

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 05/03/2024
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 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>49145</p> <p>Based on interview and record review, the facility failed to ensure required in service training and skills checklist for abuse and dementia were provided to two of four sampled Certified Nursing Assistant (CNA 3 and 4).</p> <p>This deficient practice had the potential for the facility not be able to assess the skills necessary to provide nursing services to assure resident safety and to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>Findings:</p> <p>During a concurrent interview and record review on 5/3/2024, at 2:00 p.m., with Medical Record , Certified Nursing Assistant (CNA) 3 and CNA 4 employee files were reviewed. MR stated there were no CNA skills checklist or abuse and dementia trainings present in both employee files. MR stated Director of Staff Development was let go on 5/2/2024.</p> <p>During an interview on 5/3/2024 at 4:52 p.m., with the Director of Nursing (DON, the DON stated, they do not have the CNA skills checklists or abuse and dementia trainings for CNA 3 and CNA 4.</p> <p>During a review of the facility ' s policy and procedure (P&P) titled, Abuse: Prevention of and Prohibition Against, revised 12/2023 indicated The facility will engage in training and orienting its new and existing staff on topics which relate to the delivery of care and service in the post-acute setting. Topics of such training will include, but not be limited to prohibiting, preventing, identifying, recognizing, and reporting all forms of abuse, neglect, misappropriation of resident property and exploitation, Dementia Management/Care of Cognitively Impaired, and understanding behavioral symptoms of residents that may increase the risk of abuse and neglect and how to respond.</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: 055387	Facility ID: 055387 If continuation sheet Page 1 of 1