

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056042	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/11/2026
NAME OF PROVIDER OR SUPPLIER  Bay Vista Healthcare & Wellness Centre, LP		STREET ADDRESS, CITY, STATE, ZIP CODE  5901 Downey Ave 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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 1) whose Responsible Party (RP) 1 verbalized a complaint to facility staff, was informed of and helped in completing a Grievance/Complaint Investigation Report. This failure resulted in Resident 1 and RP 1 not receiving timely or formal communication regarding the outcome or resolution of the complaint, which led to distrust toward the facility. This failure had the potential to delay necessary care and services to Resident 1 and could negatively impact Resident 1's mental health and emotional well-being. Findings: During a review of Resident 1's admission Record (Face Sheet), the Face Sheet indicated Resident 1 was admitted to the facility on [DATE]. Resident 1's diagnoses included hepatic encephalopathy (a decline in brain function which occurs when the liver cannot remove toxins from the blood), type 2 diabetes mellitus ([DM] a disorder characterized by difficulty in blood sugar control and poor wound healing) and legal blindness (significant loss of vision). During a review of Resident 1's Minimum Data Set ([MDS] a resident assessment tool) dated 1/17/2026, the MDS indicated Resident 1's cognition (ability to register and recall information) was moderately impaired and was able to understand and be understood by others. The MDS indicated Resident 1 required partial to moderate assistance (helper does more than half the effort) from staff for his activities of daily living ([ADLs] activities such as bathing, dressing, and toileting a person performs daily). During a telephone interview on 3/9/2026 at 12 p.m., Resident 1's RP 1 stated the facility was inconsistent with assisting Resident 1, who is legally blind, with showering. RP 1 stated that during her visits in 2/2026, Resident 1 appeared in dirty clothes, sitting in dirty bed linen and did not appear groomed. RP 1 stated that on 2/23/2026, Resident 1's birthday, she arrived to take him to a doctor's appointment and to celebrate his birthday and found him in dirty clothes and not showered. RP 1 stated she attempted to reach the Social Services Director (SSD) multiple times regarding her concerns but found the SSD difficult to reach and unresponsive. RP 1 stated that on 3/1/2026, after 7 p.m., she called and informed Licensed Vocational Nurse (LVN) 3 that Resident 1 had an appointment on 3/2/2026 at 9 a.m. RP 1 stated she told LVN 3 it was important that Resident 1 be showered and ready when she arrived. RP 1 stated LVN 3 assured her Resident 1 would be ready. RP 1 stated that when she arrived on 3/2/2026, she found Resident 1 sitting in his room in dirty clothes and eating breakfast. RP 1 stated she felt emotionally stressed, frustrated, and distrustful of the facility, which led her to call law enforcement to make a police report. RP 1 stated the facility did not inform her of the grievance process and did not respond to her complaints regarding Resident 1's showers or the police report until she filed a complaint with the California Department of Public Health (CDPH). RP 1 stated she is frustrated with the lack of communication the facility provides. During a concurrent observation and interview on 3/10/2026 at 8:30 a.m. with Resident 1 in Resident 1's room, Resident 1 was lying in bed wearing a stained T-shirt and lying on bedsheets that appeared stained with gray material. Resident 1 appeared ungroomed. Resident 1 stated he felt frustrated that he cannot shower regularly. He stated staff does not consistently assist him to the shower, stating sometimes he will be given a towel to wash up. Resident 1 stated he is legally blind and needs assistance gathering his (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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>clothes and supplies and being led to the shower. Resident 1 stated staff accuses him of refusing showers, but he stated this is untrue and that he would like to shower daily if possible. Resident 1 stated that due to inconsistent showering, he now has a rash that he believes was caused by lack of showering. Resident 1 stated that on 2/23/2026, his birthday, staff did not provide him with an opportunity to shower before going out on pass, which caused him to feel angry and frustrated on his birthday. Resident 1 stated another occurrence happened on 3/2/2026 when staff claimed he did not want to shower the night before and needed to be rushed the morning of 3/2/2026, causing him to feel distrustful of the facility and frustrated throughout the day. Resident 1 stated he has tried to reach out to SSD to regarding his complaints but stated she doesn't follow up with him on a daily basis. Resident 1 stated he asked his RP to be the one to make complaints and grievances. Resident 1 stated he has not heard a response from the facility regarding his or his RP's concerns. During an interview on 3/10/2026 at 9 a.m. the SSD stated she most recently updated the grievance log on 3/3/2026 and there were no grievances filed by Resident 1 or his RP 1 from 12/2025 to 2/2026. The SSD stated to her knowledge, she was not aware of any outstanding grievances. During a review of Resident 1's Bathing Log, dated 2/10/2026 to 3/10/2026, the log indicated Resident 1's shower dates were Tuesdays and Fridays. The log indicated from 2/10/2026 to 2/23/2026 (13 days), Resident 1 received was only showered once, on 2/20/2026. The log did not indicate any instances when Resident 1 refused a shower. During a review of Resident 1's Interdisciplinary Team Note ([IDT] healthcare professionals from different specialties (nursing, therapy, social work, medicine) who work together to create, implement, and review a single, unified care plan for a resident), dated 2/25/2026, the note indicated Resident 1 noted to provide exaggerated and inconsistent accounts of care to RP 1, including statements of not being showered. showers documented twice a week per care plan, if shower declined or not completed, bed bath is provided and documented. The note further indicated generalized body dermatitis noted on 2/24/2026 per physician's assessment. There was no documentation indicating Resident 1's allegations regarding care concerns were investigated by the facility nor the outcome communicated in a timely manner to Resident 1 or RP 1. During an interview on 3/10/2026 at 12:58 p.m., the Minimum Data Set Nurse (MDS) stated residents in the facility are provided with showers at least two times a week on their scheduled shower days. The MDS nurse stated residents will be accommodated if they choose to shower on a different date and more frequently if requested. The MDS nurse stated, residents have the right to shower at whatever time of day they like. The MDS nurse stated based on her review of Resident 1's documentation, the bathing logs indicate Resident 1 was bathed only on 2/20/2026 between 2/10/2026 through 2/23/2026. The MDS nurse stated based on her review, there is no indication that Resident 1 refused showers during the time period. The MDS nurse stated based on further review of Resident 1's records, the IDT note dated 2/25/2026 indicated the team discussed Resident 1's and RP 1's concerns about lack of showering but did not provide an update or resolution to Resident 1 or RP 1. The MDS nurse stated it is important to investigate any concerns of care and follow up in a timely manner with the resident affected and their RP to ensure consistent communication. The MDS nurse stated failure to follow up on care concerns can lead to resident and RP 1 distrust in the facility and a potential delay in care. During an interview on 3/11/2026 at 3 p.m., the Director of Nursing (DON) acknowledged being aware of the concerns raised by Resident 1 and RP 1 during the IDT meeting on 2/25/2026. The DON stated the facility did not enter Resident 1's and RP 1's allegations regarding lack of showers into the grievance log to initiate the grievance process. The DON stated she was also aware that RP 1 complained that Resident 1 did not receive a shower on 3/2/2026. The DON stated RP 1 and Resident 1 became so upset at the staff that on 3/2/2026 at approximately 10 am, RP 1 called the police alleging lack of care. The DON stated the SSD did not provide a copy of the grievance report dated 3/2/2026 to CDPH because the facility was still working on completing the grievance form. The DON stated the facility provided Resident 1's RP a verbal update regarding the shower grievance/police report but did not provide the update in writing. The DON stated she believed the matter was resolved (continued on next page)</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>and did not think Resident 1 or RP 1 had additional concerns. The DON stated failing to follow the facility's grievance process can result in unresolved issues and resident /RP concerns. The DON stated facility policy requires staff to investigate and resolve all grievances and clearly communicate outcomes to residents and their representatives. The DON stated failure to address grievances can delay care and cause frustration and distrust among residents and families. During a review of the facility's policy and procedure (P&amp;P) titled, Grievances and Complaints, revised 11/14/2025 the P&amp;P indicated when the facility staff member overhears or receives a grievance/complaint from a resident, a responsible representative, family member, the facility staff member encourages and offers to facilitate the completion of a Grievance/Complaint investigation report. Upon receiving the grievance/complaint report, the grievance officer or designee provides a copy of the report to the appropriate department manager to being the investigation and subsequent resolution. The Grievance Official will be provided with a completed Resident Grievance/Complaint Investigation Report within five business days of the start of the investigation. the facility will inform the resident and his RP with a summary of findings and corrective action if applicable. the disposition of all written grievances and/or complaints is recorded on the Resident Grievance/complaint log.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 1), who had recommendations to have referrals and/or consultations with the cardiologist (medical doctor specializing in diseases of the heart) and neurologist (medical doctor specializing in diseases of the brain, spinal cord, nerves and muscles), were implemented. These failures resulted in Resident 1's referrals being delayed for more than nine months. These failures also had the potential to delay necessary specialty assessments, interrupted continuity of care, and increased the risk that changes in Resident 1's medical condition would go unrecognized which could affect Resident 1's health, safety, and overall, well-being. Findings: During a review of Resident 1's admission Record (Face Sheet), the Face Sheet indicated Resident 1 was admitted to the facility on [DATE]. Resident 1's diagnoses included hepatic encephalopathy (a decline in brain function which occurs when the liver cannot remove toxins from the blood), type 2 diabetes mellitus ([DM] a disorder characterized by difficulty in blood sugar control and poor wound healing) and legal blindness (significant loss of vision). During a review of Resident 1's Minimum Data Set ([MDS] a resident assessment tool) dated 1/17/2026, the MDS indicated Resident 1's cognition (ability to register and recall information) was moderately impaired and was able to understand and be understood by others. The MDS indicated Resident 1 required partial to moderate assistance (helper does more than half the effort) from staff for his activities of daily living ([ADLs] activities such as bathing, dressing, and toileting a person performs daily). During a telephone interview on 3/9/2026 at 12 p.m., Resident 1's RP 1 stated the facility was inconsistent with assisting Resident 1, who is legally blind, with showering. RP 1 stated that during her visits in 2/2026, Resident 1 appeared in dirty clothes, sitting in dirty bed linen and did not appear groomed. RP 1 stated that on 2/23/2026, Resident 1's birthday, she arrived to take him to a doctor's appointment and to celebrate his birthday and found him in dirty clothes and not showered. RP 1 stated she attempted to reach the Social Services Director (SSD) multiple times regarding her concerns but found the SSD difficult to reach and unresponsive. RP 1 stated that on 3/1/2026, after 7 p.m., she called and informed Licensed Vocational Nurse (LVN) 3 that Resident 1 had an appointment on 3/2/2026 at 9 a.m. RP 1 stated she told LVN 3 it was important that Resident 1 be showered and ready when she arrived. RP 1 stated LVN 3 assured her Resident 1 would be ready. RP 1 stated that when she arrived on 3/2/2026, she found Resident 1 sitting in his room in dirty clothes and eating breakfast. RP 1 stated she felt emotionally stressed, frustrated, and distrustful of the facility, which led her to call law enforcement to make a police report. RP 1 stated the facility did not inform her of the grievance process and did not respond to her complaints regarding Resident 1's showers or the police report until she filed a complaint with the California Department of Public Health (CDPH). RP 1 stated she is frustrated with the lack of communication the facility provides. During a concurrent observation and interview on 3/10/2026 at 8:30 a.m. with Resident 1 in Resident 1's room, Resident 1 was lying in bed wearing a stained T-shirt and lying on bedsheets that appeared stained with gray material. Resident 1 appeared ungroomed. Resident 1 stated he felt frustrated that he cannot shower regularly. He stated staff does not consistently assist him to the shower, stating sometimes he will be given a towel to wash up. Resident 1 stated he is legally blind and needs assistance gathering his clothes and supplies and being led to the shower. Resident 1 stated staff accuses him of refusing showers, but he stated this is untrue and that he would like to shower daily if possible. Resident 1 stated that due to inconsistent showering, he now has a rash that he believes was caused by lack of showering. Resident 1 stated that on 2/23/2026, his birthday, staff did not provide him with an opportunity to shower before going out on pass, which caused him to feel angry and frustrated on his birthday. Resident 1 stated another occurrence happened on 3/2/2026 when staff claimed he did not want to shower the night before and needed to be rushed the morning of 3/2/2026, causing him to feel distrustful of the facility and frustrated throughout the day. Resident 1 stated he has tried to (continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>reach out to SSD to regarding his complaints but stated she doesn't follow up with him on a daily basis. Resident 1 stated he asked his RP to be the one to make complaints and grievances. Resident 1 stated he has not heard a response from the facility regarding his or his RP's concerns. During an interview on 3/10/2026 at 9 a.m. the SSD stated she most recently updated the grievance log on 3/3/2026 and there were no grievances filed by Resident 1 or his RP 1 from 12/2025 to 2/2026. The SSD stated to her knowledge, she was not aware of any outstanding grievances. During a review of Resident 1's Bathing Log, dated 2/10/2026 to 3/10/2026, the log indicated Resident 1's shower dates were Tuesdays and Fridays. The log indicated from 2/10/2026 to 2/23/2026 (13 days), Resident 1 received was only showered once, on 2/20/2026. The log did not indicate any instances when Resident 1 refused a shower. During a review of Resident 1's Interdisciplinary Team Note ([IDT] healthcare professionals from different specialties (nursing, therapy, social work, medicine) who work together to create, implement, and review a single, unified care plan for a resident), dated 2/25/2026, the note indicated Resident 1 noted to provide exaggerated and inconsistent accounts of care to RP 1, including statements of not being showered. showers documented twice a week per care plan, if shower declined or not completed, bed bath is provided and documented. The note further indicated generalized body dermatitis noted on 2/24/2026 per physician's assessment. There was no documentation indicating Resident 1's allegations regarding care concerns were investigated by the facility nor the outcome communicated in a timely manner to Resident 1 or RP 1. During an interview on 3/10/2026 at 12:58 p.m., the Minimum Data Set Nurse (MDS) stated residents in the facility are provided with showers at least two times a week on their scheduled shower days. The MDS nurse stated residents will be accommodated if they choose to shower on a different date and more frequently if requested. The MDS nurse stated, residents have the right to shower at whatever time of day they like. The MDS nurse stated based on her review of Resident 1's documentation, the bathing logs indicate Resident 1 was bathed only on 2/20/2026 between 2/10/2026 through 2/23/2026. The MDS nurse stated based on her review, there is no indication that Resident 1 refused showers during the time period. The MDS nurse stated based on further review of Resident 1's records, the IDT note dated 2/25/2026 indicated the team discussed Resident 1's and RP 1's concerns about lack of showering but did not provide an update or resolution to Resident 1 or RP 1. The MDS nurse stated it is important to investigate any concerns of care and follow up in a timely manner with the resident affected and their RP to ensure consistent communication. The MDS nurse stated failure to follow up on care concerns can lead to resident and RP 1 distrust in the facility and a potential delay in care. During an interview on 3/11/2026 at 3 p.m., the Director of Nursing (DON) acknowledged being aware of the concerns raised by Resident 1 and RP 1 during the IDT meeting on 2/25/2026. The DON stated the facility did not enter Resident 1's and RP 1's allegations regarding lack of showers into the grievance log to initiate the grievance process. The DON stated she was also aware that RP 1 complained that Resident 1 did not receive a shower on 3/2/2026. The DON stated RP 1 and Resident 1 became so upset at the staff that on 3/2/2026 at approximately 10 am, RP 1 called the police alleging lack of care. The DON stated the SSD did not provide a copy of the grievance report dated 3/2/2026 to CDPH because the facility was still working on completing the grievance form. The DON stated the facility provided Resident 1's RP a verbal update regarding the shower grievance/police report but did not provide the update in writing. The DON stated she believed the matter was resolved and did not think Resident 1 or RP 1 had additional concerns. The DON stated failing to follow the facility's grievance process can result in unresolved issues and resident /RP concerns. The DON stated facility policy requires staff to investigate and resolve all grievances and clearly communicate outcomes to residents and their representatives. The DON stated failure to address grievances can delay care and cause frustration and distrust among residents and families. During a review of the facility's policy and procedure (P&amp;P) titled, Grievances and Complaints, revised 11/14/2025, the P&amp;P indicated when the facility staff member overhears or receives a grievance/complaint from a resident, a responsible representative, family member, the facility staff member encourages and (continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>offers to facilitate the completion of a Grievance/Complaint investigation report. Upon receiving the grievance/complaint report, the grievance officer or designee provides a copy of the report to the appropriate department manager to bring the investigation and subsequent resolution. The Grievance Official will be provided with a completed Resident Grievance/Complaint Investigation Report within five business days of the start of the investigation.the facility will inform the resident and his RP with a summary of findings and corrective action if applicable.the disposition of all written grievances and/or complaints is recorded on the Resident Grievance/complaint log.</p>		