

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055894	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/22/2025
NAME OF PROVIDER OR SUPPLIER Broadway by the Sea		STREET ADDRESS, CITY, STATE, ZIP CODE 2725 E. Broadway Long Beach, CA 90803	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45425</p> <p>Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 3) grievances related to call lights were resolved to prevent recurrence.</p> <p>This deficient practice resulted in Resident 3 filling similar grievances on 12/2024 and 1/2025.</p> <p>Findings:</p> <p>During a review of Resident 3 ' s Admission Record (Face Sheet), the Face Sheet indicated Resident 3 was admitted to the facility on [DATE] with diagnoses including removal of right ankle internal fixation (the use of mental implants to realign and stabilize broken bones).</p> <p>During a review of Resident 3 ' s Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 11/2024, the MDS indicated Resident 3 ' s cognition was intact and required partial/moderate assistance from facility staff with Activities of Daily Living (ADLs - routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves).</p> <p>During a review of Resident 3 ' s Grievance Resolution Form dated 12/6/2024 and 1/8/2025, the grievance resolution form indicated Resident 3 complained of the lengthy response time for the call light and the Director of Staff Development (DSD) provided an in-service to staff regarding the importance of answering the call light.</p> <p>During an interview on 1/22/2025 at 8:10 a.m. with Resident 3, Resident 3 stated the call lights take time to be answered especially during the night shift. Resident 3 stated he reported the issues to the Social Services Director (SSD) and the issue has not been resolved.</p> <p>During an interview on 1/22/2025 at 9:30 a.m. with the SSD, the SSD stated in-services were provided in December and January to the facility staff regarding answering the call lights timely. The SSD stated the issue with call light response was related to the Certified Nursing Assistants (CNAs) and there are shifts where all the CNAs were from registry. The SSD stated it makes it difficult to ensure call lights are answered promptly when the CNAs are not regular staff.</p> <p>(continued on next page)</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/22/2025 at 2:20 p.m. with the Administrator (ADM), the ADM stated the issue with the call lights response should have been included in Quality Assurance and Performance Improvement (QAPI, Quality Assurance/Quality Assurance and Performance Improvement-a data driven proactive approach to improvement used to ensure services are meeting quality standards) plan because the grievance had reoccurred. The ADM stated call light response time should have been monitored and provided other interventions to prevent it from reoccurring.</p> <p>During a review of the facility ' s policy and procedure (P&P) titled Grievances, dated 12/2023, the P&P indicated the Grievance Official evaluates and investigates the concern and takes immediate action to resolve the concern and prevent further potential violations of any resident ' s right while the alleged violation is being investigated.</p> <p>Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 3) grievances related to call lights were resolved to prevent recurrence.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45425</p> <p>Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 1), nephrostomy tube (a thin, flexible tube that drains urine from the kidney into a bag outside the body) and suprapubic catheter (a flexible tube that drains urine from the bladder through a small incision in the lower abdomen) was monitored and treated.</p> <p>These deficient practices had the potential to result in infection, dislodgement (the action of something moving or being removed from a fixed position), an/or other complications related to Resident 1 ' s nephrostomy tube and suprapubic catheter.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission Record (Face Sheet), the Face Sheet indicated Resident 1 was admitted to the facility on [DATE] and readmitted on [DATE] with the diagnoses including hydronephrosis (a condition where one or both kidneys become stretched and swollen as the result of a build-up of urine inside them) and obstructive uropathy (urine cannot drain through the urinary tract).</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 7/23/2024, the MDS indicated Resident 1 ' s cognition was severely impaired was dependent (helper does all the effort) on facility staff to complete Activities of Daily Living (ADLs - routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves).</p> <p>During a review of Resident 1 ' s Physician Orders dated 12/10/2024 and discontinued on 1/7/2025, the physician order indicated Resident 1 ' s suprapubic catheter was to be cleansed with normal saline (mixture of salt and water solution), rinse and dry every shift and as needed. The physician order indicated to monitor for signs and symptoms (s/s) of infection and notify physician if s/s of infection were present.</p> <p>During a continued review of Resident 1 ' s Physician Orders dated 7/20/2024 and discontinued on 1/7/2025, the physician order indicated Resident 1 ' s left flank (the side of the body between the rib cage and hip bone) nephrostomy tube was to be cleansed with normal saline, pat dry, and secured with a dry dressing every day.</p> <p>During a review of Resident 1 ' s Treatment Administration Record (TAR - a daily documentation record used by licensed nurse to document treatments given to a resident) dated 1/2025, the TAR indicated x on Resident 1 ' s order for left flank nephrostomy tube was to be cleansed with normal saline, patted dry, and secured with dry dressing every day from 1/8/2025 to 1/10/2025 and an x on Resident 1 ' s order for Resident 1 ' s suprapubic catheter to be cleansed with normal saline, rinse and dry every shift and as needed from 1/8/2025 to 1/10/2025.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/22/2025 at 11:11 a.m. and subsequent interview at 1:20 p.m., with Licensed Vocational Nurse 1 (LVN 1), LVN 1 stated LVN 1 stated there should have been an order for monitoring and treatment of Resident 1 ' s nephrostomy tube and suprapubic catheter. LVN 1 stated the TAR reflects the monitor and treatments were not completed from 1/8/2025 through 1/10/2025. LVN 1 stated the nephrostomy tube and suprapubic catheter should be monitored for any redness, s/s of infection, bleeding and/or dislodgement.</p> <p>During an interview on 1/22/2025 at 1:49 p.m. with the Director of Nursing (DON), the DON stated there should have been an order for monitoring and treatment for Resident 1 ' s nephrostomy tube and suprapubic catheter. The DON stated the licensed nurses should have been monitoring for s/s of infection, dislodgement, and the sites should have been cleaned and dressed daily as ordered.</p> <p>During a review of the facility ' s policy and procedure (P&P) titled Physician Orders, dated 5/2023, the P&P indicated the charge nurse, or the director of nursing services shall place the order for all prescribed medications or treatments.</p> <p>Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 1), nephrostomy tube (a thin, flexible tube that drains urine from the kidney into a bag outside the body) and suprapubic catheter (a flexible tube that drains urine from the bladder through a small incision in the lower abdomen) was monitored and treated.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>45425</p> <p>Based on interview and record review, the facility failed to implement its Infection Prevention and Control Program by failing to:</p> <ol style="list-style-type: none"> 1. Ensure all facility staff including registry staff (personnel provided by a placement service on a temporary or on a day-to-day basis) were tested according to local health department guidance. 2. Ensure all facility staff were provided in-services (a type of training that takes place in a nursing workplace to update nurses on the latest information and skills, which can improve patient care) regarding COVID-19 (a potentially severe respiratory illness caused by coronavirus and characterized by fever, coughing, and shortness of breath) protocols. <p>These failures placed residents, staff, and the community at higher risk for cross contamination, and increased spread of COVID-19 infection in the facility and the community.</p> <p>Findings:</p> <p>During an interview on 1/21/2025 at 1:10 p.m. with Certified Nurse Assistant 1 (CNA 1), CNA 1 stated he was from a staffing registry, and he did not perform a COVID-19 test prior to the start of his shift.</p> <p>During an interview on 1/21/2025 at 1:13 p.m. with CNA 2, CNA 2 stated she was from a staffing registry, and he did not perform a COVID-19 test prior to the start of her shift.</p> <p>During a review of the local health department ' s guidance dated 1/15/2025, the local health department ' s guidance indicated to conduct two rounds of facility wide all staff and resident response testing. The local health department guidance indicated staff and residents should be educated on the risks of becoming infected if they choose to decline wearing a well-fitting mask. The local health department guidance indicated to implement current recommendations including donning and doffing personal protective equipment (PPE - clothing and equipment that is worn or used to provide protection against hazardous substances and/or environments) with care and being diligent with handwashing.</p> <p>During an interview on 1/22/2025 at 12:16 p.m. with the Infection Prevention Nurse (IP), the IP stated all staff, including registry, will test on Mondays and Fridays, and if they work any other day, the staff will test prior to the start of their shift with a licensed nurse witnessing the test. The IP stated she was not aware if the registry staff performed COVID-19 tests prior to the start of their shift. The IP stated Infection Control in-services have been provided to only day shift staff and has not provided Infection Control in-services to the evening or night shift.</p> <p>During an interview on 1/22/2025 at 1:49 p.m. with the Director of Nursing (DON), the DON stated all staff should be provided infection control practice in-services to ensure all staff are updated with current information and their questions, if they have any, can be answered immediately. The DON stated all staff including registry should be tested for COVID-19 prior to the start of their shift especially due to the COVID-19 outbreak that is occurring at the facility.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During a review of the facility ' s policy and procedure (P&P) titled Infection Prevention and Control Plan, dated 5/2023, the P&P indicated the facility ' s Infection Prevention and Control Program (IPCP) is based upon information from the Facility Assessment and follows national standards and guidelines to prevent, recognize and control the onset and spread of infection whenever possible.</p> <p>Based on interview and record review, the facility failed to implement its Infection Prevention and Control Program by failing to:</p> <ol style="list-style-type: none"> 1. Ensure all facility staff including registry staff (personnel provided by a placement service on a temporary or on a day-to-day basis) were tested according to local health department guidance. 2. Ensure all facility staff were provided in-services (a type of training that takes place in a nursing workplace to update nurses on the latest information and skills, which can improve patient care) regarding COVID-19 (a potentially severe respiratory illness caused by coronavirus and characterized by fever, coughing, and shortness of breath) protocols. 		