

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  01/21/2026
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)		
F 0580  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility failed to ensure one of three sampled residents (Resident 1) physician and power of attorney ([POA] decision maker) was notified of refusals of Ciclopirox cream (antifungal cream) treatment to both feet BID for tinea pedis (fungal infection) on 1/8/2026, 1/10/2026, 1/11/2026 and 1/12/2026. This failure resulted in Resident 1 not receiving treatment and care for four days and had the potential to cause infection, inflammation and hospitalization. Findings: During a review of Resident 1's admission Record dated 1/21/2026, the admission record indicated Resident 1 was admitted to the facility on [DATE] and re-admitted on [DATE] with diagnosis including diabetes mellitus (a condition in which the body fails to process glucose (sugar)), and rheumatoid arthritis (a chronic progressive disease-causing inflammation in the joints and resulting in painful deformity and immobility). During a review of Resident 1's History and Physical (H&amp;P) dated 12/17/2026, the H&amp;P indicated Resident 1 was alert and oriented. During a review of Resident 1's Minimum Data Set ([MDS] - a standardized assessment and care screening tool) dated 11/7/2026, the MDS indicated Resident 1 had moderate cognitive impairment (a decline in cognitive functions like memory, language, thinking). The MDS indicated Resident 1 needed substantial/ maximal assist (helper does more than half the work) with activities of daily living ([ADL] such as toileting, dressing and bathing). The MDS indicated Resident 1 had an infection on both feet. During a review of Resident 1's physician order dated 11/6/2025, the physician order indicated to administer Ciclopirox cream to both feet once a day for Tinea Pedis. During a review of Resident 1's Progress Note dated 1/8/2026 at 9:56 a.m., the progress note indicated Resident 1 had refused treatment on both of her feet. During a review of Resident 1's Progress Note dated 1/10/2026 at 10:24 a.m., the progress noted indicated Resident 1 had refused treatment on both of her feet. During a review of Resident 1's Progress Note dated 1/11/2026 at 11:40 a.m., the progress noted indicated Resident 1 had refused treatment on both of her feet. During a review of Resident 1's Progress Note dated 1/12/2026 at 1:08 p.m., the progress noted indicated Resident 1 had refused treatment on both of her feet. During a review of Resident 1's Treatment Administration Record (TAR) dated 1/21/2026, the TAR indicated Resident 1 had refused her feet fungal treatments of ciclopirox cream to both feet on 1/10/26, 1/11/2026, and 1/12/2026. During a phone interview on 1/21/2026 at 11:04 am with Treatment Nurse (TXN) 2, TXN 2 stated he should have notified the physician and the POA after Resident 1's third fungal treatment refusal to both of her feet on the following days: 1/8/26, 1/10/26, 1/11/2026 and 1/12/2026. During a concurrent interview and record review on 1/21/2026 at 3:00 pm with the Director of Nurses (DON), Resident 1's Tx refusal documentation and GACH ER summary visit report were reviewed. The DON stated TXN 2 should have done a COC when Resident 1 refused her feet fungal treatment for the third time, so the nurses could have let the physician know and possibly see about a new plan of care. The DON stated that TXN 2 should have notified Resident 1's POA that Resident 1 refused treatment on her</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 055894
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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>feet so the POA could have talked to Resident 1 about her refusing care. During a review of the facility's policy and procedure (P&amp;P) titled Change of Condition dated 4/2025, the P&amp;P indicated it is the policy of this facility to ensure each resident receives quality of care and services to attain and maintain the highest practicable physical mental and psychosocial well-being in accordance with the interdisciplinary comprehensive assessment and plan of care. The P&amp;P indicated if at any time, it is recognized by any one of the team members that the condition or care needs of the resident have changed, the Licensed Nurse or Nurse Supervisor should be made aware. The P&amp;P indicated nurse shall use his/ her clinical judgment and contact the physician. The P&amp;P indicated the resident/ resident representative will be notified of the change of condition and any changes in the resident's medical or nursing care.</p>		