

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 04/04/2024
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45777</p> <p>Based on observation, interview, and record review, the facility failed to provide the necessary treatment and services for two of three sample residents (Resident 1 and 2) by:</p> <ol style="list-style-type: none"> 1. Failing to document the presence of a low air loss mattress (special mattress that ensures air circulation around the skin and protects the residents from bedsores [injury to skin]) on the treatment administration record, ([TAR] a report that serves as a legal record of the treatments a resident was receiving) for Resident 1 and 2. 2. Failing to ensure Resident 1 had an order for a low air loss mattress. <p>These deficient practices had the potential to result in poor wound healing for Resident 1 and 2.</p> <p>Findings:</p> <p>a. 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] with diagnosis of malignant neoplasm of prostate (cancer of the prostate [accessory gland that makes the fluid that transport sperm]), cardiac arrest (heart stops), and unspecified and hypertension (high blood pressure [force of circulating blood]).</p> <p>During a review of Resident 1's history and physical (H&P) report dated 12 /13/2023, the H&P indicated Resident 1's reason for admission is for management after hospitalization for wounds.</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 had severe cognitive impairment, was dependent on staff with toileting, eating, lower and upper body dressing, and when changing positions (sit to lying, sit to stand).</p> <p>During a review of Resident 1's untitled care plan, revised 1/21/2024, and with a target date of 3/23/2024, the care plan indicated Resident 1 had a stage 3 (Full thickness tissue loss. Subcutaneous fat may be visible, but bone, tendon, or muscle is not exposed) pressure sore (injury to skin) in the coccyx (tail bone). The care plan indicated Resident 1 required pressure relieving device in the bed and to monitor effectiveness of treatments.</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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a record review and interview on 4/4/2024 at 1:32 p.m. with the Licensed Treatment Nurse (TX), Resident 1's Physician orders and TAR records were reviewed and indicated no documented evidence of an order for a low air loss mattress and no monitoring for a low air loss mattress. The TX nurse verified there was no order for Resident 1's low air loss mattress and TX stated he forgot to write an order for Resident 1 to have the specialty bed. TX nurse also stated he was not aware he needed to document monitoring for Resident 1's placement on the low air loss mattress on the TAR. TX nurse stated it was important to document Resident 1 was placed on an air mattress is to take credit for what was done and how Resident 1 responds to the treatment.</p> <p>b. During a review of Resident 2's admission record (face sheet), the face sheet indicated Resident 2 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), acute respiratory failure (the lungs can't get enough oxygen to the blood), unstageable (stage not clear) pressure ulcer in the right buttocks, and stage 4 (deep wounds that may impact muscle, tendons, ligaments, and bone)pressure ulcer in sacral region (lower back).</p> <p>During a review of Resident 2 's history and physical (H&P) report dated 12/7/23, the H&P indicated Resident 2 had fluctuating capacity to understand and make decisions.</p> <p>During a record review of Resident 2's Minimum Data Set (MDS- a standardized assessment and care screening tool), dated 12/11/2023, the MDS indicated Resident 2 was dependent on staff with toileting, eating, lower and upper body dressing, and changing positions.</p> <p>During a review of Resident 2's Order Summary as of 3/25/2024, the summary indicated on 1/24/2024, Resident 2 had an order for low air loss mattress for wound management, monitor every shift.</p> <p>During a record review and interview on 4/4/2024 at 1:32 p.m., with the TX nurse, Resident 2's TAR was reviewed and there was no documented evidence Resident 2 was using a low air loss mattress. TX nurse stated he did not know he needed to document Resident 2's usage of a low air loss mattress on the TAR. TX nurse stated it was important to document Resident 2 was placed on an air mattress is to take credit for what was done and how Resident 2 responds to the treatment.</p> <p>During a record review and interview on 4/4/2024 at 1:44 p.m., with the Registered Nurse MDS Coordinator (MDS nurse), Resident 1's physician orders and Resident 1 and 2's TAR records were reviewed and indicated no physician order for a low air loss mattress for Resident 1 was noted and there was no documented evidence of monitoring for a low air loss mattress for Resident 1 and 2 in the TAR. The MDS nurse verified there was no order for a Low air loss mattress for Resident 1. The MDS nurse verified Residents 1 and 2 did not have monitoring of use of the low air loss mattress on the TAR. The MDS nurse stated Resident 1 should have had an order for a low air loss mattress. The MDS nurse stated it was important to document the type of clinical care was given for Resident 1 and 2 so that the facility can continue to give the best treatment possible. The MDS nurse stated if it was not documented it was not done.</p> <p>During a review of facility's policy and procedure titled Skin and Wound Monitoring and Management Revision/Review Date 12/2023, the policy indicated Licensed nurse will document the presence of pressure reducing devices on Treatment Administration Record as ordered. The policy indicated daily monitoring with the medication and treatment administration records will confirm all orders have been implemented.</p>		