

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  11/06/2025
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)
F 0684  Level of Harm - Actual harm  Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals.  (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:  056043	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/06/2025
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)		
F 0684  Level of Harm - Actual harm  Residents Affected - Few	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interviews and record reviews, the facility did not provide timely medical intervention and transferred to a general acute care hospital (GACH) for one of three sampled residents (Resident 1) who experienced a significant change in condition related to unmanaged pain and delayed treatment. The facility failed to: 1. Notify Resident 1's physician promptly after receiving an order for right hip and right femur (the bone of the thigh or upper hind limb, articulating at the hip and the knee) x-ray (images of the inside of the body) result on 10/22/2025 at 1:22 a.m. indicating an acute (a condition that sudden) proximal (point of attachment) femoral (hip) fracture (broken bone) with soft tissue swelling (accumulation of fluid in the body's muscles and is a sign of inflammation caused by injury). The physician was not notified until 8:35 a.m., over seven hours later. 2.The facility failed to follow Resident 1's care plan titled, Resident 1 has the potential for alteration in comfort due to pain related to proximal femoral fracture, soft tissue swelling dated 10/22/25, which required staff to assess for pain, notify the physician of abnormal x-ray findings, administer pain medications as ordered, and notify the physician of any change in condition. 3.The facility failed to implement its policy and procedure titled Change in a Resident's Condition or Status (dated 2/2021), which requires prompt notification of the attending physician and resident representative upon significant changes in the resident's medical condition. These failures resulted in Resident 1 experiencing unmanaged right hip pain (documented up to 9/10 { 7 to 9-severe pain on a non-verbal pain scale [tools used to assess pain in residents who cannot verbally communicate]) and increased swelling. The resident was ultimately transferred to a GACH, approximately 10 hours after the initial signs of injury, and underwent a [NAME] (removal or resection of the head and neck of the femur. [NAME] is usually performed when the patient has a severely painful hip, and a total hip replacement [surgical procedure to replace a damaged hip] cannot be done) procedure with hip disarticulation (a surgical procedure where the entire leg is removed through the hip joint) on 10/24/2025. Findings:During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was initially admitted to the facility on [DATE] and readmitted on [DATE]. Resident 1's diagnoses include chronic respiratory failure (a condition where there is not enough oxygen in your body) dependence on ventilator (a machine or device used to support or replace the breathing of a person ) age-related osteoporosis (a disease that makes bones weak, thin, and more likely to break) with current pathological fractures ( a condition where bones naturally become weaker and more fragile as people get older), quadriplegia, ( paralysis of both arms, and both legs), and contracture (a permanent tightening of muscles, tendons, skin, and nearby tissues that causes the joints to shorten and become very stiff). During a review of Resident 1's Minimum Data Set (MDS- a resident's assessment tool) dated 8/19/2025, the MDS indicated Resident 1 had severe impairment in cognitive (ability to understand and be understood by others) skills for daily decision making. The MDS indicated Resident 1 was dependent (helper does all the effort. Residents make none of the effort to complete the activity) with bed mobility, oral hygiene, toileting hygiene, personal hygiene, shower and upper/lower body dressing. The MDS indicated no indicators of pain or possible pain in the last five days of assessment (8/19/2025). During a review of Resident 1's Physician's Order dated 10/21/2025 at 3:30 p.m., the Physician's Order indicated to have a Stat (immediately) X-ray of Resident 1's right hip and right femur. During an observation on 11/5/2025 at 10:55a.m., Resident 1 was observed lying down on a low bed. Resident 1 was observed with both legs contracted (a permanent tightening of muscles, tendons, skin, and nearby tissues that causes the joints to shorten and become very stiff) drawn toward the chest. The right hip area was observed with multiple stitches (piece of special thread used to hold the edges of a wound together to promote healing) due to [NAME] surgery done on 10/24/2025. During a concurrent observation and interview on 11/5/2025 at 11:00 a.m., with Licensed Vocational Nurse (LVN 1) in Resident 1's room, LVN 1 stated Certified Nursing Assistant (CNA) 1 observed Resident 1 on 10/21/2025 at approximately 1:45 p.m. making facial grimaces, (strong emotions suggestive of pain), and noted Resident 1's right hip appeared unstable wobbling, indicating an abnormal range of motion (ROM- the full movement potential of a joint or series of joints in a specific direction) compared to the resident's usual contracted position. LVN 1 stated CNA 1 immediately reported to her (LVN 1) and she informed Registered Nurse (RN) 1. LVN 1 stated RN 1 assessed Resident 1 but opted not to perform a more extensive physical assessment to avoid more complication. LVN 1 stated RN 1 noted the resident's right hip area was hot to touch. During a telephone interview on 11/5/25 at 11:34 a.m. with CNA 1 CNA 1 stated she was not certain of what</p>		