

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055995	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/16/2025
NAME OF PROVIDER OR SUPPLIER  Windsor Convalescent Center of North Long Beach		STREET ADDRESS, CITY, STATE, ZIP CODE 260 E Market St Long Beach, CA 90805	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 47092</p> <p>Based on interview and record review, the facility failed to ensure one of five sampled residents (Resident 4) was not hit by Resident 5.</p> <p>This deficient practice resulted in Resident 4 being punched in the stomach by Resident 5 and had the potential for Resident 4 to suffer physical or psychosocial harm as a result. This deficient practice had the potential for other residents in the facility to be subjected to suffer physical abuse.</p> <p>Findings:</p> <p>1. During a review of Resident 4 ' s Admission Record (Face Sheet), the Face Sheet indicated Resident 4 was admitted to the facility on [DATE] with diagnoses including diabetes mellitus (DM - a disorder characterized by difficulty in blood sugar control and poor wound healing), dementia (a progressive state of decline in mental abilities), bipolar disorder (sometimes called manic-depressive disorder; mood swings that range from the lows of depression to elevated periods of emotional highs), and schizophrenia (a mental illness that is characterized by disturbances in thought).</p> <p>During a review of Resident 4 ' s Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 12/10/2024, the MDS indicated Resident 4 ' s cognition (ability to think and reason) was severely impaired. The MDS indicated Resident 4 did not exhibit any behavioral issues and required supervision or touching assistance (helper provides verbal cues and/or touching assistance) for all activities of daily living (ADLs - routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves) during the assessment period.</p> <p>During an interview on 1/16/2025 at 11:22 a.m. with Resident 4, Resident 4 stated Resident 5 had punched in him the stomach on 1/16/2025 when he was asleep. Resident 4 stated he was scared by being woken up in his sleep and was unsure why he was attacked.</p> <p>2. During a review of Resident 5 ' s Face Sheet, the Face Sheet indicated Resident 5 was admitted to the facility on [DATE] with diagnoses including encephalopathy (a broad term for any brain disease that alters brain function or structure), schizophrenia, altered mental status, depression (a mental health condition that involves prolonged low mood and loss of interest in activities), and cognitive communication deficit (difficulty in communicating that stems from an impairment in cognitive functions).</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 5 ' s MDS, dated [DATE], the MDS indicated Resident 5 ' s cognition was severely impaired. The MDS indicated Resident 5 was dependent (staff does all the effort) for all ADLs.</p> <p>During a review of Resident 5 ' s untitled Care Plan dated 12/20/2024, the Care Plan indicated Resident 5 had a behavior problem related to schizophrenia manifested by agitation and restlessness. Under this Care Plan, the goal included Resident 5 will have no evidence of behavior problems.</p> <p>During a review of Resident 5 ' s Initial Psychiatric Evaluation dated 12/27/2024, the evaluation indicated Resident 5 had a history of schizophrenia manifested by paranoia and agitation towards others, with poor impulse control, judgement, and insight.</p> <p>During an interview on 1/16/2025 at 11:46 p.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated on 1/16/2025 at approximately 8:30 a.m., she heard a loud commotion and yelling in Resident 4 ' s room. LVN 1 stated upon assessing the situation Resident 4 had told him Resident 5 hit him. LVN 1 stated Resident 5 stated yes when asking if he attacked Resident 4 but did not answer why he attacked Resident 4.</p> <p>During an interview on 1/16/2024 at 3:58 p.m., with the Director of Nursing (DON), the DON stated residents should be free from abuse and the facility should do as much as they can to prevent it from happening. The DON stated Resident 5 ' s behavior could have been more thoroughly analyzed, but she was surprised Resident 5 attacked Resident 4 since her and her staff have not observed him with any aggressive behaviors, and if anything, he was very depressed.</p> <p>During a review of facility ' s policy and procedure (P&amp;P) titled Abuse - Prevention, Screening, &amp; Training Program, revised 7/2018, the P&amp;P indicated the facility does not condone any form of resident abuse with screening and preventions to promote an environment free from abuse. The P&amp;P indicated the facility conducts resident pre-admission screening, admission, and ongoing assessments and care planning for appropriate interventions and monitoring of residents with needs and behaviors which might lead to conflict or neglect.</p>		