STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056043	A. Building B. Wing	06/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Colonial Care Center	1913 E 5th Street Long Beach, CA 90802

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)
F 0772 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have an agreement with an approved laboratory to obtain services, if on-site laboratory services aren't provided. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45425 Based on interview and record review, the facility failed to follow up on missed laboratory (lab) tests for one of three sampled residents (Resident 1) when Resident 1 had lab tests ordered on 5/6/2024 but were not collected by the lab. This deficient practice placed Resident 1 at risk for undiagnosed medical problems due to the lack of monitoring lab test values. Findings During a review of Resident 1's Admission Record, the record indicated Resident 1 was admitted on [DATE] with the diagnosis including schizoaffective disorder (a mental health condition where resident has a different perception or reality). During a review of Resident 1's Minimum Data Set ([MDS- a standardized assessment and care screening tool) dated 5/10/2024, the MDS indicated Resident 1's cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) was severely impaired. During a review of Resident 1's Physician order dated 4/16/2024, the order indicated the following labs to completed: complete blood count [(CBC] blood test that can provide information about the persons blood), basic metabolic panel ([BMP] test that measures different substances in the blood), lipid panel (test for specific fat molecules in the blood), liver function tests([LFT] test provide information on persons liver), and Hemoglobin A1c (blood test to measure the average blood sugar level over the past two to three months) on 5/06/2024. During a review of Resident 1's licensed nurse's note dated 4/16/2024, the note indicated the physician visited Resident 1 and ordered labs to be completed on 5/6/2024. During a review of the Laboratory Specimen Collection log printed on 6/4/2024, the log indicated the lab tests for Resident 1 had no date or time collected. During a review of the Laboratory Order Requisition undated, the requisition indicated the lab tests were cancelled on 5/6/2024 at 10:02 a.m. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056043	A. Building B. Wing	06/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Colonial Care Center	1913 E 5th Street Long Beach, CA 90802

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)
F 0772 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 6/4/2024 at 3:05 p.m. with the Registered Nurse Supervisor 1 (RNS 1), the RNS 1 stated she was unaware the labs were not drawn for Resident 1 on 5/6/2024. RNS 1 stated if the phlebotomist (a medical professional who is trained to perform blood draws on children and adults) cannot draw the resident's blood test, it should be reported to the charge nurse and documented in the medical record. RNS 1 could not find documentation regarding Resident 1's refusal for the blood test. During an interview on 6/4/2024 at 4:10 p.m. with the Director of Nursing (DON), the DON stated she was unsure what happened with the lab test for Resident 1 that was supposed to be completed on 5/6/2024 but was not. The DON stated it was important to have lab results for residents to monitor and manage their medical conditions, especially if the resident was very ill. During a review of facility's policy titled Lab and diagnostic test results-clinical protocol dated 3/2023, the policy indicated the staff will process test requisitions and arrange for tests.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056043	A. Building B. Wing	06/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Colonial Care Center	1913 E 5th Street Long Beach, CA 90802

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45425 Based on interview and record review, the facility failed to implement their Covid-19 (highly contagious respiratory infection) policy by failing to conduct contact tracing testing (testing those who were close contacts [sharing the same indoor airspace for a cumulative total of 15 minutes or more over a 24-hour period]on exposed staff for Covid-19 when four of four residents (Resident 2) tested positive for COVID-19 on 5/21/2024 and 5/22/2024. These deficient practices had the potential to result in undiagnosed or delayed diagnosis of Covid-19 within the facility which does not mitigate the spread of Covid-19 in the facility. Findings During a review of Resident 2's Admission Record, the record indicated Resident 2 was admitted on [DATE] with the diagnoses including dementia (impaired ability to remember, think, or make decisions that interferes with doing everyday activities). During a review of Resident 2's Minimum Data Set ([MDS]- a standardized assessment and care screening tool) dated 5/15/2024, the MDS indicated Resident 2's cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) was severely impaired. During a review of Resident 3's Admission Record, the record indicated Resident 3 was admitted on [DATE] with the diagnosis including Parkinson's (a brain disorder that causes unintended or uncontrollable movements, such as shaking, stiffness, and difficulty with balance and coordination). During a review of Resident 3's MDS dated [DATE], the MDS indicated Resident 3's cognition was severely impaired. During a review of Resident 4's Admission Record, the record indicated Resident 4 was admitted on [DATE] with the diagnosis including metabolic encephalopathy (a brain caused by a chemical imbalance in the blood). During a review of Resident 4's MDS dated [DATE], the MDS indicated Resident 4's cognition was severely impaired. During a review of Resident 5's Admission Record, the record indicated Resident 5 was admitted on [DATE] with the diagnosis including metabolic encephalopathy. During a review of Resident 5's MDS dated [DATE], the MDS indicated Resident 5's cognition was severely impaired. During a review of email communication with guidance from the local health department dated 5/23/2024, the email indicated the facility should perform response testing on close contacts. The email indicated health care providers with higher risk exposures and residents with high-risk close contacts should test on day 1, 3, and 5 following dates of last exposure. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056043	A. Building B. Wing	06/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Colonial Care Center	1913 E 5th Street Long Beach, CA 90802

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 6/4/2024 at 12:55 p.m. and a subsequent interview at 3:25 p.m. with the Infection Prevention Nurse (IPN), the IPN stated Resident 2 tested positive while in the hospital on 5/21/2024. The IPN stated three additional residents (Resident 3, 4, and 5) tested positive on 5/22/2024. The IPN stated he does not have documented evidence exposed staff who worked with Residents 2,3,4, and 5 were tested for Covid -19 on day 1, 3, and 5. The IPN stated since the facility has more staff and residents than the IPN was previously use to, the IPN needed to be more disciplined in tracking the response testing during an outbreak. The IPN stated response testing should be tracked to limit and control the outbreak. The IPN stated without proper tracking and testing, there might be staff undetected who were COVID-19 positive. During an interview on 6/4/2024 at 4:10 p.m. with the Director of Nursing (DON), the DON stated she was aware the staff were testing themselves during the outbreak, but she was not sure if they were testing according to the local health department guidelines on days 1, 3, and 5. The DON was unaware the IPN was not tracking the staff testing. The DON stated the staff testing should be tracked to ensure local health department guidelines were followed and to monitor if the COVID-19 outbreak was spreading. During a review of the facility's policy titled COVID-19 policy dated 5/01/2024, the policy indicated the facility will perform contact tracing to identify any employee/resident who may have had high risk close contacts with the positive case. The policy indicated all employees who had high-risk exposure and residents who had close contacts, regardless of vaccination status, should follow series of 3 tests at day 0, day 3 and day 5.