

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 09/19/2024
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 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy.</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 re-admit one of three sampled residents (Resident 1), when Resident 1 was transferred to a General Acute Care Hospital (GACH) for evaluation of aggressive behavior, increased agitation, and refusal of care. The GACH cleared Resident 1 to return to the facility on [DATE] but the facility refused to readmit her.</p> <p>This deficient practice resulted in Resident 1 remaining at the GACH (over five months after being transferred) and had a potential for Resident 1's continued displacement.</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] with diagnoses including a gastrostomy (a surgical procedure that creates an opening in the stomach wall through the skin of the abdomen to insert a small tube used for administration of nutrition and/or medication and schizoaffective disorder (a chronic mental illness that causes a person to experience dramatic changes in their thoughts, moods and behaviors).</p> <p>During a review of Resident 1's Minimum Data Set ([MDS] a standardized assessment and care screening tool) dated 1/26/2024, the MDS indicated Resident 1's cognition (the mental process involved in knowing, learning, and understanding things) was severely impaired and Resident 1 required substantial to maximal assistance (helper does more than half the effort) to complete her activities of daily living ([ADLs] task such as bathing or showering, dressing, getting in and out of bed or a chair, walking, using the toilet and eating).</p> <p>During a review of Resident 1's Physician's Orders dated 3/27/2024, the Physician's Orders indicated to transfer Resident 1 to a GACH for further evaluation due to aggressive behavior, increased agitation and refusing medication and gastrostomy tube (a tube inserted through the abdomen into the stomach which allows for the delivery of nutrition, fluids, and medications directly to the stomach) feedings.</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 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the GACH's Psychiatric Progress notes, dated 5/9/2024, the Psychiatric Progress notes indicated Resident 1 intermittently (occurring at irregular interval, not continuous or steady) responded to internal stimuli (changes or feelings that occur within the body, such as hunger, thirst, or emotional states) but was not distressed and was more redirectable. The Psychiatric Progress notes indicated Resident 1 was compliant with taking her medication, was able to make simple needs known and was partially cooperative.</p> <p>During an interview on 9/13/2024 at 12:29 p.m., Social Services staff at the GACH stated on 5/9/2024 she spoke to the Admissions Coordinator (AC) at the facility who told her Resident 1 was unable to return to the facility, there was no reason as to why.</p> <p>During a record review of the facility's Daily Census dated 5/9/2024, the census indicated four available beds.</p> <p>During an interview on 9/13/2024 at 2:51 p.m., the AC stated Resident 1 was sent to the GACH due to behavioral reasons and the Director of Nursing 1 (DON 1), who the DON during the time Resident 1 was transferred (3/27/2024), was adamant about not readmitting Resident 1 to the facility because the facility could not meet Resident 1's psychosocial needs. The AC stated when the GACH called to have Resident 1 readmitted to the facility, DON 1 reviewed Resident 1's social services notes from the GACH and found that Resident 1 was still combative, and refused care, and she (DON 1) would not allow Resident 1 readmission to the facility.</p> <p>During an interview on 9/13/2024 at 4:59 p.m., DON 2 stated prior to readmitting a resident to the facility, she reviews clinical information from the GACH to determine if the facility can meet the resident's needs. DON 2 stated, if a resident is yelling and refusing care, per the GACH records, the resident cannot be readmitted because their behavior would disturb the other residents at the facility.</p> <p>During a review of the facility's policy and procedure (P/P) titled Bed Hold and Notice dated 8/2018, the P/P indicated when a resident's hospital or therapeutic leave exceeds the bed-hold period, the facility will readmit a Medicaid resident requiring SNF (skilled nursing facility) services to their previous room if available or immediately upon the first availability of a bed in a semi-private room.</p>		