

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056007	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/18/2024
NAME OF PROVIDER OR SUPPLIER Pacific Care Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3355 Pacific Place 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)
<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45425</p> <p>Based on observation, interview and record review, the facility failed to ensure residents with diagnoses of seizure (a sudden, uncontrolled burst of electrical activity in the brain), convulsions (rapid, involuntary muscle contractions that cause uncontrollable shaking and limb movement) or epilepsy (a brain condition that causes recurring seizures), and on anti-seizure medications (medications used to prevent or treat seizures or convulsions by controlling abnormal electrical activity in the brain), had seizure precautions (safety measures to prevent/lessen possible injuries during a seizure activity such as padded siderails and bed in low position), in place for three of 25 sampled residents. The facility failed to:</p> <ol style="list-style-type: none"> 1.Ensure Resident 1, who had diagnosis of epilepsy, was identified upon admission to the facility on [DATE], as being at risk for seizures and placed on seizure precautions. 2. Have a policy and procedure (P&P) in place regarding the management and care of residents with the diagnoses of seizures, convulsions, and epilepsy, including how to identify those residents at risk and implement seizure precautions. 3. Identify, assess, and implement seizure precautions for 24 residents, in the facility with diagnoses of seizures, convulsions, epilepsy, and on anti-seizure medications <p>These deficient practices resulted in Resident 1 falling from the bed during a seizure activity, sustaining a laceration (a cut) on top of her head that required admission to a general acute care hospital (GACH) for evaluation and treatment. Resident 1 became unresponsive and was intubated (a tube placed into the windpipe to aid in breathing) and the resident ' s cut on top of her head was sutured (process of closing a cut on your skin) of the cut on top of her head.</p> <p>These deficient practices placed the other 24 residents with diagnoses of seizure, convulsions, or epilepsy at risk for falls and injuries during seizure activities.</p> <p>On 3/15/2024 at 3:09 p.m., an Immediate Jeopardy ([IJ] a situation in which the provider ' s noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident) was called in the presence of the facility ' s Administrator (ADM) and the Director of Nursing (DON) for the facility ' s failure to implement seizure precautions for Resident 1 and 24 other residents at risk for injuries related to seizures.</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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>On 3/17/2024, the facility submitted an acceptable IJ Removal Plan ([IJRP] interventions to immediately correct the deficient practices). After onsite verification of the facility ' s IJRP ' s implementation through observation, interview, and record review, the IJ was removed on 3/17/2024 at 4:03 p.m., in the presence of the DON and ADM.</p> <p>The IJRP included the following immediate actions:</p> <ol style="list-style-type: none"> 1. Resident 1 was readmitted to the facility on [DATE], and seizure precautions such as bed in low position, half bilateral (two sides) padded side rails, bilateral floor mats, and a neurology (a branch of medicine concerned with disorders of the brain and nervous system) consult was ordered. Resident 1 ' s physician ordered Keppra (seizure medication) and to monitor for signs and symptoms of seizure every shift. On 3/15/2024, a blue seizure identification sticker was placed on Resident 1 ' s name plate outside of her room. Seizure interventions were documented in Resident 1 ' s care plan and implemented. The Registered Nurse Supervisor (RNS) and the licensed nurses will monitor every shift that all ordered seizure precautions were in place and documented on the seizure monitoring log. 2. Registered Nurses (RN) and licensed nurses were given in-services on 3/15/2024 by the DON on the new seizure management policy to include but not limited to identify residents with epilepsy and/or seizure diagnosis on admission, monitoring seizure, prevention and management of resident having seizure episodes. The RNS will monitor seizure prevention and management of residents with seizure episodes. 3. On 3/15/2024 an in-service was initiated for Certified Nursing Assistant (CNAs) on signs and symptoms of seizure, management of seizure activity and prevention. 4. On 3/15/2024 the facility initiated a policy and procedure for seizure management including assessment, prevention, and management of seizures. 5. On 3/15/2024, the DON and licensed nurse designee conducted a review of all current residents ' medical record to identify residents with seizure, epilepsy, and other convulsion diagnosis. There were 24 residents identified and reassessed for appropriate interventions. On 3/15/2024 the residents ' attending physicians ' were notified and preventive measures (padded half side rails, bed in low position, and monitoring for signs and symptoms of seizure) were implemented immediately for all residents at risk. 6. On 3/15/2024 the facility adopted a practice of using blue seizure identification blue sticker on resident ' s name plate on the resident ' s door to identify those with diagnoses of seizures, epilepsy, and convulsions. 7. New admissions, readmitted , and current residents with diagnosis of seizure and/or epilepsy will be assessed to ensure appropriate interventions were ordered such as padded half siderails, low bed position, and seizure monitoring with the use of the monitoring tool, and blue seizure identification stickers placed on their name plates. 8. A monitoring tool was created to check the adherence of the specific precautionary measures as ordered by resident physician. Designated staff will complete a monitoring tool every shift to check the adherence of the specific precautionary measures for residents with seizures, epilepsy, or convulsions. <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>9.The residents ' physicians may order padded full siderails and/or bolsters as needed.</p> <p>10. RNs, Licensed Vocational Nurse (LVNs), and CNAs will be given annual in-services on seizure management and will be part of the new hire training.</p> <p>11. DON and/or designee will review new admissions and/or readmission the following day, the RN supervisor will review on the weekend to ensure residents with seizure and/or epilepsy diagnosis have seizure precautions and monitoring of seizure activity by use of the monitoring tool in the next 3-months. Findings will be reported to the monthly QAPI Meeting.</p> <p>12. The DON and/or designee will make rounds daily using the monitoring tool in the next 3 months to ensure residents with seizure and/or epilepsy diagnosis have seizure precautions in placed. Findings will be reported to the monthly Quality Assurance and Performance Improvement (QAPI - data driven and proactive approach to quality improvement) Meeting.</p> <p>13. The Administrator and/or designee will make rounds three times weekly for the next 3-months and review 10 random residents charts with diagnosis of seizure and/or epilepsy and ensure seizure precautions are in place.</p> <p>Findings:</p> <p>a.During a review of Resident 1 ' s Admission Record, the Admission Record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including epilepsy and systemic lupus erythematosus (SLE-when the body ' s immune system attacks the tissue and organs).</p> <p>During a review of Resident 1 ' s History and Physical (H&P) dated 2/13/2024, the H&P indicated Resident 1 had a fluctuating capacity to understand and make decisions.</p> <p>During a review of Resident 1 ' s Care Plan titled High risk of injury due to seizure activity dated 2/12/2024, indicated a goal for Resident 1 was to have no injury daily for the next three months. The care plan interventions included to implement fall and or seizure precautions, and provide a safe environment free of clutter, adequate lighting and non-slippery.</p> <p>During a review of Resident 1 ' s care plan titled High risk for trauma/injuries and ineffective breathing pattern related to diagnosis of complex partial epilepsy (seizures that result in a sudden absence of awareness regarding surroundings) dated 2/12/2024, the care plan goal indicated Resident 1 will not have a significant injury if seizure activity occurred through next review. The care plan ' s interventions included keep environment free of safety hazards.</p> <p>During a review of Resident 1 ' s Situation, Background, Assessment, Recommendation ([SBAR] a verbal or written communication tool that helps provide essential, concise information, usually during a crucial situation) dated 3/4/2024, the SBAR indicated Resident 1 was found lying on the floor on the left side of the bed, non-responsive to verbal stimuli (open eyes in response to a spoken word or phrase directed towards the resident). The SBAR indicated Resident 1 had tonic clonic generalized seizures (loss of consciousness and violent muscle contractions), and bleeding on the left side of the head. The SBAR indicated Resident 1 ' s physician was notified, and the physician recommended staff to apply pressure to Resident 1 ' s left side of the head and transfer the resident to the GACH.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 1 ' s ambulance report dated 3/4/2024, the report indicated the facility ' s staff found Resident 1 on the ground (floor) beside her bed with blood on the ground (floor). The report indicated Resident 1 had a two inches (unit of measurement) laceration to the back of her head and exhibited decerebrate posturing (posture characterized by a stiff body, straight legs, and clenched fists usually from severe brain damage). The ambulance report indicated upon emergency services (EMS) assessment Resident 1 began to have full body tonic clonic shaking. The ambulance report indicated midazolam (medication commonly used as emergency treatment for seizures) was administered to Resident 1 via intravenous (IV- through the veins) access. The ambulance report indicated upon arrival to the GACH, Resident 1 had another seizure.</p> <p>During a review of Resident 1 ' s Face Sheet from the GACH, the Face Sheet indicated Resident 1 was admitted on [DATE] with diagnosis of status epilepticus (a seizure that lasts longer than 5 minutes or has more than one seizure within a five-minute period without returning to a normal level of consciousness between seizures).</p> <p>During a review of Residents 1 ' s Trauma H&P from the GACH dated 3/4/2024, the Trauma H&P indicated Resident 1 had an unwitnessed fall. The Trauma H&P indicated upon arrival to the GACH, Resident 1 was actively seizing and was intubated for airway management (procedures used to maintain or restore a patient ' s airway). The Trauma H&P indicated Resident 1 had a small left tempo parietal (side of the head) hematoma (collection of blood that forms in tissue, organ, or body space because of broken blood vessels due to injury).</p> <p>During an interview on 3/13/2024 at 11:05 a.m., with Paramedic ([PAR] a person trained to give emergency medical care) 1, PAR 1 stated when he entered the room, Resident 1 was in bed, actively seizing. PAR 1 stated Resident 1 ' s bed did not have side rails and there were no floor mats. PAR 1 stated he observed a 12-inch blood stain on the floor, next to the resident ' s bed. PAR 1 stated Resident 1 was transported to the GACH via ambulance and had a seizure activity upon arrival to the GACH.</p> <p>b. During a review of Resident 2 ' s Admission Record, the Admission Record indicated Resident 2 was admitted to the facility on [DATE] with the diagnosis of unspecified convulsions.</p> <p>During a review of Residents 2 ' s MDS dated [DATE], the MDS indicated Resident 2 was in a persistent vegetative state (awake with no signs of awareness). The MDS indicated Resident 2 was completely dependent on staff for activities of daily living (ADLs- eating, drinking, transferring, dressing and toileting). The MDS indicated Resident 2 had a diagnosis of a seizure disorder or epilepsy.</p> <p>During a review of Resident 2 ' s physician orders dated 11/30/2023, the order indicated give 10 milliliters ([ml] unit of measurement) Levetiracetam (medication used to treat seizures) through a gastrostomy tube (tube inserted through the wall of the abdomen into the stomach for food and medication administration) every eight hours for seizure disorder.</p> <p>During a review of Resident 2 ' s care plan titled High risk for trauma/injuries related to diagnosis of seizure disorder, dated 4/26/2023, the care plan goal indicated Resident 2 will not have a traumatic injury, if possible, within next 3 months. The care plan interventions included keeping environment free of safety hazards.</p> <p>a. During a review of Resident 3 ' s Admission Record, the Admission Record indicated Resident 3 was admitted to the facility on [DATE] with the diagnosis of other seizures.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During a review of Residents 3 ' s MDS dated [DATE], the MDS indicated Resident 3 ' s cognition (ability to learn, remember, understand, and make decision) was severely impaired. The MDS indicated Resident 3 was completely dependent on staff for ADLs. The MDS indicated Resident 3 had a diagnosis of a seizure disorder or epilepsy.</p> <p>During a review of Resident 3 ' s physician order dated 8/14/2023, the order indicated Levetiracetam 10 milliliters every 12 hours through gastrostomy tube for seizure disorder.</p> <p>During a review of Resident 3 ' s care plan titled High risk for trauma/injuries and ineffective breathing pattern related to seizure disorder, dated 8/15/2023, the care plan goal indicated Resident 3 will not have any significant injury if seizure activity occurred through 5/2024. The care plan interventions included to keep the environment free of safety hazards, bilateral siderails while in bed for safety, proper positioning to prevent injury or fall, and monitor seizure activity every shift.</p> <p>During an observation on 3/13/2024 at 12:19 p.m., in Resident 2 and 3 ' s room, Resident 2 was in bed, with no side rails or floor mats on either side of the bed. Resident 3 was observed in bed with unpadded bilateral side rails. There were no floor mats on the right side of Resident 3 ' s the bed.</p> <p>During an interview on 3/13/2024 at 12:20 p.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated Residents 2 and 3 were on seizure medications and should have seizure precautions such as bed in the lowest position and unpadded side rails if ordered by the physician. LVN 1 stated Resident 3 had siderails because the family requested the siderails for Resident 3 ' s comfort while positioning.</p> <p>During an interview on 3/13/2024 at 12:45 p.m. with Resident 1, Resident 1 stated there were no padded side rails or floor mats prior to her fall and seizure on 3/4/2024. Resident 1 stated she did not remember the details surrounding her seizure and only remembered when she was receiving stitches for the laceration on her head. Resident 1 stated she had her first seizure on 11/2023.</p> <p>During an interview on 3/13/2024 at 12:58 p.m. with the Director of Staff Development (DSD), the DSD stated on 3/4/2024 he found Resident 1 on the floor laying on her left side shaking. The DSD stated Resident 1 ' s bed had no side rails. The DSD stated he supported Resident 1 ' s head up so the resident would not hit her head on the floor repeatedly. The DSD stated residents with a history of seizures should be placed on seizure precautions including bed in lowest position, floor mats, pillows tuck under the resident on the side of their bed to prevent them falling.</p> <p>During an interview on 3/14/2024 at 1:27 p.m., with Certified Nursing Assistant (CNA) 1, CNA 1 stated when she provided care for Resident 1 on 3/4/2024 around 11 a.m., Resident 1 did not have padded side rails on the bed and floor mats. CNA 1 stated she was not aware Resident 1 had a history of seizures.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During an interview on 3/14/2024 at 1:44 p.m., with the Assistant Director of Nursing (ADON), the ADON stated she responded to the DSD ' s call for help on 3/4/2024, at 11:35a.m., and found Resident 1 on the floor, seizing. The ADON stated when she put a pillow under Resident 1 ' s head, she noticed a large amount of blood on the resident ' s head. The ADON stated she was familiar with the resident ' s history of SLE and End Stage Renal Disease ([ESRD] medical condition in which a person's kidneys stop functioning on a permanent basis) but not of seizures. The ADON stated she reviewed Resident 1 ' s medication list but could not find any anti-seizure medications. The ADON stated she was unsure about Resident 1 ' s seizure history. The ADON stated Resident 1 should have had padded siderails which would have prevented her from falling out of the bed and being injured.</p> <p>During an interview on 3/14/2024 at 2:56 p.m., with LVN 2, LVN 2 stated residents with a history of seizures identified during admission should have seizure precautions implemented. LVN 2 stated the facility did not have a policy on how to identify residents with diagnosis of seizures, convulsions, or epilepsy, on anti-seizure medications and safety measures to implement.</p> <p>During an interview on 3/14/2024 at 3:14 p.m., with the Minimum Data Set (a comprehensive assessment and care screening tool) Nurse (MDSN), the MDSN stated the diagnosis list for each resident was generated from the resident ' s hospital records. The MDSN stated care plans were created from the diagnosis list. The MDSN stated seizure precautions should have been implemented for all residents with diagnosis of seizure, convulsions, and epilepsy. The MDSN stated if seizure precautions were not in place, a resident could fall from their bed and be injured.</p> <p>During an interview on 3/16/2024 at 9:36 a.m., with LVN 3, LVN 3 stated residents at risk for seizures were identified on admission by their diagnosis and medications ordered for seizures. LVN 3 stated seizure precautions should be implemented when residents were admitted with diagnoses of seizure, convulsion and epilepsy and were on anti-seizure medications to prevent falls and injuries seizures.</p> <p>During an interview on 3/16/2024 at 10:04 a.m., with RNS 2, RNS 2 stated seizure precautions should be implemented upon admission, if a resident was identified at risk for seizure. RNS 2 stated during meetings and huddles (short daily meetings) staff were notified of residents at risk for seizures. RNS 2 stated she was unsure if the facility had a method to identify residents at risk for seizures such as a wrist band. RNS 2 stated any resident on seizure medications should be on seizure precautions because the medications could limit seizures, but not prevent them.</p> <p>During an interview on 3/16/2024 at 11:45 a.m. with the DON, the DON stated upon admission a resident was identified as at risk for seizure based on the resident ' s seizure medications. The DON stated since Resident 1 was not prescribed any seizure medication, Resident 1 ' s seizure history was unknown. The DON stated if the seizure diagnosis was not identified and seizure precautions were not implemented, residents could suffer an injury during a seizure. The DON stated the MDSN and RNS should have followed up to ensure care plan interventions were implemented for seizure precautions for Resident 1. The DON stated the facility did not have a policy on seizure management and precaution.</p> <p>During a review of a facility ' s document titled Facility assessment dated [DATE], the Facility Assessment indicated residents accepted to the facility with diagnosis including seizure disorders that require complex medical care and management.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During a review of the facility ' s Policy and Procedure (P&P) titled Comprehensive Care Planning, (undated) the P&P indicated the care plans were developed to address minimum health care information required to properly care for each resident, including goals and objectives. The P&P indicated the care plan must address effective and person-centered care that met professional standards for quality of care.</p>		

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<p>F 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45425</p> <p>Based on interview and record review, the facility ' s Quality Assessment and Assurance ([QAA] a group which develops and implements appropriate plans of action to correct identified quality deficiencies) committee and Quality Assurance Performance Improvement ([QAPI] a group who takes a systemic, interdisciplinary, comprehensive, and data driven approach to maintaining and improving safety and quality in nursing homes while involving residents and families) committee failed to:</p> <ol style="list-style-type: none"> 1. Have a policy and procedure (P&P) in place regarding the management and care of residents with the diagnoses of seizures, convulsions, and epilepsy, including how to identify those residents at risk and implement seizure precautions. 2. Identify, assess, and implement seizure precautions for 24 residents, in the facility with diagnoses of seizures, convulsions, epilepsy, and on anti-seizure medications <p>These deficient practices placed 24 residents with diagnoses of seizure, convulsions, or epilepsy at risk for falls and injuries during seizure activities.</p> <p>Findings:</p> <p>a. During a review of Resident 1 ' s Admission Record, the Admission Record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including epilepsy and systemic lupus erythematosus (SLE- when the body ' s immune system attacks the tissue and organs).</p> <p>During a review of Resident 1 ' s History and Physical (H&P) dated 2/13/2024, the H&P indicated Resident 1 had a fluctuating capacity to understand and make decisions.</p> <p>During a review of Resident 2 ' s Admission Record, the Admission Record indicated Resident 2 was admitted to the facility on [DATE] with the diagnosis of unspecified convulsions.</p> <p>During a review of Residents 2 ' s MDS dated [DATE], the MDS indicated Resident 2 was in a persistent vegetative state (awake with no signs of awareness). The MDS indicated Resident 2 was completely dependent on staff for activities of daily living (ADLs- eating, drinking, transferring, dressing and toileting). The MDS indicated Resident 2 had a diagnosis of a seizure disorder or epilepsy.</p> <p>During a review of Resident 2 ' s physician orders dated 11/30/2023, the order indicated give 10 millimeters ([ml] unit of measurement) Levetiracetam (medication used to treat seizures) through a gastrostomy tube (tube inserted through the wall of the abdomen into the stomach for food and medication administration) every eight hours for seizure disorder.</p> <p>During a review of Resident 2 ' s care plan titled High risk for trauma/injuries related to diagnosis of seizure disorder, dated 4/26/2023, the care plan goal indicated Resident 2 will not have a traumatic injury, if possible, within next 3 months. The care plan interventions included keeping environment free of safety hazards.</p> <p>(continued on next page)</p>		

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<p>F 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>c. During a review of Resident 3 ' s Admission Record, the Admission Record indicated Resident 3 was admitted to the facility on [DATE] with the diagnosis of other seizures.</p> <p>During a review of Residents 3 ' s MDS dated [DATE], the MDS indicated Resident 3 ' s cognition (ability to learn, remember, understand, and make decision) was severely impaired. The MDS indicated Resident 2 was completely dependent on staff for ADLs. The MDS indicated Resident 3 had a diagnosis of a seizure disorder or epilepsy.</p> <p>During a review of Resident 3 ' s physician order dated 8/14/2023, the order indicated Levetiracetam 10 millimeters every 12 hours through gastrostomy tube for seizure disorder.</p> <p>During an interview on 3/16/2024 at 9:36 a.m., with LVN 3, LVN 3 stated residents at risk for seizures were identified on admission by their diagnosis and medications ordered for seizures. LVN 3 stated seizure precautions should be implemented when residents were admitted with diagnoses of seizure, convulsion and epilepsy and were on anti-seizure medications to prevent falls and injuries seizures.</p> <p>During an interview on 3/16/2024 at 10:04 a.m., with RNS 2, RNS 2 stated seizure precautions should be implemented upon admission, if a resident was identified at risk for seizure. RNS 2 stated during meetings and huddles (short daily meetings) staff were notified of residents at risk for seizures. RNS 2 stated she was unsure if the facility had a method to identify residents at risk for seizures such as a wrist band. RNS 2 stated any resident on seizure medications should be on seizure precautions because the medications could limit seizures, but not prevent them.</p> <p>During an interview on 3/16/2024 at 11:45 a.m. with the DON, the DON stated upon admission a resident was identified as at risk for seizure based on the resident ' s seizure medications. The DON stated since Resident 1 was not prescribed any seizure medication, Resident 1 ' s seizure history was unknown. The DON stated if the seizure diagnosis was not identified and seizure precautions were not implemented, residents could suffer an injury during a seizure. The DON stated the MDSN and RNS should have followed up to ensure care plan interventions were implemented for seizure precautions for Resident 1. The DON stated the facility did not have a policy on seizure management and precaution. The DON stated the QAPI committee was focused on falls and pressure wounds. The DON stated the committee was collecting data regarding the number of falls, during what shift they occur on and what staff are working. The DON stated the ADM and DSD were focused on abuse training. The DON stated seizure management and prevention were not really looked at because the committee was more focused on priority items including the use of bed rails.</p> <p>During a review of the facility ' s policy and procedure (P&P) titled Quality Assurance Performance Improvement Plan & Committee (QAPI) dated 9/2017, indicated the QAPI committee identifies and addresses specific care and quality issues and implements an action plan to resolve these issues. The P&P indicate the QAPI plan identifies and prioritizes problems and opportunities for improvement.</p> <p>Cross reference to F689</p>		