that CNAs are expected (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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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	to conduct routine rounds and ensure call lights are within reach. DON stated this expectation is reinforced during staff huddles and discussed during resident council meetings. The DON stated if the resident is not able to reach their call light, they may attempt to ambulate which could result in a fall and potential injury.During a review of the facility's policy and procedure, (P&P) titled, Answering the Call Light, dated 2001, the P&P indicated the purpose of this procedure is to ensure timely responses to the resident's requests and needs. The P&P indicated staff are to ensure that the call light is assessable to the resident when in bed, from the toilet, from the shower, or bathing facility and from the floor.