

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 05/23/2025
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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44443</p> <p>Based on interview and record review, the facility failed to ensure a refund was issued within 30 days to the Responsible Party (RP 1), upon a resident's discharge for one out of three sampled residents (Resident 1).</p> <p>This deficient practice resulted in Resident 1's RP 1 not receiving a refund of \$1,752.00.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record (Face Sheet), the face sheet indicated, Resident 1 was originally admitted on [DATE] and readmitted on [DATE], with diagnosis including hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) and hemiparesis (a slight paralysis or weakness on one side of the body), and malignant neoplasm of the prostate (prostate cancer). The Face Sheet further indicated Resident 1 was discharged from the facility on 2/19/2025 at 3:25 p.m.</p> <p>During a review of Resident 1's Minimum Data Set ([MDS] a resident assessment tool), dated 12/6/2024, the MDS indicated Resident 1 was usually understood and usually able to understand others.</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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/23/2025 at 12:20 p.m., with the Business Office Manager (BOM), the BOM stated Resident 1 had a refund because his share of cost which was \$3292 was lowered to \$2416 as of 1/2025. There was no credit or refund showing in 2/2025. No funds were taken for 3/2025. The 2/2025 payment was posted on 6/2024 to the private account by the Business Office Manager Assistant (BOMA), which was incorrect. On 4/21/2025, the BOMA stated Resident 1 had a drop in share of cost so that alerted her to an audit of Resident 1's entire account so that if Resident 1 had a refund, that money could be refunded back to them. The BOM stated she realized that the 2/2025 payment was deposited in 6/2024 because there were two payments for that month. The funds were deposited into the correct patient liabilities account for 2/2025. The BOM stated in March, the balance didn't flag her because it wasn't a large amount, meaning owing funds for three to four months and the money could be collected from the family. On 4/21/2025, the BOM spoke to FM 1 and notified FM 1 that Resident 1 had a refund and to see if FM 1 wanted to pick up the check once the refund was received from corporate and to verify Resident 1's address. The BOM stated she tried to initiate the refund on 4/21/2025, but it didn't show the credit in the system because the books had to be closed. The books are closed at the end of the month meaning the first week of the following month. The books closed on 5/6/2025. If the process is expedited, the refund should be received by the resident or resident family in five to 10 business days and if not expedited, the process takes 15-30 days. The BOM stated the refund of \$1752.00 was overlooked on 5/6/2025, because it got busy, and she forgot to go back and check for the refund and it should have been expedited at that time.</p> <p>During an interview on 5/23/2025 at 2:07 p.m., with the Administrator (ADM 2), ADM 2 stated she spoke to FM 1, and told FM 1 she would find out from the business office if there was a refund for Resident 1. ADM 2 let the facility know to contact FM 1 but does not recall when she contacted the facility.</p> <p>During an interview on 5/23/2025, at 4:18 p.m., with ADM 1 stated, ADM 2 had contacted him to let him know that FM 1 had reached out regarding if Resident 1 had a refund. ADM 1 reached out to FM 1 and let FM 1 know that the system was not showing any refund for Resident 1 at that time. The ADM stated he spoke to the BOM and was told after an audit a refund was shown. ADM 1 stated he let the business office handle the issue. The ADM 1 stated there is no standard time for refunds to be returned to the resident. The business office runs the audits and only notified if it is needed. Weekly and monthly audits to alleviate the turnaround time for refunds. ADM 1 states he oversees the business office but doesn't get into the details unless it's a significant amount of money due to the resident.</p> <p>During an interview on 5/23/2025, at 4:32 p.m., with the Director of Nursing (DON), the DON stated the facility did not have any policies pertaining to the timeframe when a refund should be received by the resident or resident responsible party after discharge.</p>		