

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056043	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/16/2025
NAME OF PROVIDER OR SUPPLIER Colonial Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45537</p> <p>Based on observation, interview and record review, the facility failed to ensure one of three sampled residents (Resident 1) bed was placed in a low position, per the resident's Falling Star Program care plan dated 2/13/2024.</p> <p>This failure has resulted in Resident 1, who was assessed as a high risk for falls, being observed in a bed that was not in a lowered position and placed Resident 1 at risk for falling out of bed and injuries.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record (Face Sheet), the Face Sheet indicated Resident 1 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis including a diagnosis of generalized weakness.</p> <p>During a review of Resident 1's Minimum Data Set ([MDS] a resident assessment tool) dated 2/3/2025, the MDS indicated Resident 1 was forgetful and was not able to make reasonable and consistent decisions, he required one to two person assist to complete activities of daily living ([ADLs] routine tasks/activities) such as transferring from bed/chair to chair.</p> <p>During a review of Resident 1's Care Plan date 2/13/2024, the Care Plan indicated Resident 1 was at risk for falls related to antihypertensive medications (medications used to treat high blood pressure), balance deficit (poor balance), cognitive (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) impairment, decreased strength and endurance, history of falls, poor safety awareness/judgement and an unsteady gait (a person's manner of walking). The Care Plan's goal indicated Resident 1's bed should be in a low position.</p> <p>During an observation of Resident 1 on 5/14/2025 at 3:12 p.m., accompanied by Registered Nurse Supervisor (RNS) 1, and concurrent interview, Resident 1 was observed in bed asleep, lying on his right side close to the edge of the mattress. RNS 1 used a tape measurer to measure the height of Resident 1's bed (from the top of the mattress to the floor), Resident 1's bed was 16 inches high as compared to Resident 1's roommate's (Resident 3) bed, which was almost lowered to the floor. RNS 1 stated Resident 1's bed was not in the lowest position the bed could be placed in, which was 14 inches.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 056043
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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/16/2025 at 4:04 p.m., the Director of Nursing Services (DON) stated during their daily shift huddles interventions and safety precautions are discussed based on residents' care plans and the interventions such as low beds are expected to be implemented to lessen the impact of a fall and injury</p> <p>During an interview on 5/16/2025 at 5:03 p.m., the Administrator (ADM) stated all staff of the facility must carry out and implement the residents' care plan interventions to ensure their care and safety needs are properly provided.</p> <p>During a review of the facility's policy and procedure (P/P) titled, Care Plans, Comprehensive Person-Centered revised 3/2023, the P/P indicated the care plan interventions are chosen and implemented after careful consideration of the relationship between the residents' problem areas and their causes and the underlying sources of problem areas and assessments of the residents must be ongoing; thereby, the care plans are evaluated, revised, and/or continued based on the residents' status and changes in condition to ensure the residents' physical, psychological and functional care needs and interventions are developed and implemented.</p> <p>During a review of the facility's policy and procedure (P/P) titled, Falls and Fall Risk, Managing revised 3/2018, the P/P indicated the facility shall implement interventions related to the resident's specific risks and causes to prevent the resident from falling and to minimize complications from falling.</p>		