

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055387	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2024
NAME OF PROVIDER OR SUPPLIER Edgewater Skilled Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2625 East Fourth Street Long Beach, CA 90814	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45777</p> <p>Based on interview and record review, the facility staff failed to notify the responsible party (RP) when Resident 1 had a 12-pound (lbs- measurement) weight loss for one of three sampled residents (Resident 1).</p> <p>This deficient practice had violated the resident's responsible party's right to be inform of the care or services provided.</p> <p>Findings :</p> <p>During a review of Resident 1's admission record (face sheet), the face sheet indicated Resident 1 was initially admitted to the facility on [DATE] and readmitted [DATE] with a diagnosis of diabetes mellitus without complications (elevated levels of sugar in the blood), Hypertension (High blood pressure), and acute respiratory failure with hypoxia (the lungs can't get enough oxygen to the blood).</p> <p>During a review of Resident 1 's history and physical (H&P) report dated 12/7/23, the H&P indicated resident 1 had fluctuating capacity to understand and make decisions.</p> <p>During a record review of Resident 1's Minimum Data Set (MDS- a standardized assessment and care screening tool), dated 12/11/2023, the MDS indicated Resident 1 is dependent on toileting, eating, lower and upper body dressing, changing positions (sit to lying, sit to stand).</p> <p>During a record review on 3/20/24 at 1:30 pm of Resident 1's weight summary on 1/3/24 at 10:55 a.m. Resident 1's weight was 116 LBS (pounds) then on 1/25/24 at 14:04 p.m. Resident 1's weight was 104 LBS 12 lbs weight loss in one month.</p> <p>During a record review and interview on 3/20/24 at 3:00 p.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 verified there was no record of a condition change, or the family was being notified when Resident 1 loss weight. LVN 1 stated if a resident has a weight loss of more than 3 LBS in one week we are to start a change of condition form and staff informs the doctor, notify the family, care plan, and monitor the resident for 72 hours. LVN 1 stated it is the family's right to know of any changes and plan of care being provided to the resident.</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: 055387
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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 3/20/24 at 3:15 p.m. with Minimum Data Set Coordinator (MDS), MDS stated when there is a change of condition you must inform or notify the family. MDS stated the family is Resident1's responsible party and should be aware of the resident's condition.</p> <p>During an interview on 3/20/2024 at 4:00 p.m. with the Director of Nursing (DON), the DON Verified there was no change of condition started and family notification of Resident 1's weight loss. DON stated it is important to do a change of condition if there is a change in the resident's baseline and family needs to be involved.</p> <p>During a review of facility's policy and procedure titled Nursing Administration Dated 5/2019 indicated:</p> <ol style="list-style-type: none"> 1. The responsible party will be notified that there has been a change in the resident's condition and what steps are being taken. 2. Document resident change of condition and response in eInteract Change of Condition UDA and in nursing progress notes , and update resident's care plan, as indicated. 		