STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055744	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Atlantic Memorial Healthcare Center	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)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40994 Based on interview and record review, the facility failed to obtain informed consent (a process during which residents or caregivers are educated regarding the potential risks and benefits of medication therapy) from the resident or their responsible party (a person delegated to make medical decisions for the resident in the event they are unable to do so) prior to treatment with divalproex (a medication used to treat mood swings) in one of five residents sampled for unnecessary medications (Resident 16). This failure of failing to obtain informed consent prior to initiating treatment with medications used to treat problematic behaviors could have prevented Resident 16 from exercising his right to decline treatment with divalproex. This increased the risk that Resident 16 could have experienced adverse effects (unwanted, uncomfortable, or dangerous effects that a drug may have) related to divalproex, such as drowsiness, dizziness, and increased risk of falling, possibly leading to impairment or decline in his mental or physical condition or functional or psychosocial status. Findings: During a review of Resident 16's Admission Record, the Admission Record indicated Resident 16 was admitted to the facility on [DATE] with diagnosis including unspecified dementia (a progressive state of decline in mental abilities.) During a review of Resident 16's History and Physical (H&P- a record of a comprehensive physician's assessment), dated 10/24/2024, the H&P indicated Resident 16 had fluctuating capacity to understand and make decisions. During a review of Resident 16's Order Summary Report (a summary of all current physician orders), dated 1/23/2025 indicated, on 10/23/2024, Resident 16's attending physician prescribed divalproex 125 milligrams (mg - a unit of measure for mass) by mouth three times daily for mood (emotion) disorder/bipolar (sometimes called manic-depressive disorder; mood swings that range from the lows of depression to elevated periods of emotional high) manifested by mania/hyperactivity. During a review of Resident 16's clinical record indicated there was no documentation that Resident 16 or any responsible party received education regarding the risks and benefits of divalproex prior to its initiation on 10/23/2024. (continued on next page)

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: 055744	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/24/2025
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)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview with the Director of Nursing (DON) on 1/23/2025 at 11:02 a.m., The DON stated the facility failed to obtain informed consent prior to initiating behavioral management therapy with divalproex for Resident 16. The DON stated the facility staff were probably confused about the necessity to obtain informed consent for the use of this medication since it is not an antipsychotic (medication to treat mental disorder) , antidepressant (medication to treat depression), anti-anxiety medication, or hypnotic although it was being used for behavioral management. The DON stated failure to educate the resident or their responsible party regarding the risks and benefits of medication used for behavioral management could prevent the resident or their responsible party from exercising their right to refuse treatment. The DON stated without informed consent, Resident 16 could have taken divalproex for longer than necessary leading to adverse effects affecting his quality of life. During a review of the facility's policy and procedure (P&P) titled Psychotropic Drug Use, revised August 2017, indicated Upon change of condition or initiation of a new order for psychoactive medications, the Licensed Nurses shall complete the Verification of Informed Consent form prior to the initiation of the new medications.

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 01/24/2025
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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.

NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY 45269

Based on interview and record review, the facility failed to develop and implement a person-centered and individualized care plan for one of two sampled residents (Resident 63) who was unvaccinated (not having received a vaccine) and exposed to Influenza A (a contagious viral infection that attacks the respiratory system and can cause widespread outbreak).

This failure had the potential to result in an inadequate monitoring, and not receiving care specific to resident's needs causing a delay of care to Resident 63.

Findings:

During a review of Resident 63's Admission Record, the Admission Record indicated Resident 63 was originally admitted to the facility on [DATE] and was readmitted on [DATE] with diagnoses including diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), hypertension (HTN- high blood pressure), and osteomyelitis (inflammation of bone or bone marrow, usually due to infection).

During a review of Resident 63's Minimum Data Set (MDS- a resident assessment tool) dated 10/27/2024, the MDS indicated Resident 63 had an intact cognition ((ability to think, understand, learn, and remember) and required set-up or clean up assistance (helper sets up or cleans up) with eating, oral hygiene, toileting hygiene, bathing, personal hygiene and bed mobility.

During a review of Resident 63's Care Plan titled Resident is at risk for severe acute respiratory infection (infections of part of the body involved in breathing) related to Covid 19 (an infectious disease caused by the SARS-CoV-2 virus), Influenza (flu), and pneumonia (lung infection) vaccine refusal undated, the Care Plan indicated the facility offered Covid 19, influenza, pneumonia vaccines on 8/22/2024 education, information, risks and benefits were explained but resident refused. The Care plan's goal indicated the resident will be free of infection through the review date and interventions included monitoring of changes in condition, vital signs (measurements of the body's most basic functions), increased restlessness, anxiety, and air hunger (strong, uncomfortable feeling of not being able to get enough air).

During a review of facility's Residents' Vaccination Record, the Residents' Vaccination Record indicated Resident 63 was unvaccinated for Influenza vaccine due to refusal.

During a concurrent interview and record review on 1/24/2025, at 3:33 p.m. with Registered Nurse Supervisor (RNS 1), reviewed Resident 63's Care Plan. RNS 1 stated Resident 63 did not have a care plan that addressed Resident 63's recent exposure to Influenza from roommate. RNS 1 stated Care Plan is important to addressed problem or concern and communicate to facility staff interventions to meet resident's needs, and precautions need to observe.

(continued on next page)

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 01/24/2025
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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and record review on 1/24/2025, at 3:03 p.m. with Infection Preventionist Nurse (IPN) reviewed Resident 63's electronic health record. The IPN verified there was no Care plan developed to address Resident 63 recent exposure to Influenza. The IPN stated Resident 63 was unvaccinated for Influenza and there should be a care plan to ensure the staff would know how to take care of the resident and would be able to monitor any change of condition. During an interview on 1/23/2025, at 5:26 p.m. with the Director of Nursing (DON), the DON stated care plan is important to ensure all staff would know the plan of care and how to take care of the resident. During a review of facility's policy and procedure (P&P) titled Care plan and Care Plan Update revised 2/2023, the P&P indicated Care plan will be initiated based on identified problem and medical change of condition. The P&P indicated Anytime one of the team members recognized the care needs of the resident had changed, the nurse should be made aware, physician, resident and responsible party will be notified of the significant change.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055744	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Atlantic Memorial Healthcare Center	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)
F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39028 Based on observation, interview and record review, the facility failed to ensure communication device (communication board) are accessible to residents for one of four sampled residents (Resident 42) who was nonverbal and lack the capacity to speak. This failure had the potential of placing Resident 42 at risk of not able to communicate needs to staff and misinterpretation. Findings: During a review of Resident 42's Admission Records, the Admission Record indicated Resident 42 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including cognitive (ability to think, understand, learn, and remember) communication deficit (difficulty in communicating effectively due to impairments in cognitive processes like attention, memory, reasoning, organization, and perception) and dysphagia (difficulty swallowing). During a review of Resident 42's Minimum Data Set ([MDS] resident assessment tool) dated11/12/2024, the MDS indicated Resident 42's daily decision-making skills were severely impaired (lack the ability to make decisions and understand others) The MDS indicated Resident 42 required a one-person physical assist with activities of daily living ([ADLs] task such as eating, oral hygiene, bathing, dressing, grooming and toileting) etc. During a review of Resident 42's History and Physical (H&P) dated 10/15/2024, the H&P indicated Resident 42 has no capacity to understand and make decisions. During a review of Resident 42's care plan titled Resident at risk for a communication problem dated 10/13/2024, the care plan intervention indicated to anticipate and meet Resident 42's needs, communication board, encourage resident to continue stating thoughts even if resident is having difficulty, and focus on a word or phrase that makes sense or responds to the feeling resident was trying to express. During an observation on 1/22/2025 at 10:12 a.m., observed Resident 42 lying flat in bed, attempted to communicate with Resident 42 received no response from the resident. Observed no communication device in Resident 42's room. During a concurrent observation and interview on 01/23/25 at 08:50 a.m., with Licensed Vocational Nurse (LVN) 4, LVN 4 stated, have not used a communication device with Resident 42 in the past to explain care to the resident. LVN 4 went to the nurses' station to look for communication device but was unable to locate one. LVN 4 went to resident bedside with Registered Nurse (RN) 1, there was no communication device by Resident 42's bedside. (continued on next page)

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 01/24/2025
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)
F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and record review on 01/23/25 at 11:34 a.m. with RN 1, reviewed Resident 42's care plan titled Resident at risk for a communication problem. RN 1 stated Resident 42 was supposed to have a communication assistive device to help encourage Resident 42 with communications during care. RN 1 stated Resident 42 did not have one at the bedside.

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 01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Atlantic Memorial Healthcare Center	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)

F 0677

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Few

Provide care and assistance to perform activities of daily living for any resident who is unable.

NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY 39028

Based on observation, interview, and record review, the facility failed to provide activities of daily living (activities related to personal care including bathing, showering, dressing, getting in and out of bed or a chair, walking, using the toilet, and eating) to one of four sampled residents (Resident 51). Facility failed to:

a. Provide personal hygiene to Resident 51

b. Provide assistance to Resident 51 with morning care, personal hygiene and setting up breakfast tray.

This deficient practice resulted in Resident 51 expressing feelings of unkempt, hands dirty, did not feel comfortable eating breakfast in the morning, and low self-esteem.

Findings:

a. During a review of Resident 51's Admission Records, Admission Record indicated Resident 51 was initially admitted to facility on 3/19/2024 and readmitted on [DATE] with diagnoses including urinary tract infection (infection of the bladder), abnormalities of gait, need for assistance with activities of daily living (ADL)

During a review of the Minimum Data Set (MDS resident assessment tool) 11/126/24, indicated Resident 51 had cognitive (ability to think, understand, learn, and remember) impairment. The MDS also indicated Resident 51 required one person assistance in activities of daily living such as dressing, eating, toilet use and personal hygiene.

During a review of Resident 51's History and Physical (H&P) dated 1/7/2025, the H&P indicated Resident 51 does not have the capacity to make decisions.

During a review of Resident 51's Care plan, undated, the Care Plan indicated goal included Resident 51 will be kept clean and odor free. The Care Plan interventions included to provide shower and supervision as needed and bed bath in between schedule days.

During a review of Resident's 51's ADL record (record that indicates activities of daily living provided to Resident 51) dated 3/2024, the ADL record indicated Resident 51 had not been receiving ADL cares including showers/bath on scheduled shower days, personal hygiene was not provided for Resident 51.

b. During a concurrent observation and interview on 1/23/2025 at 07:33 a.m., with Resident 51, observed Resident 51 lying down flat in bed with a food tray on the tray table left open with scrambled egg, one banana, muffin, and cereal and, a glass of milk. Resident 51 stated she cannot eat without washing her hands. Resident 51 stated she was unable to pour milk on her cereals. Resident 51's roommate (unknown) stated staff always leave the food tray and does not set it up for the residents and help Resident 51 to sit up in bed. Resident 51 stated she cannot eat lying down flat in bed as it was uncomfortable.

(continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055744	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Atlantic Memorial Healthcare Center	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 01/23/25 at 11:29 A.M. during interview RN 1, stated residents should be cleaned before breakfast comes out but if the breakfast tray comes out before the resident is cleaned, the nurse should assist the resident to set up the tray, position resident in a comfortable position, by assisting the resident to sit up well for feeding. During an interview on 01/23/25 at 11:40 a.m. with Certified Nursing Assistant (CNA) 5, CNA 5 stated she did not set up and left Resident 51's breakfast tray because she needed to feed another resident. During a review of facility's policy and procedure (P&P) titled' Activities of Daily Living (ADLs), dated 2/2023, indicated Each resident of the facility receives and must be provided the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being consistent with the resident's comprehensive assessment and plan of care. This will include nursing staff conduct routine resident monitoring to ensure resident safety and well-being. Staff will ensure ADL are monitored, assisted with, and provided to residents who are unable to perform ADL.Ensure the following ADL are performed, supervised, and assisted including. a. Bathing showering/ and personal hygiene b. Eating/feeding c. Dressing d. Grooming e. Oral hygiene

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 01/24/2025
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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45269 Based on interview and record review, the facility failed to provide the necessary service and care on one of four sampled residents (Resident 18 and Resident 45) by failing to: 1.Monitor occurrence of bowel movement(movement of feces through the bowel and out the anus) for Resident 79 and provide necessary medications for constipation(a condition in which stool becomes hard, dry, difficult to pass and bowel movements become infrequent) as ordered by the physician. This failure had the potential to put Resident 79 at risk for fecal impaction (hardened stool that's stuck in the rectum or lower colon) that could lead to bowel obstruction(partial or complete blockage of small or large intestines which is life threatening). Findings: During a review of Resident 79's Admission Record, the Admission Record indicated the resident was admitted on [DATE] to the facility with diagnoses that included myocardial infarction (MI-heart attack), asthma(chronic lung disease caused by swelling and muscle tightening around the airways), sequelae of cerebral infarction (aftermath of a stroke) and hypertension(HTN-high blood pressure). During a review of Resident 79's MDS dated [DATE], the MDS indicated the resident had impaired cognitive skills and required moderate assistance (helper does less than half) with bed mobility, transfer to and from a bed to a chair, oral hygiene, toileting hygiene, bathing, personal hygiene and dressing. During a review of Resident 79's Change of Condition (COC- a sudden clinically important deviation from a patient's baseline in physical, cognitive, behavioral or functional condition) Evaluation dated 1/21/2025 timed at 9:00 a.m., the COC indicated the resident had two episodes of vomiting. During a review of Resident 79's Activity of Daily Living (ADL-routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves) Task for bowel movement/bowel continence, the ADL Task indicated the resident had no bowel movement on 1/16/2025, 1/17/2025, 1/18/2025, 1/19/2025, 1/202025. During a review of Resident 79's Care Plan titled Bowel/ Bladder Incontinence related to confusion, disease process and impaired mobility, initiated 1/6/2025. The Care Plan indicated interventions that included monitoring, documenting and reporting to physician possible medical causes of incontinence such as constipation, loss of bladder tone and weakening of control muscles. During an interview on 1/23/2025, at 3:01 p.m. with Certified Nursing Assistant (CNA4), CNA4 stated on 1/21/2025, Resident 79 did not eat breakfast and vomited . CNA 4 stated the charge nurse will be notified if a resident had no bowel movement for more than two days. CNA4 stated she did not check Resident 79's ADL task for occurrences of bowel movement for the past days and was not aware the resident had no bowel movement for more than 3 days CNA4 stated the resident could have abdominal pain, nausea and vomiting and would not feel good if the resident had not had any bowel movement for more than 3 days. (continued on next page)

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 01/24/2025
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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and record review of Resident 79's electronic chart on 1/22/2025, at 3:31 p.m. with Licensed Vocational Nurse (LVN 3), LVN3 confirmed the resident did not have a bowel movement on 1/16/2025,1/17/2025, 1/18/2025, 1/19/2025, and 1/20/2025 and the physician was not notified about it. LVN 3 stated on 1/21/2025, Resident 79 did not eat breakfast and vomited twice around breakfast. LVN 3 stated if a resident had no bowel movement for three days, the CNAs were supposed to notify the licensed nurses, and the physician should be notified. LVN 3 stated the Resident 79 was not on stool softener and was given a Dulcolax (laxative) suppository on 1/21/2025 for constipation LVN 3 stated Resident could develop fecal impaction or intestinal obstruction due to constipation. During a concurrent interview and record review of Resident 79's ADL Task for bowel movement on 1/23/2025, at 4:08 p.m. with RN Supervisor (RNS 2), RNS 2 stated the resident had no bowel movement starting 1/16/2025 to 1/20/2025.RN2 stated the charge nurses are supposed to monitor residents' frequency of bowel movement and stated if the resident had no bowel movement for five days the resident could get really sick and infection could occur, Resident 79 had an episode of vomiting during dinner on 1/21/2025. During an interview on 1/23/2025, at 4:42 p.m. with RN 3 , RN 3 stated all licensed nurses should be monitoring residents' frequency of bowel movement. RN 3 stated on the third day a resident had no bowel movement ,and an alert appeared on the electronic chart and the physician should have been notified to obtain orders for treatment or medication, RN3 stated Resident 79's constipation could have been prevented and symptoms of nausea and vomiting could be related to the constipation. During an interview on 1/24/2025, at 5:26 p.m. Certified Nursing Assistant. with Director of Nursing (DON), DON stated residents who had no bowel movement for three days and more could cause abdominal discomfort, bloating , nausea, vomiting and could affect their appetite. During a review of facility's Job Description of Certified Nursing Assistant (CNA), the Job Description of CNA indicated the CNA will assist the resident with bowel and bladder functions and to inform Nurse Supervisor/ Charge Nurse of any changes in the resident's condition so that appropriate information can be entered in the resident's care plan. During a review of facility's Job Description of Registered Nurse (RN), the Job Description of RN indicated the RN will ensure that assigned certified nursing assistants (CNAs) are aware of resident care plan. The Job Description of RN indicated to ensure the CNAs refer to the resident's care plan prior to administering daily care to the resident.

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 01/24/2025
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)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46537 Based on observation, interview and record review, the facility failed to ensure that a resident received continuous oxygen as ordered by the physician for two of three sampled residents (Resident 48 and Resident 70) by: a. Failing to ensure Resident 48 received oxygen at two liters per minute (lpm) via nasal cannula (a small plastic tube, which fits into the person's nostrils for providing supplemental oxygen) continuously as ordered by the physician. b. Resident 70 nasal cannula was connected to an oxygen concentrator (medical device that help you take in oxygen) These failures had the potential to result in Resident 48 and Resident 70 receiving inaccurate amount of oxygen and cause complications associated with oxygen therapy. Findings: During a review of Resident 48's Admission Record, the Admission Record indicated, Resident 48 was initially admitted to the facility on [DATE] and last re-admission was on 3/23/2023 with diagnoses including malignant neoplasm(cancer) of right lung and chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing). During a review of Resident 48's History and Physical (H&P), dated 4/10/2024, the H&P indicated, Resident 48 had the capacity (ability) to understand and make decision. During a review of Resident 48's Minimum Data Set (MDS -resident assessment tool), dated 10/20/2024, the MDS indicated Resident 48 required supervision or touching assistance (helper provides verbal cues and /or touching/steadying and /or contact guard assistance as resident completes activity) from one staff for dressing, transfer, walking, partial/moderated assistance (helper does less than half the effort) from one staff for toileting hygiene, and bed mobility. During an observation on 1/21/2025, at 10:42 a.m., in Resident 48's room, Resident 48's oxygen concentrator (a medical device that gives you extra oxygen) was set on three lpm with humidifier (add moisture to the air to prevent dryness) and his nasal cannula was on the floor. During an observation on 1/21/2025, at 1:05 p.m., in Resident 48's room, Resident 48's oxygen concentrator was set on three lpm with humidifier and the nasal cannula was still on the floor. Resident 48 was eating lunch and was not wearing nasal cannula. During an interview on 1/21/2025, at 1:08 p.m., with Licensed Vocational Nurse (LVN) 1 in Resident 48's room, LVN 1 stated, Resident 48 should be on oxygen of two lpm via nasal cannula continuously per physician 's order. LVN 1 stated, Resident 48's nasal cannula should be in a bag when it was not used otherwise it should be considered as contaminated. LVN 1 stated, oxygen is considered as a medication and should be administrated as ordered to receive right dose. (continued on next page)

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 01/24/2025
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)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and record review on 1/23/2025, at 10:36 a.m., with Registered Nurse Supervisor (RNS) 1, reviewed Resident 48's Order Summary Report, dated 1/3/2025, the Order Summary Report indicated, to apply oxygen via nasal cannula two liter per minute continuous to keep oxygen saturation level (O2 sat- a measurement of how much oxygen the blood is carrying as a percentage) at or above 90 percent (%). RNS 1 stated, Resident 48 was not compliant with wearing nasal cannula, but staff should have checked on him to ensure he was wearing nasal cannula and oxygen concentrator was set at two liter per minute as ordered. During an interview on 1/24/2025, at 11:43 a.m. with Director of Nursing (DON), DON stated, staff should have ensured that Resident 48 was receiving oxygen as physician ordered because it was considered as medication. The DON stated, Resident 48 was diagnosed with COPD and providing too much oxygen could be dangerous for the residents with COPD due to hypercapnia (too much [carbon dioxide- a waste product that your body gets rid of when you exhale] in the blood). The DON stated, carbon dioxide triggered breathing for the residents with COPD, but providing too much oxygen would be triggered less breathing which can lead carbon dioxide retention in the body. The DON stated, hypercapnia could lead to drowsiness, respiratory distress (a person is having trouble breathing), and death. The DON stated, the resident's nasal cannula should not be on the floor for infection control. The DON stated, the facility did not have a specific policy and procedure regarding how to provide care for residents with COPD. During a review of Resident 48's Care Plan (CP), revised 1/14/2023, the Care Plan focus indicated, Resident 48 had oxygen therapy related ineffective gas exchange due to COPD. The Care Plan interventions indicated, give oxygen two liter per minute via nasal cannula to maintain O2 Sat above 92% and monitor for signs and symptoms of respiratory distress. 45269 b. During a review of Resident 70's Admission Record, the Admission Record indicated Resident 70 was originally admitted to the facility on [DATE] and was readmitted on [DATE] with diagnoses including enterocolitis (inflammation of intestines) due to clostridium difficile (dangerous bacteria that can cause inflammation of the colon), end stage renal disease(ESRD- irreversible kidney failure), diabetes (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing) and myocardial infarction(MI- heart attack). During a review of Resident 70's Minimum Data Set (MDS- a resident assessment tool) dated 1/4/2025, the MDS indicated Resident 70 had moderately impaired cognitive skills (ability to think, understand, learn, and remember) and was dependent on staff with bed mobility, transfer to and from a bed to chair, toileting hygiene, bathing, dressing and oral hygiene. During a review of Resident 70's Order Summary Report , the Order Summary Report indicated an order for oxygen support at two liters per minute via nasal cannula (a small plastic tube, which fits into the person's nostrils for providing supplemental oxygen) as needed for shortness of breath and to keep oxygen saturation (O2 Sat- a measurement of how much oxygen the blood carrying as a percentage) greater than 95 percent [%]). (continued on next page)

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 01/24/2025
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)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 70's Care Plan undated regarding oxygen therapy related to congestive heart failure (heart muscle is unable to pump enough blood to meet the body's needs for blood and oxygen) the care plan indicated intervention including to monitor for signs and symptoms of respiratory distress, monitor O2 Sat, skin color and report to the physician as needed. During an observation on 1/21/2025, at 10:53 a.m., Resident 70 was lying in bed and wearing a nasal cannula, and nasal prongs were on the left cheek of the resident. Observed nasal cannula was not connected to an oxygen source. During a concurrent observation and interview on 1/21/2025, at 11:10 a.m. and subsequent interview on 1/21/2025, at 4:03 p.m., with Licensed Vocational Nurse (LVN3), LVN 3 verified the nasal cannula was not connected to the oxygen concentrator(medical device that help you take in oxygen) LVN 3 stated Resident 70 returned from dialysis (a treatment to cleanse the blood of wastes and extra fluids artificially through a machine when the kidney(s) have failed) treatment around 8:30 a.m. and he was supposed to check and ensure the resident's vital signs (measurements of the basic functions of the body) were within normal limit, oxygen is connected to the oxygen concentrator and no bleeding present on the hemodialysis access(a way to reach the blood for hemodialysis). LVN 3 stated he thought the nasal cannula was connected to the oxygen contractor and had seen Resident 70 around 9:52 a.m. when he administered resident's medications. LVN 3 stated he should have checked if the nasal cannula was connected to the oxygen concentrator because the resident could develop shortness of breath that could lead to respiratory distress (a condition where the body needs more oxygen). During an interview on 1/23/2025, at 11:37 a.m. with Infection Preventionist Nurse (IPN), IPN stated the licensed nurse should have assessed Resident 70 as soon as he arrived at the facility after dialysis treatment to ensure the resident 's vital signs are stable, no presence of bleeding on the hemodialysis access and to ensure the tubing of the nasal cannula is connected to the oxygen concentrator. IPN stated Resident 70 could develop respiratory distress if Resident 70 is not receiving oxygen as ordered by the physician. During a review of the facility's Policy and Procedure (P&P) titled, Oxygen, Use of, revised 5/2021, the P&P indicated, It is the policy of this facility to promote resident safety in administering oxygen. The following guidelines will be observed in oxygen administration . 2. The tubing should be kept off the floor. Labeled and dated bags should be provided for cannulas and masks to be placed in when not in use. During a review of the facility's Policy and Procedure (P&P) titled, Medication Administration-General Guidelines, updated 11/2021, the P&P indicated, Medications are administered in accordance with written orders of the attending physician.

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 01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Atlantic Memorial Healthcare Center	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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 40994 Based on observation, interview, and record review, the facility failed to accurately account for one dose of hydrocodone/apap (a controlled medication used to treat pain) 10/325 milligrams (mg - a unit of measure for mass) affecting Resident 190 in one of two inspected medication carts (Station 1B Cart.) This failure increased the risk of diversion (any use other than that intended by the prescriber) of controlled medications and the risk that Resident 190 could have received too much or too little medication due to lack of documentation possibly resulting in serious health complications requiring hospitalization . Findings: During a concurrent observation interview on 1/22/25 at 11:04 a.m. with the Licensed Vocational Nurse (LVN 1), observed Station 1B Cart, the following discrepancies were found between the Controlled Medication Count Sheet (a log signed by the nurse with the date and time each time a controlled substance is given to a resident) and the medication card (a bubble pack from the dispensing pharmacy labeled with the resident's information that contains the individual doses of the medication): 1. Resident 190's Controlled Medication Count Sheet for hydrocodone/apap 10/325 mg indicated there were 14 doses left, however, the medication card contained 13 doses. During a concurrent interview, LVN 1 stated she administered the missing dose of hydrocodone/apap 10/325 mg to Resident 190 this morning around 7:40 a.m. and forgot to sign the Controlled Medication Count Sheet at that time, LVN 1 stated the narcotic log should be signed at the time of administration to the resident to accurately account for the narcotic medications. LVN 1 stated if narcotics are not signed off there is a risk of medication diversion or overdose to the resident possibly resulting in medical complications. During a review of the facility's policy and procedures (P&P) titled Controlled Medications, revised December 2019, indicated When a controlled medication is administered, the licensed nurse administering the medication immediately enters all of the following information on the accountability record . Date and time of administration, Amount administered, Signature of nurse administered the dose, completed after the medication is given.

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 01/24/2025
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)
F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident’s drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44898 45269 Based on interview and record review, the facility failed to implement their protocol for Antibiotic Stewardship for one of 21 sampled residents (Resident 6 and Resident 242). Resident 6 and Resident 242 was prescribed an antibiotic drug without meeting the Mc Geer Criteria (a set of clinical definitions used for surveillance in long-term care facilities (LTCF) These criteria define the resident symptoms and other clinical criteria that are used to meet infection surveillance definitions.). This failure had the potential to result in Resident 6 and Resident 242 developing antibiotic resistance (not effective to treat infection) from unnecessary or inappropriate antibiotic use. Findings: During a review of Resident 6's Admission Record, the Admission record indicated Resident 6 was originally admitted to the facility on [DATE] and readmitted to the facility on [DATE] with diagnoses of but not limited to a chronic ulcer (a non-healing wound on the skin) of the buttock, duodenal ulcer (a sore in the first part of the small intestines) and rectal fistula (an infected anal gland that forma an abscess). During a review of Resident 6's History and Physical (H&P), dated 3/27/2024, the H&P indicated Resident 6 was able to make his own medical decisions. During a review of Resident 6's Minimum Data Set (MDS-resident assessment tool), dated 10/27/2024, the MDS indicated Resident 6 was dependent on nursing staff for toileting, showering, lower body dressing, and putting on and taking off shoes. The MDS indicated Resident 6 needed substantial to maximal assistance from nursing staff with transferring to the shower, bed and chair. The MDS indicated Resident 6 needed partial to moderate assistance from nursing staff with rolling from left to right, sitting, lying down and standing. During a review of Resident 6's Order Summary, the Order Summary, indicated Resident 6 had an order for Ciprofloxacin (medication used to treat bacterial infections) 500 milligrams one tablet by mouth two times a day for abnormal wound culture and sensitivity with right (a bone in the lower hip) ischial surgical wound for 21 days starting 1/13/2025 to 2/3/2025. (continued on next page)

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 01/24/2025
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)
F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and record review on 1/23/2025 at 9:41 a.m., with the Infection Preventionist (IP), Resident 6's Surveillance Data Collection Form was reviewed. The Surveillance Data Collection Form indicated, on 1/13/2025 Resident 6 did not meet the criteria for cellulitis, soft tissue or wound infection and the Medical Doctor was made aware. IP stated if the Mc Geer's Criteria is not met the IP calls the doctor and let them know the resident does not meet the Mc Geer's criteria and to asks the doctor if they want to continue the antibiotic order and the response is documented in the progress notes. IP stated there is no documentation in the progress notes that indicates the doctor was notified. IP stated Antibiotic Stewardship is used to limit the usage of antibiotics especially if the resident is without ant signs and symptoms of an infection. IP stated Resident 6 can develop resistance to antibiotics and side effects, multi drug resistant organism (MDRO), and can damage the gut by changing the intestinal flora. IP stated the Director of Staff Development (DSD) was responsible for Antibiotic Stewardship. During an interview on 1/23/2025 at 11:26 a.m. with the DSD, DSD stated she informed the doctor Resident 6 did not meet the criteria and the doctor stated to continue with the antibiotics. DSD stated Antibiotic Stewardship is used to avoid unnecessary antibiotic use and to monitor residents' signs and symptoms of an infection. DSD stated if residents do not meet the criteria the resident is at risk for unnecessary antibiotic use. DSD agreed Resident 6 can develop resistance to antibiotics if prescribed unnecessarily. During an interview on 1/23/2025 at 12:53 p.m. with the Wound Care Doctor (WCD), WCD stated he does not know what the Mc Geer's criteria is and was not aware Resident 6 did not meet the criteria for cellulitis, soft tissue or wound infection. During an interview on 1/23/2025 at 1:03 p.m., with the DSD, DSD stated she did not notify the WCD who ordered the medication and should have made the ordering doctor aware that the resident did not meet the criteria for cellulitis, soft tissue or wound infection. During an interview on 1/24/2025 at 4:38 p.m. with the Director of Nursing (DON), DON stated the IP should have documented in the Nursing Progress Notes that she notified the doctor and asked the doctor if the antibiotic can be discontinued. DON stated the IP should have documented what the doctor said in the Nursing Progress Notes. During a review of the facility's policy and procedure (P&P) titled, Unnecessary Medications, dated 8/2019, the P&P indicated, An unnecessary drug is any drug used in excessive doses, including duplicate therapy; or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. B. During a review of Resident 242's Admission Record, the Admission Record indicated the resident was admitted on [DATE] to the facility with diagnoses that included end stage renal disease (ESRD-irreversible kidney failure), cerebral infarction (stroke), hyperlipidemia(condition where there are high levels of fats in the blood), and hypertension(HTN-high blood pressure). During a review of Resident 242's MDS dated [DATE], the MDS indicated the resident had moderately impaired cognitive skills(problems with a person's ability to think, learn, remember, use judgement, and make decisions) and required substantial assistance (helper does more than half the effort) with toileting hygiene, bathing, dressing, personal hygiene and transfer to and from a bed to chair. (continued on next page)

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 01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Atlantic Memorial Healthcare Center	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)
F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 242's Medication Administration Record (MAR), the MAR indicated Levaquin (medicine used to treat infection) tablet 500 milligrams (mgs.- unit of measurement) give one tablet by mouth one time a day for Pneumonia for 9 days with an order date of 1/14/2025. The MAR indicated the resident received Levaquin for 9 days. During a review of Resident 242's of Radiology Results Report dated 1/14/2024, the Radiology Report (chest-x-ray) indicated the resident had a mild prominence of interstitial densities(inflammation and scarring) centrally compatible with interstitial pneumonia (lung disease that causes inflammation and scarring in around the air sac in the lungs)versus bronchiolitis (chest infection that causes inflammation in the small airways of the lungs). During a review of Resident 242's Surveillance Data Collection Form , the Surveillance Data Collection Form indicated the resident's date of onset of symptoms was 1/13/2025. The Surveillance Data Collection Data Form indicated the had met only 2 criteria to use Levaquin(antibiotic) and resident had no other symptoms to meet the criteria. During a concurrent interview and record review of Resident 242 electronic chart on 1/24/2025, at 10:21 a.m. with Director of Staff Development (DSD), DSD stated she was in charge of Antibiotic Stewardship (set of practices that ensure antibiotics are used appropriately and only when necessary)in the facility. DSD confirmed Resident 242 did not meet the criteria of Mc [NAME] Criteria (guidelines used for surveillance of infections, identification of infections in long term care facilities and used retrospectively to count true infection)and there was no documentation about the physician being notified that resident's symptoms did not meet criteria to use Levaquin. DSD stated the resident can develop multi drug resistant organism(MDRO-microorganisms usually bacteria that are resistant to multiple antibiotics and can be difficult to treat and spread quickly) and could be an unnecessary medication if it was not meeting Mc [NAME] Criteria. During a concurrent interview and record review of Resident 242's electronic chart and Surveillance Data Collection Form for Levaquin on 1/23/2925, at 11:01 a.m. with Infection Preventionist Nurse (IPN). IPN stated the facility used Mcgeer Criteria for their antibiotic surveillance and Resident did not have cough, no sputum production(process of coughing up mucus or phlegm from the respiratory tract), fever or leukocytosis(condition where there are more white blood cells in the blood indicating an infection). IPN stated Levaquin was ordered because of pneumonia (infection in the lung) shown in the chest x-ray result. IPN stated the resident use of antibiotic did not meet the Mc [NAME] criteria and the resident could develop resistance to most antibiotics and this could change the intestinal flora (bacteria or microorganisms that live inside the intestines to help digest food)of the resident by killing the good bacteria. During a review of facility's policy and procedure (P&P) titled Unnecessary Medications updated 8/2019, the P&P indicated each resident 's medication regimen must be free from unnecessary drugs. The P&P indicated an unnecessary drug is any drug used without adequate indications for its use. During a review of facility's P&P titled Antibiotic Stewardship reviewed 12/2023, the P&P indicated the facility will implement an Antibiotic Stewardship Program (ASP- coordinated effort to improve how antibiotics are prescribed and used with the goal of ensuring antibiotics are only used when necessary and appropriate) that will promote appropriate use of antibiotics while optimizing treatment efficacy , resident safety and reducing treatment related costs.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055744	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Atlantic Memorial Healthcare Center	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)
F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40994 Based on interview and record review, the facility failed to: 1. Define resident-specific, objectively measurable target behaviors related to the use of risperidone (a medication used to treat mental illness) in one of five residents sampled for unnecessary medications (Resident 16.) 2. Ensure divalproex (a medication used to treat mood swings) was used only for conditions or diagnoses as documented in the clinical record in one of five residents sampled for unnecessary medications (Resident 16.) 3. Failing to define specific measurable target behaviors and to ensure a resident did not receive routine psychotropic medication (any medication capable of affecting the mind, emotions, and behavior) unless the medication was necessary to treat a diagnosed specific condition that was documented in the clinical record for Resident 43 and Resident 10. This failure had the potential to result in the use of unnecessary psychotropic medication for Resident 43 and 10 that can lead to side effects and adverse consequences such as a decline in quality of life and functional capacity. The deficient practices of failing to define target behaviors related to the use of risperidone and failing to ensure divalproex was only used for conditions or diagnoses as documented in the clinical record increased the risk that Resident 16 could have experienced adverse effects related to his psychotropic (medications that affect brain activities associated with mental processes and behavior) medication therapy, such as drowsiness, dizziness, constipation, or increased risk of fall, possibly leading to impairment or decline in his mental or physical condition or functional or psychosocial status. Findings: A review of Resident 16's Admission Record (a record containing diagnostic and demographic resident information), dated 1/16/25, indicated he was admitted to the facility on [DATE] with diagnoses including unspecified dementia (a progressive state of decline in mental abilities.) A review of Resident 16's History and Physical (H&P - a record of a comprehensive physician's assessment), dated 10/24/24, indicated this resident had fluctuating capacity to understand and make decisions. A review of Resident 16's Order Summary Report (a summary of all current physician orders), dated 1/23/25 indicated, on 10/23/24, Resident 16's attending physician prescribed divalproex 125 milligrams (mg - a unit of measure for mass) by mouth three times daily for mood disorder/bipolar manifested by mania/hyperactivity and risperidone 1 mg by mouth at bedtime for psychosis manifested by agitation. (continued on next page)

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 01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Atlantic Memorial Healthcare Center	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)
F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of Resident 16's psychiatric evaluation notes, dated 11/2/24, did not list 'mood disorder or bipolar disorder among current psychiatric conditions and did not discuss behaviors of mania or hyperactivity. A review of Resident 16's clinical record indicated there were no other physician's notes documenting a diagnosis of mood disorder or bipolar disorder. A review if Resident 16's available care plans, last revised 10/24/24, indicated no specific, measurable behaviors were care planned to define agitation related to the use of divalproex. During an interview on 1/23/25 at 11:02 AM with the Director of Nursing (DON), the DON stated the behavior of agitation could mean several things like resisting care, striking out, screaming etc . The DON stated the facility failed to define clear, measurable targeted behavior(s) for the use of Resident 16's risperidone either in the order or in the resident's care plan related to the use of risperidone. The DON stated it is important to have clearly defined problematic behaviors so the effectiveness of the medication can be objectively monitored and periodically reassessed. The DON stated, if problematic target-behaviors are not clearly defined, Resident 16 may receive risperidone for longer than necessary or at a higher dose than necessary leading to adverse effects like drowsiness, constipation, urinary retention, and increased fall risk. The DON stated all psychotropic medications must have a clearly documented indication or diagnosis related to their use. The DON stated she was unable to find any documentation of a mood disorder, mania, hyperactivity, or bipolar disorder from Resident 16's physician or psychiatry notes. The DON stated this concern may have been on the resident's chart when he was admitted , but stated she could not find any documentation that the facility's psychiatrist had since confirmed this diagnosis. The DON stated the use of divalproex without a clear indication increased the risk that Resident 16 could experience adverse effects related to the use of divalproex including drowsiness and increased risk of fall. 3. During a review of Resident 43's Admission Record, the Admission Record indicated, Resident 43 was admitted to the facility on [DATE] and last re-admission was on 5/14/2024 with diagnoses including dementia (a progressive state of decline in mental abilities), Post Traumatic Stress Disorder (PTSD - a disorder in which a person has difficulty recovering after experiencing or witnessing a traumatic event), major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), anxiety disorder (A mental health disorder characterized by feelings of worry, anxiety, or fear that are strong enough to interfere with one's daily activities)and unspecified psychosis (a severe mental condition in which thought, and emotions are so affected that contact is lost with reality). During a review of Resident 43's History and Physical (H&P), dated 11/26/2024, the H&P indicated, Resident 43 had no capacity (ability) to understand and make decision due to worsening of dementia. (continued on next page)

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 01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Atlantic Memorial Healthcare Center	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)
F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of Resident 43's Minimum Data Set (MDS -resident assessment tool), dated 12/29/2024, the MDS indicated Resident 43 required dependent assistance (Helper does all of the effort) from one or more staff for bed mobility, transfer, eating, hygiene care, and maximal assistance (Helper does more than half the effort) from one staff for dressing. The MDS section E (behavior) indicated, Resident 43 did not have any potential indicator for psychosis and there was no hallucination (an experience involving the apparent perception of something not present) or delusion (having false or unrealistic beliefs). The MDS section E indicated, Resident 43 did not have physical and verbal behavioral symptoms directed toward others. The MDS section E indicated, Resident 43 did not have behavior related to rejection of care and there was no change of behavior since prior assessment. During a review of Resident 10's Admission Record, it indicated Resident 10 was originally admitted to the facility on [DATE] and readmitted to the facility on [DATE] with diagnoses of altered mental status, schizophrenia (a mental illness that is characterized by disturbances in thought), major depressive disorder (a common mental health condition characterized by persistent feelings of sadness, loss of interest, and other symptoms that interfere with daily life) and mood affective disorder (a group of mental health conditions characterized by significant and persistent disturbances in mood). During a review of Resident 10's MDS dated [DATE], the MDS indicated Resident 10 was dependent on nursing staff for toileting, showering, putting on and taking off shoes and personal hygiene. The MDS indicated Resident 10 was dependent on nursing staff for personal hygiene, sitting, lying flat, sitting, and transferring. The MDS indicated Resident 10 needed substantial to maximal assistance from nursing staff with oral hygiene, upper and lower body dressing The MDS indicated Resident 10 did not attempt to walk due to medical condition or safety concerns. During a review of Resident 10's Order Summary, the Order Summary indicated, Resident 10 had an order for olanzapine (an antipsychotic medication used to treat schizophrenia and bipolar disorder) 5 milligrams, give one tablet by mouth at bedtime for schizophrenia manifested by manic episodes such as visual hallucinations, started on 1/21/2023. During an interview on 1/23/2025, at 9:49 a.m., with Certified Nurse Assistant (CNA) 1, CNA 1 stated, she did not have any issue with providing care to Resident 43. CNA 1 stated, he did not want to get cleaned up occasionally, but Resident 43 let her provide hygiene care when she offered him several times. CNA 1 stated, Resident 43 was diagnosed with dementia, and this was not unusual for the residents with dementia. CNA 1 stated, Resident 43 was calm and cooperative. CNA 1 stated, she did not witness any aggressive behaviors from Resident 43. During an interview on 1/23/2025, at 10:25 a.m., with Licensed Vocational Nurse (LVN) 2, LVN 2 stated, Resident 43 was on Quetiapine Fumarate [Seroquel- an antipsychotic medication that treats several kinds of mental health conditions including schizophrenia (a mental illness that is characterized by disturbances in thought)and bipolar disorder (sometimes called manic-depressive disorder; mood swings that range from the lows of depression to elevated periods of emotional highs)] to manage psychosis manifested by disorganized thoughts (Hallucinations and delusions can make person's thoughts and feelings confused and disorganized). LVN 2 stated, she was not sure what behavior she was monitoring. LVN 2 stated, confusion, aggression, and agitation could happen from dementia. (continued on next page)

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 01/24/2025
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)
F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a concurrent interview and record review on 1/23/2025, 10:36 a.m., with Registered Nurse Supervisor (RNS) 1, Resident 1's Order Summary Report (OSR), dated 1/23/2025 was reviewed. The OSR indicated, Seroquel 25 milligram (mg) one tablet by mouth one time a day for psychosis manifested by disorganized thoughts was initially ordered on 10/7/2024 and increased to one and a half tablet by mouth twice a day on 11/19/2024. RNS 1 stated, she believed it was increased due to increase of episodes of disorganized thoughts. RNS 1 stated, monitoring disorganized thoughts was not specific measurable target behavior. RNS 1 stated, inaccurate monitoring could contribute to increase in dose unnecessarily. RNS 1 stated, disorganized thoughts could be anything from confusion, hallucination, and delusion. During a phone interview on 1/23/2025, at 12:36 p.m., with Facility Pharmacy Consultant (FPC), FPC stated, monitoring disorganized thoughts was not specific behavior to monitor because it was too general, and nursing staff should have clarified with prescriber. FPC stated, dementia and PTSD should be ruled out before prescribing Seroquel for Resident 43 to avoid unnecessary medication. FPC stated, the resident should not suffer from side effects and adverse reaction from the medication. During a phone interview on 1/23/2025, at 12:36 p.m., with Psychiatric Nurse Practitioner (PNP)1, PNP 1 stated, she did not realize that staff was monitoring disorganized thoughts that was not specific behavior for psychosis. PNP 1 stated, she increased Seroquel dose because staff reported Resident 43's psychosis episodes were increased. PNP 1 stated, she prescribed Seroquel for aggression and psychosis manifested by Resident 43 tried to hit staff. PNP 1 stated, she agreed to rule out other possible causes for aggression such as dementia and PTSD to prevent Resident 43 suffering from side effects and adverse reaction unnecessarily. During an interview on 1/24/2025 at 9:10 a.m. with CNA 1, CNA 1 stated does know any of Resident 10's behavioral problems. CNA 1 stated she observed Resident 10 crying and depressed. During a concurrent interview and record review on 1/24/2025 at 11:01 a.m., with LVN 5, Resident 10's Care Plan, dated 8/20/2022 the care plan indicated monitoring for manic episodes such as visual hallucination. Resident 10's MAR, indicated had manic episodes manifested by visual hallucinations on 1/1/2025 to 1/4/2025, 1/6/2025 to 1/11/2025, 1/13/2025 to 1/21/2025, and 1/23/2024 to 1/24/2025. LVN 5 stated she could not find any documentation of what the visual hallucinations were and could not state what the visual hallucinations were. During an interview on 1/24/2025, at 11:43 a.m., with Director of Nursing (DON), DON stated, all behavioral monitoring related to psychotropic medication should be specific to its indication of medication use, otherwise the resident would not receive proper dose. DON stated, all documentation should reflect and support medication use, otherwise the medication may not be necessary to use. During a review of Resident 43's Order Summary Report (OSR), dated 1/23/2025, the OSR indicated, monitor and document number of psychotic behavior as evidenced by psychosis manifested by disorganized thoughts every shift for Seroquel was ordered on 7/22/2024. During a review of Resident 43's Care Plan (CP), revised 12/17/2024, the CP Focus indicated, antipsychotic medication use (Seroquel) related to disease process manifested by disorganized thoughts: PNP 1 added 25mg Seroquel in the morning on 10/8/2024 and increased to 37.5mg twice a day. The CP Interventions indicated, monitor side effects of drowsiness, dry mouth, stiff or tight muscles, and allergic reaction. The CP Interventions indicated, document episodes of behavior. (continued on next page)

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 01/24/2025
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)
F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of Resident 43's Behavioral Health Nurse Practitioner (BHNP) Follow up Visit Note, dated 11/18/2024, the BHNP Note indicated, Resident 43 had dementia with behavioral disturbance and increased Seroquel for aggressive behavior and anxiety. During a review of Resident 43's Behavioral Health Nurse Practitioner (BHNP) Follow up Visit Note, dated 12/09/2024, the BHNP Note indicated, Resident 43 had dementia with behavioral disturbance and continued with Seroquel for aggressive behavior and anxiety. During a review of the facility's Policy and Procedure (P&P) titled Psychotropic Medications, revised 12/2023, the P&P indicated, Policy: It is the policy of this facility to ensure that residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record. Psychotropic medications shall not be administered for the purpose of discipline or convenience .Procedure:1. Psychotropic medications shall not be administered for the purpose of discipline or convenience. They are to be administered only when required to treat the resident's medical symptoms and will be considered only after nonpharmacological interventions have been attempted and failed . 3. The LN shall review the classification of the drug, the appropriateness of the diagnosis, its indication, behavior monitors and related adverse side effects prior to verification of admission orders with the Attending Physician. A review of the facility's policy Psychotropic Drug Use, revised August 2017, indicated It is the policy of this facility to ensure that residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record . The Licensed Nurses shall review the classification of the drug, the appropriateness of the diagnosis, its indication/behavior monitors and related adverse side effects prior to verification of admission orders with the Attending Physician . 44898 46537

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 01/24/2025
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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45269 Based on interview and record review, the facility failed to ensure one of four sampled residents (Resident 79) Medication Administration Record(MAR - a daily documentation record used by a licensed nurse to document medications and treatments given to a resident) indicated Resident 79 did not receive his medication on 1/21/2025 for 9:00 a.m. due to nausea and vomiting. This failure indicated an inaccurate Medication Administration Record and had the potential to negatively affect Resident 79's care. Findings: During a review of Resident 79's Admission Record, the Admission Record indicated the resident was admitted on [DATE] to the facility with diagnoses that included myocardial infarction (MI-heart attack), asthma(chronic lung disease caused by swelling and muscle tightening around the airways), sequelae of cerebral infarction (aftermath of a stroke) and hypertension(HTN-high blood pressure). During a review of Resident 79's MDS dated [DATE], the MDS indicated the resident had impaired cognitive skills and required moderate assistance (helper does less than half) with bed mobility, transfer to and from a bed to a chair, oral hygiene, toileting hygiene, bathing, personal hygiene and dressing. During a review of Resident 79's Change of Condition (COC- a sudden clinically important deviation from a patient's baseline in physical, cognitive, behavioral or functional condition) Evaluation dated 1/21/2025 timed at 9:00 a.m., the COC indicated the resident had two episodes of vomiting. During a review of Resident 79's MAR dated 1/21/2025 for 9:00 a.m., the MAR indicated the following medications were signed and administered, 1. Ascorbic Acid (vitamin C) liquid 500 milligrams (mgs.- unit of measurement) 2.5 milliliter (ml-unit of measurement) one time a day. 2. Multivitamins-Mineral tablet one tablet by mouth one time a day for supplement. 3. Tamsulosin Hydrochloride(medicine to treat enlarged prostate gland) .4 mg. one capsule by mouth one time a day for benign prostatic hyperplasia (BPH-enlarged prostate gland often causing issues with urination). 4. Ropinirole hydrochloride (medicine to treat restless legs syndrome).25 mg. one tablet by mouth two times a day for restless leg syndrome (RLS-condition that causes a very strong urge to move the legs related uncomfortable feelings). (continued on next page)

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 01/24/2025
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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and record review of Resident 79's electronic chart on 1/22/ 2025, at 3:31 p.m. with Licensed Vocational Nurse (LVN 3),LVN 3 stated he signed all the medications due at 9:00 a.m. on 1/21/2025 but Resident 79 did not take it because of the vomiting and abdominal pain. LVN 3 stated he did not notify the physician when resident did not take his medications because he did not think it through that time. LVN 3 stated the licensed nurse should sign his name in the MAR after each medicine is administered. LVN 3 stated signing his name in the MAR indicated he administered these medicines and stated his documentations were inaccurate because the medications were not administered. During an interview on 1/24/2025, at 3:03 p.m. with Infection Preventionist Nurse (IPN), IPN stated MAR should be signed by licensed nurses after administering a medicine because to ensure accurate and proper documentation of medicines received by the resident. IPN stated inaccurate documentation of MAR had the potential to cause miscommunication to the other nurses and physicians which could affect the care of the resident negatively. During an interview on 1/24/2025, at 5:26 p.m. with Director of Nursing (DON), DON stated licensed nurses should observe the five rights of medication (right patient, right drug, right time, right dose and right route-regarded as a standard for safe medication practices). DON stated licensed nurses should sign the MAR after medication administration and document refusal of medication and notification of physician in the chart to ensure the documentation is accurate. DON stated MAR is a legal document and inaccurate documentation could affect the care of the resident. During a review of facility's Job Description of Licensed Vocational Nurse/ Licensed Practical Nurse , dated 12/17/2021, the Job Description of Licensed Vocational Nurse indicated to chart nurses' notes in professional and appropriate manner that is timely, accurately and thoroughly reflects the care provided to the resident. During a review of facility's policy and procedure (P&P) titled, Medication Administration-General Guidelines updated 11/2021, the P&P indicated the individual who administered the medicine will record the administration on the resident's MAR after the medication pass is completed. The P&P indicated if a dose of regularly scheduled medication is withheld, refused, not available or given at a time other than the scheduled time, the space provided in the front of the MAR for that dosage is initialed and circled or an explanatory note is entered in the chart.

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 01/24/2025
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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45269 Based on observation, interview, and record review, the facility failed to observe infection control practices by failing to: a. Ensure Resident 70's nasal cannula (a small plastic tube, which fits into the person's nostrils for providing supplemental oxygen) was kept in a sanitary manner. b. Ensure positive result of Influenza test (test to detect the presence of flu virus) of Resident 79 was relayed to the physician in a timely manner. c. Ensure droplet precaution (actions designed to reduce/prevent transmission of viruses spread or transmittable through air droplets by coughing, sneezing, talking and close contact with an infected patient's breathing) was initiated and observed when Resident 70 tested positive for Influenza A (Flu- a contagious viral infection that attacks the respiratory system and can cause widespread outbreak) and symptomatic (showing symptoms of flu). These failures had the potential to transmit and spread infection to residents, visitors, and staff. Findings: a.During a review of Resident 70's Admission Record, the Admission Record indicated Resident 70 was originally admitted to the facility on [DATE] and was readmitted on [DATE] with diagnoses including enterocolitis (inflammation of intestines) due to clostridium difficile (dangerous bacteria that can cause inflammation of the colon), end stage renal disease(ESRD- irreversible kidney failure), diabetes (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing) and myocardial infarction(MI- heart attack). During a review of Resident 70's Minimum Data Set (MDS- a resident assessment tool) dated 1/4/2025, the MDS indicated Resident 70 had moderately impaired cognitive skills (ability to think, understand, learn, and remember) and was dependent on staff with bed mobility, transfer to and from a bed to chair, toileting hygiene, bathing, dressing and oral hygiene. During an observation on 1/21/2025, at 10:53 a.m., observed Resident 70 was lying in bed and wearing a nasal cannula, and nasal prongs were on the left cheek of the resident. Observed nasal cannula was not connected to an oxygen source. (continued on next page)

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 01/24/2025
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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent observation and interview on 1/21/2025, at 11:10 a.m. and subsequent interview on 1/21/2025, at 4:03 p.m. with Licensed Vocational Nurse (LVN 3), LVN 3 verified the nasal cannula was not connected to the oxygen concentrator (medical device that help you take in oxygen). LVN 3 stated Resident 70 returned from dialysis (a treatment to cleanse the blood of wastes and extra fluids artificially through a machine when the kidney(s) have failed) around 8:30 a.m. and the charge nurse was supposed to check and ensure Resident 70's vital signs are within normal limit, oxygen is connected and no bleeding present on the hemodialysis access(a way to reach the blood for hemodialysis). Observed LVN 3 took the nasal cannula from the bottom of the bed and offered Resident 70 to wear the nasal cannula instead of the nasal cannula the resident was wearing. LVN 3 stated they usually store nasal cannula not in use by resident in a plastic bag. LVN 3 stated he will replace the nasal cannula because it was on the floor, was dirty and could be contaminated. During an interview on 1/23/2025, at 11:37 a.m. with Infection Preventionist Nurse (IPN), IPN stated the licensed nurse should have changed the nasal cannula before offering it to Resident 70 to prevent resident from getting infection from possible contamination. During a review of facility's policy and procedure (P&P) titled Use of Oxygen revised 5/2021, the P&P indicated labeled and dated bags should be provided for cannulas and masks to be placed in when not in use and the oxygen tubing should be kept off the floor. b. During a review of Resident 79's Admission Record, the Admission Record indicated Resident 79 was admitted to the facility on [DATE] with diagnoses that included myocardial infarction (MI-heart attack), asthma (chronic lung disease caused by swelling and muscle tightening around the airways), sequelae of cerebral infarction (damage to the brain from interruption of its blood supply) and hypertension (HTN-high blood pressure). During a review of Resident 79's MDS dated [DATE], the MDS indicated Resident 79 had impaired cognitive skills and required moderate assistance (helper does less than half) with bed mobility, transfer to and from a bed to a chair, oral hygiene, toileting hygiene, bathing, personal hygiene, and dressing. During a review of Resident 79's Change in Condition (COC- a sudden clinically important deviation from a patient's baseline in physical, cognitive, behavioral, or functional condition) Evaluation dated 1/21/2025 timed at 6:13 p.m., the COC indicated the resident had a fever of 101.4 Fahrenheit (F- unit of measurement). During a review of Resident 79's COC Evaluation dated 1/22/2024 timed at 2:22 p.m., the COC indicated Resident 79 developed a non- productive cough (dry cough without mucus or phlegm). During a review of Resident 79's Care Plan titled Resident was at risk for severe acute respiratory infection related to Covid, Influenza, pneumonia vaccine refusal initiated 1/2/2025 and was revised on 1/23/2025, the Care Plan indicated Resident 79 was at risk for severe acute respiratory infection related to Covid, Influenza, pneumonia vaccine refusal. The Care Plan's interventions included observing for signs and symptoms such as fever, cough, difficulty of breathing, chills, sore throat, and congestion. (continued on next page)

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 01/24/2025
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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 79's Care Plan titled Resident had a respiratory (referring to the lungs) infection due to Influenza A initiated 1/23/2025, the Care Plan goal indicated Resident 79 will be free from signs and symptoms of respiratory infection by review date. The Care Plan interventions included to implement droplet isolation (a set of precautions used to prevent the spread of infections that are transmitted through respiratory droplets) for Influenza A and to start Tamiflu (anti-viral medicine). During a review of Resident 79's Influenza A and B Panel Test result, the result indicated the specimen for the Influenza A and B Panel test was collected on 1/21/2025, at 6:35 p.m. received by the laboratory on 1/22/2025, at 10:24 a.m. and reported to the facility on [DATE] at 9:18 a.m. The Influenza A and B Panel test indicated Resident 79 was positive for Influenza A. During a review of Resident 79's Progress Notes dated 1/23/2025 timed at 7:44 p.m., the Progress Notes indicated the physician was notified about the positive Influenza test and droplet isolation was observed. During a concurrent interview and record review on 1/24/2025, at 8:29 a.m., with Registered Nurse Supervisor (RN 1), RN 1 stated the laboratory provider called her on 1/23/2025, at around 9:00 a.m. or 10:00 a.m. because Resident 79 tested positive for Influenza A. RN 1 stated she called Resident 79 physician at around 10:00 a.m. and then sent a text message on her personal cellphone but Resident 79 physician did not respond or called back. RN 1 stated if the physician would not call back, staff should call the Medical Director. RN 1 stated she did not place a call to notify the Medical Director after Resident 79's physician failed to return her call. RN 1 stated residents and staff could get exposed to Influenza virus which can cause an outbreak (sudden increased of cases of a disease above what is normally expected) and cause a delay of care to Resident 79. During an interview on 1/24/2025, at 11:28 a.m. with IPN, IPN stated she was aware Resident 79 was positive for Influenza A on 1/23/2025 at around 11:00 a.m. or 12:00 p.m. IPN stated RN 1 should have called the physician and if no response, she should have called the Medical Director of the change in condition and positive Influenza A test result because it was an urgent matter and could cause a delay of care to Resident 79. IPN stated they should have followed up the result of Influenza A and B Panel test sent on 1/22/2025 when Resident 79 developed fever and cough because the residents in the facility are vulnerable to develop serious illness. c. During an observation on 1/23/2025, at 3:30 p.m. in Resident 79's room, no signage for droplet precautions was posted on the front of the entryway or isolation cart was present before entering the room. During an interview on 1/24/2025, at 8:29 a.m. with RN 1, RN 1 stated she did not initiate droplet precaution on 1/23/2025 and left at 3:30 p.m. RN 1 stated Resident 79 was still in the same room with his roommate when she left the facility at 3:30 p.m. RN 1 stated Resident 79 did not have to be in a private room if they followed the three feet away distance from the resident. RN 1 stated she did not initiate the droplet precautions for Resident 79 because she was waiting for instructions from the Director of Nursing (DON) and IPN. RN 1 stated licensed nurses did not need an order to start isolation precautions for a resident who tested positive for Influenza. (continued on next page)

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 01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Atlantic Memorial Healthcare Center	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and record review of facility's census on 1/23/2025 at 11:28 a.m. with IPN, IPN stated Resident 79 was unvaccinated for Influenza due to refusal. IPN stated once they identified the resident had infectious disease like Influenza, they isolate the resident as soon as they obtained a positive Influenza result. IPN stated she knew Resident 79 was positive for Influenza on 1/23/2025 at around 11:00 a. m. because RN 1 notified her. IPN stated they did not move the resident right away as they observed the guideline of three to six feet distance away to the affected resident to prevent transmission. IPN stated Resident 79 was moved on 1/23/2025 at 6:34 p.m. IPN confirmed there were available beds on 1/23/2024 and census indicated there were 83 residents and 14 empty beds. IPN stated they should have placed Resident 79 on droplet precautions as soon as the positive result for Influenza was received on 1/23/2025 because other residents and staff would be at risk in contracting the Influenza which could lead to an outbreak. During a review of an online article Interim Guidance for Influenza Outbreak Management in Long-Term Care and Post-Acute Care Facilities | Influenza (Flu) | CDC dated 9/17/2024, the online article indicated Droplet precautions should be implemented for residents with suspected or confirmed influenza for 7 days after illness onset or until 24 hours after the resolution of fever and respiratory symptoms, whichever is longer, while a resident is in a healthcare facility. During a review of facility's policy and procedure (P&P) titled IPCP Standard and Transmission-Based Precautions revised 3/2024, the P&P indicated Droplet precautions are used for patients known or suspected to be infected with pathogens (microorganisms) transmitted by respiratory droplets that are generated by a patient who is coughing, sneezing, or talking. The P & P indicated to implement source control by placing a mask on the patient and ensure appropriate patient placement

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 01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Atlantic Memorial Healthcare Center	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)
F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement a program that monitors antibiotic use. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44898 Based on interview and record review, the facility failed to implement their protocol for Antibiotic Stewardship (measures used by the facility to ensure antibiotics [drug to treat infection] are used only when necessary and appropriate) for one of five sampled residents (Resident 6). This failure had the potential to result in Resident 6 developing antibiotic resistance (not effective to treat infection) from unnecessary or inappropriate antibiotic use. Findings: During a review of Resident 6's Admission Record, the Admission Record indicated Resident 6 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including chronic ulcer (a non-healing wound on the skin) of the buttock, duodenal ulcer (a sore in the first part of the small intestines) and rectal fistula (an infected anal gland that forms an abscess). During a review of Resident 6's History and Physical (H&P), dated 3/27/2024, the H&P indicated Resident 6 was able to make his own medical decisions. During a review of Resident 6's Minimum Data Set (MDS-resident assessment tool), dated 10/27/2024, the MDS indicated Resident 6 was dependent on nursing staff for toileting, showering, lower body dressing, and putting on and taking off shoes. The MDS indicated Resident 6 needed substantial to maximal assistance from nursing staff with transferring to the shower, bed, and chair. The MDS indicated Resident 6 needed partial to moderate assistance from nursing staff with rolling from left to right, sitting, lying down, and standing. During a review of Resident 6's Order Summary, the Order Summary, indicated Resident 6 had an order for Ciprofloxacin (medication used to treat bacterial infections) 500 milligrams (mg-unit of measurement) one tablet by mouth two times a day for abnormal wound culture and sensitivity (laboratory tests to check for infection) with right ischial (a bone in the lower hip) surgical wound for 21 days starting 1/13/2025 to 2/3/2025. During a concurrent interview and record review on 1/23/2025 at 9:41 a.m., with the Infection Preventionist (IP), Resident 6's Surveillance Data Collection Form was reviewed. The Surveillance Data Collection Form indicated, on 1/13/2025 Resident 6 did not meet the criteria for cellulitis (skin infection), soft tissue or wound infection and the medical doctor was made aware. IP stated if the McGeers Criteria (a document to identify whether the symptoms meet the criteria for definitive infection) is not met the IP calls the doctor and lets the doctor know the resident does not meet the McGeers criteria and asks the doctor if they want to continue the antibiotic order and the response is documented in the progress notes. IP stated there was no documentation in the progress notes that indicates the medical doctor was notified. IP stated Antibiotic Stewardship is used to limit the usage of antibiotics especially if the resident is without any signs and symptoms of an infection. IP stated Resident 6 can develop resistance to antibiotics and side effects, multi drug resistant organisms (MDRO- bacteria that are resistant to multiple antibiotics and can cause serious infections), and the antibiotic can damage the gut (stomach) by changing the intestinal flora. IP stated Director of Staff Development (DSD) was responsible for Antibiotic Stewardship. (continued on next page)

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 01/24/2025
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)
F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 1/23/2025 at 11:26 a.m. with the (DSD), DSD stated she informed the medical doctor regarding Resident 6 not meeting the McGeers Criteria and the doctor stated to continue with antibiotics. DSD stated she did not document the doctor's response in the progress notes. DSD stated antibiotic stewardship is used to avoid unnecessary antibiotic and to monitor residents for signs and symptoms of an infection. DSD stated if residents do not meet the criteria the resident is at risk for unnecessary antibiotic use. DSD agreed Resident 6 can develop resistance to antibiotics if prescribed unnecessarily. During an interview on 1/23/2025 at 1:03 p.m., with the DSD, DSD stated she did not notify the Wound Care Doctor (WCD) who ordered Ciprofloxacin 500 milligrams. DSD stated she should have made the ordering doctor aware that Resident 6 did not meet the McGeers Criteria for cellulitis, soft tissue, or wound infection. During an interview on 1/24/2025 at 4:38 p.m. with the Director of Nursing (DON), the DON stated the IP should have documented in the Nursing Progress Notes that she notified the doctor and asked the doctor if the antibiotic can be discontinued. The DON stated the IP should have documented what the doctor said in the Nursing Progress Notes. During a review of the facility's policy and procedure (P&P) titled , Antibiotic Stewardship date revised 1/2022, the P&P indicated, It is the policy of this facility to implement an Antibiotic Stewardship Program (ASP) that is incorporated in the overall Infection Prevention and Control Program which will promote appropriate use of antibiotics while optimizing the treatment of infections, at the same time reducing the possible adverse events associated with antibiotic use. This policy has the potential to limit antibiotic resistance in the post-acute care setting, while improving treatment efficacy and resident safety, and reducing treatment-related costs. This policy will include basic elements about antibiotic resistance and opportunities for improvement .Antibiotic Stewardship refers to a set of commitments and actions designed to optimize the treatment of infections while reducing the adverse events associated with antibiotic use. This can be accomplished through improving antibiotic prescribing, administration, and management practices thus reducing inappropriate use to ensure that residents receive the right antibiotic for the right indication, dose, and duration. Cross referenced F-757