

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056010	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/31/2024
NAME OF PROVIDER OR SUPPLIER Seal Beach Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3000 N Gate Road Seal Beach, CA 90740	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46787</p> <p>Based on observation, interview, and facility P&P review, the facility failed to provide the necessary care and services to assist the residents in carrying out their activities of daily living and services for personal hygiene for two sampled residents (Residents 7 and 8).</p> <p>* The facility failed to ensure the staff provided the residents' ADL care needs in a timely manner. This failure had the potential to result in poor hygiene, injury, and decreased psychosocial well-beings for the residents.</p> <p>Findings:</p> <p>Review of the facility's P&P titled Answering the Call Lights revised 9/2022 showed the following:</p> <ul style="list-style-type: none"> - Answer the resident call system immediately. When answering an auditory request for assistance, identify yourself and politely respond to the resident by his/ her name. - If the resident needs assistance, indicate the approximate time it will take for you to respond. - If the resident's request requires another staff member, notify the individual. - If the resident's request is something you can fulfill, complete the task within five minutes if possible. - If you are uncertain as to whether or not a request can be fulfilled, or if you cannot fulfill the resident's request, ask the nurse supervisor for assistance. <p>a. Medical record review for Resident 7 was initiated on 12/30/24. Resident 7 was admitted to the facility on [DATE].</p> <p>On 12/30/24 at 1127 hours, an interview was conducted with Resident 7. Resident 7 was asked how long it took for the call light to be answered. Resident 7 stated there were times where she had waited about 30 to 45 minutes for someone to answer the call light. Resident 7 further stated this usually happened during the night shifts. Resident 7 stated her roommate in Bed A had to wait over two hours for help to go to the bathroom in the middle of the night. Resident 7 stated she had to use her own call light to get her roommate for some assistance from the 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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>b. Medical record review for Resident 8 was initiated on 12/30/24. Resident 8 was admitted to the facility on [DATE].</p> <p>On 12/30/24 at 1135 hours, an interview was conducted with Resident 8. Resident 8 stated yesterday at 0200 hours, she had to urgently go to the bathroom, and it took over two hours to get the staff to assist her. Resident 8 further stated she took herself to the restroom unassisted via wheelchair. The waiting in this facility was on and off for two hours.</p> <p>On 12/30/24 at 1154 hours, an interview was conducted with CNA 2. CNA 2 was asked if her the residents were clean upon starting the shift in the mornings. CNA 2 stated no, they usually were not clean. CNA 2 stated when she came on the beginning of the shifts, the residents were usually soaking wet and angry. CNA 2 stated there were about three residents who were always wet and unchanged. CNA 2 further stated she consistently told the charge nurse, but nothing had changed.</p> <p>On 12/30/24 at 1357 hours, an interview was conducted with CNA 3. CNA 3 stated some of the night shift CNAs did not change the residents because they had not pushed their call lights. CNA 3 further stated even if the residents did not use their call lights, they would still be checked if their briefs needed to be changed. CNA 3 was asked how many residents assigned to her had soiled diapers upon coming onto her shift today. CNA 3 stated she had two residents who had soaked briefs and bed pads upon coming onto her shift.</p> <p>On 12/30/24 at 1358 hours, during an observation, room [ROOM NUMBER]'s call light was on. The bell for the call light was ringing in Nursing Station 2. Three nurses were observed sitting at Nursing Station 2 and conversing.</p> <p>On 12/30/24 at 1410 hours, during an observation, a staff member was observed walking by room [ROOM NUMBER]. The call light for room [ROOM NUMBER] was still on. This staff member did not stop to address room [ROOM NUMBER]'s call light. CNA 4, the CNA assigned to room [ROOM NUMBER], was observed walking out from a resident's room across the hallway with a trash bag in her hand containing the dirty linen sheets and a soiled diaper.</p> <p>On 12/30/24 at 1415 hours, CNA 4 answered room [ROOM NUMBER]'s call light.</p> <p>On 12/30/24 at 1418 hours, CNA 4 was asked how many residents were found with soiled diapers from the last night shift. CNA 4 stated one of her residents were left dirty from the last night's shift. CNA 4 further stated it was common for the morning CNAs to find their residents dirty when receiving them from the night shift CNAs. CNA 4 also stated the morning CNAs reported this issue many times, but things had not changed. CNA 4 was asked if the facility had a partner or a buddy system. CNA 4 stated they did. CNA 4 was asked where her buddy was when CNA 4 was busy with another resident while room [ROOM NUMBER]'s call light was on. CNA 4 stated she did not know and the call lights were usually left unanswered because their assigned buddies did not help; instead, they waited for the assigned CNA to come assist the resident.</p> <p>On 12/30/24 at 1445 hours, a follow-up interview was conducted with CNA 2. CNA 2 was asked if the facility had a partner or buddy system. CNA 2 stated the facility had a partner system, but it was not being followed. CNA 2 was asked who covered her when she was busy with another resident. CNA 2 stated the staff waited for her to become available to answer her own call lights even when she was busy.</p> <p>(continued on next page)</p>

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/30/24 at 1515 hours, an interview was conducted with LVN 4. LVN 4 stated all staff were to answer the call lights within five minutes. LVN 4 stated the staff were to let the residents know they would attend to them right away or they were busy and would get to the resident as soon as they were able to. LVN 4 was asked if it was a common practice for the staff member not to answer the call lights when the call lights were on when they were in the nursing station. LVN 4 stated it was common to see the staff sit in the nursing stations and none would get up to answer the call lights. LVN 4 stated she observed this multiple times. LVN 4 stated the morning CNAs had reported the findings regarding their residents with soaked briefs and soiled linens at the start of their shifts. LVN 4 stated she has witnessed this issue with the CNAs many times and not all staff were doing their jobs.</p> <p>On 12/30/24 at 1532 hours, an interview was conducted with the ADON. The ADON stated the call lights should be answered timely and anyone would be able to answer the call lights. The ADON was informed of the concerns regarding the call lights not being answered timely and the morning CNAs finding their residents left in soaked briefs. The ADON stated he did not believe the facility had a staff shortage issue, but rather a performance issue amongst the facility staff.</p> <p>On 12/30/24 at 1550 hours, the ADON acknowledged and verified the findings.</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46787</p> <p>Based on interview, medical record review, and facility P&P review, the facility failed to ensure the necessary care and services were provided to prevent the development or worsening of pressure ulcers for one of eight sampled residents (Resident 1).</p> <p>* The facility failed to notify Resident 1's RP for changes in Resident 1's skin condition, failed to develop and implement a care plan addressing multiple changes in skin condition for Resident 1, and failed to follow Resident 1's care plan intervention to float heels while in bed. These failures had the potential to negatively impact the resident's well-being.</p> <p>Findings:</p> <p>Review of the facility's P&P titled Pressure Injury Risk Assessment (undated) showed the purpose of this procedure is to provide guidelines for the structured assessment and identification of residents at risk of developing new pressure injuries or worsening of existing pressure injuries (PIs). Documentation in medical record addressing family, guardian, or resident notification if new skin alteration noted with change of plan of care, if indicated.</p> <p>Review of the facility's P&P titled Care Plans, Comprehensive Person-Centered revised 3/2022 showed a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. The interdisciplinary team reviews and updates the care plan when there has been a significant change in the resident's condition.</p> <p>Closed medical record review for Resident 1 was initiated on 12/24/24. Resident 1 was admitted to the facility on [DATE], readmitted on [DATE], and discharged to the acute care hospital on 11/6/24.</p> <p>Review of Resident 1's H&P examination dated 10/4/24, showed Resident 1 was not capable of making medical decisions.</p> <p>Review of Resident 1's Care Plan problem addressing pressure ulcers dated 10/4/24, showed a care plan intervention to float the heels with pillows while in bed if indicated.</p> <p>Review of Resident 1's Change in Condition Evaluation dated 10/15/24, showed Resident 1 was observed to have a ruptured blister at the left lateral thigh and left malleolus (bony).</p> <p>Review of Resident 1's Change in Condition Evaluation dated 10/26/24, showed Resident 1 was observed to have a right lateral distal foot fluid-filled blister and right lateral proximal foot non-blanchable redness.</p> <p>Review of Resident 1's Change in Condition Evaluation dated 10/29/24, showed Resident 1 was observed to have a left lateral proximal and distal foot non-blanchable redness.</p> <p>Further review of Resident 1's medical record failed to show the following:</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - the resident's RP was notified of the changes in the resident's skin condition on 10/15 and 10/26/24, - a care plan addressing Resident 1's right lateral distal foot fluid-filled blister and right lateral proximal foot non-blanchable redness, and - a care plan addressing Resident 1's left lateral proximal and distal foot non-blanchable redness. <p>On 12/30/24 at 1040 hours, a concurrent interview and closed medical record review was conducted with LVN 1. LVN 1 verified and acknowledged the above findings.</p> <p>On 12/30/24 at 1545 hours, an interview was conducted with the ADON. The ADON was informed and acknowledged the above findings.</p>