

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  02/07/2025
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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47092</b></p> <p>Based on observation, interview and record review, the facility failed to ensure prompt attempts were made to resolve the resident council meeting complaints of call lights not being answered, staff being rude, and not receiving care timely or at all for 5 of 11 sampled residents (Resident 1, Resident 2, Resident 4, Resident 7, and Resident 9).</p> <p>This deficient practice had the potential to violate the residents' right to have their concerns addressed.</p> <p>Findings:</p> <p>a. During a review of Resident 1 ' s Admission Record (Face Sheet), the Face Sheet indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including cerebral infarction (also known as a stroke, where blood flow to the brain is interrupted causing brain tissue to die) and congested heart failure (CHF - a heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting in leg swelling).</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 10/30/2024, the MDS indicated Resident 1 had mild cognitive (ability to think and reason) impairment. The MDS indicated Resident 1 required moderate assistance (helper does less than half the effort) for toileting/personal hygiene, transferring from bed to chair, and from chair to toilet. The MDS indicated Resident 1 was occasionally incontinent (involuntary loss of urine or stool) of bladder and always incontinent of bowel.</p> <p>During an interview on 2/5/2025 at 10:35 a.m., Resident 1 stated on 1/26/2025 at 3:00 a.m. he pushed the call light for assistance in changing his soiled incontinence brief, but nobody responded to him until 8:30 a.m. Resident 1 stated he had called 911 on 1/26/2025 because he could not get a hold of a nurse and was unable to get out of bed alone to clean himself. Resident 1 stated he stayed soiled in urine and feces for 5.5 hours.</p> <p>b. During a review of Resident 2 ' s Face Sheet, the Face Sheet indicated Resident 2 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including muscle weakness and CHF.</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
---	-------	-----------

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  02/07/2025
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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 2 ' s MDS dated [DATE], the MDS indicated Resident 2 was cognitively intact and required supervision/touching assistance for toileting/personal hygiene, transferring from bed to chair, and from chair to toilet. The MDS indicated Resident 2 was incontinent of bowel and bladder.</p> <p>During an interview on 2/5/2025 at 1:05 p.m. Resident 2 stated for at least six months and at least a minimum of three times a week, there had been an ongoing issue with nursing staff taking up to 30 minutes to respond to her call light on the 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m. shift. Resident 2 stated she was not the only resident who had experienced the evening and night nurses not answering call lights and not changing soiled incontinence briefs timely because it had been an ongoing issue discussed at the resident council meetings for the past six months and the issues still yet to be resolved. Resident 2 stated she feared there will be no one to help her if there was an emergency.</p> <p>c. During a review of Resident 4 ' s Face Sheet, the Face Sheet indicated Resident 4 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including chronic obstructive pulmonary disease (COPD - a chronic lung disease causing difficulty in breathing), generalized muscle weakness, and Diabetes Mellitus (DM - a disorder characterized by difficulty in blood sugar control and poor wound healing).</p> <p>During a review of Resident 4 ' s MDS dated [DATE], the MDS indicated Resident 4 had mild cognitive impairment and required maximal assistance (helper does more than half the effort) with toileting, personal hygiene, and toilet transferring. The MDS indicated Resident 4 required moderate assistance for transferring from bed to chair or chair to bed. The MDS indicated Resident 4 was occasionally incontinent of bladder and frequently incontinent of bowel.</p> <p>During a review of Resident 4 ' s Interdisciplinary Team Person Centered Care Conference Record (IDT care record) dated 1/27/2025 at 10 a.m., the IDT care record indicated Resident 4 expressed she did not want registry to care for her because she did not like unfamiliar nurses caring for her.</p> <p>During a concurrent observation and interview on 2/5/2025 at 1:42 p.m. with Resident 4, Resident 4 was alert and oriented, sitting on her wheelchair in the activities room. Resident 4 stated there had been ongoing issues on the 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m. shift with nursing staff not responding to call lights averaging between 20 to 35 minutes, and up to one hour sometimes she was soiled and needed to be changed. Resident 4 stated a couple of days ago on the 11 p.m. to 7 a.m. shift, Certified Nursing Assistant (CNA) 2 took 35 minutes to change her soiled incontinence brief. Resident 4 stated a few weeks ago, during the 3 p.m. to 11 p.m. shift, sometime between 5 p.m. and 7 p.m., her registry CNA (identifier unknown) took an hour to respond to her call light. Resident 4 stated she did not know who the CNA was because they did not introduce themselves. Resident 4 stated the lack of the caring and responding to her call lights caused her anxiety, and she felt the registry staff did not care because they would not even introduce themselves. Resident 4 stated when she would ask registry staff for small requests, they would reply with, No, I will do it my way. Resident 4 stated she had discussed her concerns during the resident council meeting in regards to the registry staff being rude, not being changed timely, and call lights not being answered timely with the staff at the facility on numerous occasions, but the issues had not been resolved.</p> <p>d. During a review of Resident 7 ' s Face Sheet, the Face Sheet indicated Resident 7 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including pneumonia (an infection/inflammation in the lungs), muscle weakness, and congested heart failure.</p> <p>(continued on next page)</p>		

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  02/07/2025
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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 7 ' s MDS dated [DATE], the MDS indicated Resident 7 ' s was cognitively intact. The MDS indicated Resident 7 required maximal assistance with toileting/personal hygiene, and transferring to the toilet was not attempted due to medical condition or safety concerns. The MDS indicated Resident 7 was occasionally incontinent (inability to control the flow of urine or stool) of urine and always incontinent of bowel.</p> <p>During an interview on 2/6/2025 at 6:37 a.m., Resident 7 stated several times during the 11 p.m. to 7 a.m. shift, she would have to sit in her soiled incontinence brief waiting sometimes up to two hours for the nurses to respond to her call light.</p> <p>Resident 7 stated this has been ongoing for several months. Resident 7 stated she struggled to care for herself due to her medical condition and she was angry at the health care system and the nurses and thought about going out on the street where she would be better off. Resident 7 stated, They need to stop calling it health care but a health business because all they care about is money.</p> <p>e. During a review of Resident 9 ' s Face Sheet, the Face Sheet indicated Resident 9 was admitted to the facility on [DATE] with diagnoses including pneumonia, generalized muscle weakness, and arthritis (inflammation of the joints).</p> <p>During a review of Resident 9 ' s MDS dated [DATE], the MDS indicated Resident 9 ' s had mild cognitive impairment, was dependent on staff for toileting hygiene and required maximum assistance from staff for personal hygiene. The MDS indicated Resident 9 was dependent on staff to sit, stand, and transfer. The MDS indicated Resident 9 was unable to transfer to the toilet due to medical condition or safety concerns. The MDS indicated Resident 9 was occasionally incontinent of bladder and frequently incontinent of bowel.</p> <p>During an interview on 2/6/2025 at 12:40 p.m. with Resident 9, Resident 9 stated sometimes he had to wait 45 minutes for a nurse to respond to his call light and change his soiled incontinence briefs. Resident 9 stated the last time he had to wait 45 minutes to be changed was earlier this morning.</p> <p>During a review of facility ' s Resident Council Minutes dated 7/18/2024, the Resident Council Minutes indicated residents were concerned about registry staff taking a long time to answer the call lights, using foul language, being rude, and would not give residents their names.</p> <p>During a review of facility ' s Resident Council Minutes dated 8/20/2024, the Resident Council Minutes indicated residents were concerned about CNAs not being available found from 11 a.m. to 7 a.m. and registry staff being rude and loud when talking about their personal lives.</p> <p>During a review of the facility in-service dated 8/21/2024, the in-service indicated nursing staff were educated on not using foul language in the hallways and answering the call lights timely.</p> <p>During a review of facility ' s Resident Council Minutes dated 10/2/2024, the Resident Council Minutes indicated residents were concerned about call lights not being answered for two hours from the 11 p.m. to 7 a.m. shift and were not getting their showers on the 3 p.m. to 11 p.m. shift.</p> <p>During a review of facility in-service dated 10/8/2024, the in-service indicated the nursing staff were educated on answering call lights timely, keeping noise levels to a minimum, and not talking about their personal lives in the hallways.</p> <p>(continued on next page)</p>		

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  02/07/2025
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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of facility ' s Resident Council Minutes dated 10/22/2024, the Resident Council Minutes indicated residents were concerned about call lights are not being answered timely, showers were not being done for the 3-11 p.m. shift, and Activities of Daily Living (ADLs - routine tasks/activities such as bathing, dressing and toileting a person performs daily) care was not being done until after dinner time.</p> <p>During a review of facility in-service dated 10/22/2024, the in-service indicated the nursing staff were educated on answering call lights, CNAs covering each other for necessary requests or patient care when assigned CNA is on break, resident care needing to be done upon request and/or when necessary, residents being showered when scheduled, being polite to residents, and staff arriving/leaving their shifts as scheduled.</p> <p>During a review of facility ' s Resident Council Minutes dated 11/21/2024, the Resident Council Minutes indicated residents disliked registry and would like to be checked in on more often by nursing staff.</p> <p>During an interview on 2/6/2025 at 9:45 a.m., the Director of Activities (DA) stated he attended and documented the resident council meeting minutes that were held monthly for the residents. The DA stated the residents had discussed their concerns regarding call lights not being answered, showers not being done, and registry staff being rude on the evening and night shifts. The DA stated he had brought up the residents ' concerns about call lights, rude staff, and care not being done during stand-up meetings with the department heads such as the Director of Nursing (DON) and Administrator (ADM) on multiple occasions, but the residents were still having the same repeated complaints.</p> <p>During an interview on 2/6/2025 at 2:26 p.m., the Director of Staff Development (DSD) stated nursing staff were supposed to answer call lights right away and try to not exceed response time beyond five minutes. The DSD stated if residents do not get their call lights answered timely, the residents would not get the care that they need which could result in a fall or skin break down.</p> <p>During an interview on 2/6/2025 at 3:17 p.m., the DON stated she was not aware of the extent and duration of issues with call lights not being answered, showers not being done, and soiled incontinent briefs not being changed timely on the 3 p.m. to 11 p.m. and 11 p.m. to 7 am. shift until 11/2024. The DON stated she was not aware the complaints/concerns had been brought up during the resident council meeting minutes dating had been ongoing concerns since 7/2024. The DON stated she found out yesterday (2/5/2025) about Resident 1 calling 911 on 1/26/2025 due to nursing not responding to answering his call light for 5.5 hours. The DON stated she had not spoken to Resident 1 or investigated this incident yet. The DON stated since 11/2024 when she was made aware residents had concerns about rude staff, call lights not being answered, and residents not receiving care timely or at all they had been educating staff with in-services and utilizing a form called Angel Rounds to survey residents to ensure residents ' needs are being met evening and night shifts. The DON stated the department heads oversee making rounds with residents during the day and ask how their care was during the off-hour shifts. The DON stated she thinks residents had not been complaining according to surveys but was not sure. The DON stated she had not experienced a discussion with a resident who was concerned about the call lights, rude registry staff, or being receiving care on the off shifts since she had found out about the issue in 11/2025.</p> <p>(continued on next page)</p>		

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  02/07/2025
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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a continued interview on 2/6/2025 at 3:20 p.m. the DON stated since she found out about the lack of call light response, rude nurses, and patient care issues in 11/2024 she had checked in on staff on one occasion in 12/2024 around 11 p.m. until 1:30 a.m. to monitor staff answering call lights and responding to care needs, but it was not an issue on that day. The DON stated she believed that what they residents were complaining about in the resident council meetings had merit, and it was not enough to continue to educate staff if the issue had been ongoing for six months. The DON stated if residents ' do not have their call lights answered timely or care is provided for, they could be in unnecessary pain, have skin break down, or fall.</p> <p>During a review of facility ' s policy and procedure (P&amp;P) titled Call Light/Bell, dated 5/2007, the P&amp;P indicated call lights should be answered within a reasonable time.</p> <p>During a review of facility ' s P&amp;P titled Resident Council Meeting, dated revised 2/2023, the P&amp;P indicated the resident council meeting is to provide a forum for constructive suggestions and concerns for the mutual benefit of the resident and the facility will provide information to the residents on action taken on recommendations made at the meetings. The P&amp;P indicated the council allows residents to discuss any special concerns they have, and the activity director will refer these matters to the appropriate personnel. The P&amp;P indicated a plan of action or resolution will be submitted to the activities director to correct concern.</p>		

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  02/07/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47092</b></p> <p>Based on observation, interview, and record review the facility failed to implement its Infection Prevention and Control Program for four of 11 sampled residents (Resident ' s 5, 6, 7 and 8) by failing to:</p> <ol style="list-style-type: none"> <li>1. Ensure Certified Nursing Assistant (CNA) 1 performed hand hygiene and used the proper personal protective equipment ([PPE] clothing and equipment that is worn or used to provide protection against hazardous substances and/or environments equipment) while providing care to Resident 5 who was on Enhanced Barrier Precautions ([EBP] infection control precautions in addition to the standard to prevent the spread of multidrug-resistant organisms).</li> <li>2. Ensure CNA 1 did not throw Resident 5 ' s contaminated linen and soiled incontinence (loss of bladder and/or bowel control) brief on the floor.</li> <li>3. Ensure CNA 2 wore proper PPE on while providing direct care to Resident 5.</li> <li>4. Ensure CNA 2 discarded contaminated gloves prior to entering Resident 6 ' s room and turning the call light off.</li> <li>6. Ensure licensed nurses dated Resident 7 ' s nasal cannula (a small plastic tube, which fits into the person ' s nostrils for providing supplemental oxygen).</li> <li>7. Ensure licensed nurses changed Resident 7 ' s humidifier (a bottle of sterile water used to provide moisture to the oxygen recipient to prevent irritation of the inner nose and throat) weekly.</li> <li>8. Ensure staff dated, emptied, discarded and/or replaced Resident 8 ' s urinal when it was visibly soiled.</li> </ol> <p>These failures placed Resident ' s 5, 6, 7, and 8 at risk for infection.</p> <p>Findings:</p> <p>a. During a review of Resident 5 ' s Admission Record (Face Sheet), the Face Sheet indicated Resident 5 was admitted to the facility on [DATE] with diagnoses including hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body), hemiparesis (weakness on one side of the body) following a cerebral infarction (also known as a stroke, loss of blood flow to a part of the brain) affecting the left side of the body, dementia (a progressive state of decline in mental abilities), and gastrostomy ([G-tube] a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems).</p> <p>During a review of Resident 5 ' s Minimum Data Set ([MDS] a federally mandated resident assessment tool) dated 11/18/2024, the MDS indicated Resident 5 had severe cognitively impairment (ability to think and reason) and was dependent on staff (helper does all the effort) for all activities of daily living ([ADLs] routine tasks/activities such as bathing, dressing and toileting a person performs daily).</p> <p>(continued on next page)</p>

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  02/07/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 5 ' s Order Summary Report dated 7/1/2025, the Order Summary Report indicated a physician order for EBP with PPE required for high contact care activities related to Resident 5 having a G-tube.</p> <p>During an observation on 2/5/2025 at 3:55 p.m., outside Resident 5 ' s room, there was an EBP sign outside Resident 5 ' s door. CNA 1 was observed entering Resident 5 ' s room and started providing oral suctioning (a procedure that removes liquid contents from a person ' s mouth using a machine that provides negative pressure, a plastic tube inserted into the mouth) to Resident 5 without having performed hand hygiene, putting on gloves or a gown. CNA 1 then proceeded to put on gloves without performing hand hygiene but did not put on a gown before providing incontinence care for Resident 5. Resident 5 was noted to have a bowel movement which had gotten on the cloth reusable incontinence pad from the soiled incontinence brief. CNA 1 ' s hair was observed coming into contact with Resident 5 ' s incontinence pad and left thigh as she reaching over her. CNA 1 removed the incontinence brief and pad from under Resident 5 and threw it on the floor. CNA 1 then grabbed the oral suctioning tube and began to suction Resident 5 again without removing contaminated gloves used to provide incontinence care. CNA 1 then moved the curtain and left the room with contaminated gloves, left the room and came back with a clean incontinence pad and finished changing Resident 5 with the same pair of gloves used when she wiped Resident 5. CNA 1 removed and discarded her gloves, used alcohol-based sanitizer, and then left the room again. CNA 1 came back with a plastic bag, put on gloves and put the soiled linens and incontinence brief that were on the floor into the bag and discarded the bag.</p> <p>During an interview on 2/5/2025 at 4:20 p.m., CNA 1 stated she did not wear a gown when providing direct care to Resident 5 because she thought it was optional. CNA 1 stated she forgot to wash her hands prior to providing care to Resident 5, take off her contaminated gloves, and wash her hands again after providing care to Resident 5 because she was nervous. CNA 5 stated she should have done so to prevent infection.</p> <p>During an observation on 2/6/2025 at 6:07 a.m., CNA 2 was observed walking into Resident 5 ' s room and provided incontinence care to Resident 1. CNA 2 did not put a disposable gown on prior to providing incontinence care to Resident 5.</p> <p>During an interview on 2/6/2025 at 6:24 a.m., CNA 2 stated she did not wear a disposable gown when providing incontinence care to Resident 5 because she was very hot.</p> <p>b. During a review of Resident 6 ' s Face Sheet, the Face Sheet indicated Resident 6 was admitted to the facility on [DATE] with diagnoses including cellulitis (a skin infection that causes swelling and redness), pressure ulcer/injury stage II (partial-thickness loss of skin, presenting as a shallow open sore or wound) of the right hip, and sepsis (a life-threatening blood infection).</p> <p>During a review of Resident 6 ' s MDS, the MDS indicated Resident 6 was cognitively intact, was dependent on staff with showering/bathing, dressing and required substantial assistance (helper does more than half the effort) with eating and toileting.</p> <p>During an observation on 2/6/2025 at 6:15 a.m., in Resident 6 ' s room, Resident 6 was observed pressing the call light. CNA 2 was observed going into Resident 6 ' s room and pressing the call light off button which was located on the wall next to Resident 6 ' s bed. CNA 2 did not dispose of her contaminated gloves, nor wash her hands upon turning off Resident 6 ' s call light.</p> <p>(continued on next page)</p>		

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  02/07/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>c. During a review of Resident 7 ' s Face Sheet, the Face Sheet indicated Resident 7 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including pneumonia (an infection/inflammation in the lungs), atelectasis (a condition where part or all of a lung collapses), and respiratory failure (a medical condition where the lungs are unable to adequately exchange oxygen and carbon dioxide between the body and atmosphere).</p> <p>During a review of Resident 7 ' s MDS dated [DATE], the MDS indicated Resident 7 ' s was cognitively intact and required substantial assistance with toileting, showering/bathing, and lower body dressing.</p> <p>During an observation on 2/6/2025 at 6:32 a.m., Resident 7 ' s was observed wearing a nasal cannula which was attached to a humidifier and oxygen. Resident 7 ' s nasal cannula was undated, and the humidifier was dated 1/21/2025.</p> <p>d. During a review of Resident 8 ' s Face Sheet, the Face Sheet indicated Resident 8 was admitted to the facility on [DATE] with diagnoses including [NAME] ' s lymphoma (a type of cancer that affects the lymphatic system which is part of the immune system), diabetes mellitus ([DM] a disorder characterized by difficulty in blood sugar control and poor wound healing), and anemia (an abnormal amount of blood in in the body).</p> <p>During a review of Resident 8 ' s MDS dated [DATE], the MDS indicated Resident 8 was cognitively intact and required clean-up assistance (helper sets up or cleans up) with toileting hygiene, showering/bathing, dressing, eating, and oral hygiene.</p> <p>During a concurrent observation and interview on 2/6/2025 at 12:26 p.m., with Resident 8, Resident 8 ' s undated urinal container had 250 milliliters ([ml] a metric unit of measurement used to measure liquids) of light amber urine with scattered black specks inside the container. Resident 8 stated the last time he asked for his urinal container to be replaced was months ago and stated his urinal had not been emptied since yesterday. Resident 8 stated although he was able to walk, he was frequently fatigued and dizzy due to his chemotherapy (medication treatment used to stop the growth of cancer cells) treatment and he wishes the nurses would help him empty his urinal.</p> <p>During an interview on 2/6/2025 at 12:43 p.m., CNA 3 stated when she made rounds at 9:00 a.m., she did not check Resident 8 ' s urinal container because he was independent and assumed he could empty the urinal himself.</p> <p>(continued on next page)</p>		

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  02/07/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 2/7/2025 at 11:43 a.m., with the Infection Prevention Nurse (IP), the IP stated humidifiers need to be changed weekly to prevent the resident from breathing in bacteria and acquiring an upper (nose, throat, sinuses) or lower respiratory infection (such as pneumonia). The IP stated the night shift (11 a.m. to 7 a.m.) is responsible for changing the humidifiers every Sunday. The IP stated urinal containers need to be changed every 30 days and should be dated to know when to discard/replace them to prevent bacterial build up and a potential urinary tract infection ([UTI] an infection in the bladder/urinary tract) for residents. The IP stated EBP are not optional and should be followed for all residents who are placed on EBP to prevent residents from getting an infection. The IP stated EBP is indicated for residents who have indwelling devices, wounds, or multi drug resistant organisms ([MDRO] bacteria or other microorganisms that are resistant to multiple antibiotics or other antimicrobial agents). The IP stated all staff should perform hand hygiene prior to providing direct patient care to prevent transmitting organisms to residents which might cause an infection. The IP stated soiled linens should be put into the proper linen and trash barrels and not onto the floor which could contaminate the environment and spread germs. The IP stated long hair should be tied up when providing direct patient care to prevent hair from becoming contaminated and potentially spreading it to other residents who could become infected.</p> <p>During an interview on 2/7/2025 at 2:26 p.m. with the Director of Staff Development (DSD), the DSD stated when CNAs are hired, as part of their orientation, it included informing them of the facilities infection control policies, and that CNAs should be aware of them.</p> <p>During an interview on 2/7/2025 at 3:17 p.m., with the Director of Nursing (DON), the DON stated staff should put on a disposable gown when providing direct care for residents on EBP to prevent the spread of infections to residents. The DON stated they do not have a policy for nursing staff to put their hair up when providing direct care, but it is best practice to do so to prevent the spread of infection to other residents. The DON stated humidifiers should be changed once a week to prevent infection. The DON stated urinals should be dated to know how old they are, should be changed more than once every three months, and emptied once a shift to prevent infection.</p> <p>During a review of facility ' s undated Policy and Procedure titled Hand Hygiene, the P&amp;P indicated the facility considers hand hygiene the primary means to prevent the spread of infections and all personnel will wash hands with soap and water or use an alcohol-based hand rub before and after providing direct contact with residents, and after removing gloves. The P&amp;P indicated the use of gloves does not replace hand washing/hand hygiene, and the integration of glove use along with routine hand hygiene is the best practice in preventing healthcare-associated infections.</p> <p>During a review of facility ' s undated P&amp;P titled Linen Management, the P&amp;P indicated soiled laundry/bedding shall be handled in a manner that prevents gross microbial contamination of the air and persons handling the linen. The P&amp;P indicated dirty linens are to be contained in a closed container or bag and are not to come into contact with staff clothing.</p> <p>During a review of facility ' s P&amp;P titled Infection Prevention and Control Program revised 1/2024, the P&amp;P indicated elements of the program include coordination, oversight and prevention of infection. The P&amp;P indicated the goal was to decrease the risk of infection to residents and personnel, to identify and correct infection control problems, and ensure compliance with state and federal regulations related to infection control.</p> <p>(continued on next page)</p>		

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  02/07/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of facility ' s policy and procedure (P&amp;P) titled IPCP Standard and Transmission-Based Precautions, revised 3/2024, the P&amp;P indicated Enhanced Barrier Protection (Precautions) includes the use of gown and gloves during high-contact resident care activities that provide opportunities for indirect transfer of MDROs to staff and clothing then indirectly transferred to residents. The P&amp;P indicated high-contact resident care activities include dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting and device care or use.</p> <p>During a review of facility ' s P&amp;P titled IPCP Standard and Transmission-Based Precautions, revised 3/2024, the P&amp;P indicated Standard Precautions are infection prevention practices that apply to the care of all residents regardless of suspected or confirmed infection or colonization status and based on the principle that all blood, body fluids, secretions, and excretions may contain transmissible infectious agents requiring the use of wearing gloves when potentially coming into contact with body fluids or contaminated equipment are anticipated.</p>