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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055744 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 11/27/2024 |
| NAME OF PROVIDER OR SUPPLIER Atlantic Memorial Healthcare Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 2750 Atlantic Avenue Long Beach, CA 90806 | |

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) |
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| <p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50144</p> <p>Based on interview and record review, the facility failed to address one of three sampled residents ' (Resident 1) concerns with documented resolution and follow up.</p> <p>This failure had the potential to violate the resident ' s right to have their grievance addressed.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record, dated 7/15/2024, the Admission Record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including ESRD (End Stage Renal Disease-irreversible kidney failure), anxiety disorder, major depressive disorder (MDD- a mood disorder that causes a persistent feeling of sadness and loss of interest).</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS - a resident assessment tool), dated 6/30/2024, the MDS indicated Resident 1 had the cognition (ability to learn reason, remember, understand, and make decisions) to recall information after cueing or prompting and required supervision or contact guard (minimal touching for stability) assistance when walking.</p> <p>During a concurrent interview and record review on 11/27/2024 at 1:30 p.m., with the Social Services Assistant (SSA), Resident 1 ' s medical record was reviewed. The SSA stated Resident 1 received hemodialysis (a treatment to cleanse the blood of wastes and extra fluids artificially through a machine when the kidney(s) have failed) three days a week, and is transported using an ambulance company. The SSA stated, after Resident 1 returned from hemodialysis on 7/3/2024, Resident 1 stated they were uncomfortable with a driver of the transportation company. The SSA stated they reported this concern to the Social Services Manager (SSM) 1. SSM 1 told the SSA to file the complaint with the transportation vendor. The SSA stated the transportation vendor was contacted, but there is no documentation in Resident 1 ' s medical record documenting the situation or resolution. The SSA stated the concern should have been documented in the medical record.</p> <p>During a concurrent interview and record review on 11/27/2024 at 2:24 p.m., with the Social Services Manager (SSM) 2, the Grievance logs from June 2024 to November 2024 were reviewed. SSM 2 stated there is no documentation about Resident 1 ' s concern in the Grievance Logs. SSM 2 defined grievance as if the resident vocalizes a concern or issues that we feel might happen in the future.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During an interview on 11/27/2024 at 3:16 p.m., with the Director of Nursing Services (DON), the DON stated residents have a right to express any concerns or grievances without retaliation because the facility wants the resident to feel safe. The DON stated it is important to document the residents' concerns including what happened, and that the resident was updated and they were agreeable.</p> <p>During a review of the facility ' s policy and procedure (P&P), titled Grievances, last revised December 2023, The P&P indicated The Grievance Official evaluates and investigates the concern and takes immediate action to resolve the concern and prevent further potential violations of any resident ' s right while the alleged violation is being investigated.</p> | | |