

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056125	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/05/2024
NAME OF PROVIDER OR SUPPLIER Alamitos Belmont Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 3901 E Fourth Street Long Beach, CA 90814	

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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45425</p> <p>Based on record review and interview, the facility failed to provide Restorative Nursing Aide program (RNA, nursing aide program that helps residents maintain their function and joint mobility) to one of three sampled residents (Resident 1) when Resident 1 was not discharged home on 2/6/2024 and continued to stay in the facility until 3/6/2024. Resident 1 did not start receiving RNA services until 2/19/2024.</p> <p>This deficient practice placed Resident 1 at risk for a decline in ambulation and range of motion ([ROM] how far you can move or stretch a part of your body, such as a joint or a muscle).</p> <p>Findings</p> <p>During a review of Resident 1's Admission Record, the record indicated Resident 1 was admitted on [DATE] with the diagnosis of history of falling and weakness.</p> <p>During a review of Resident 1's Minimum Data Set ([MDS] a standardized assessment and care screening tool) dated 1/27/2024, the MDS indicated Resident 1's cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) was intact and Resident 1 required partial to moderate assistance (helper does less than half the effort to assist the resident) for activities of daily living (ADLs- eating, dressing, walking, and toileting).</p> <p>During a review of Resident 1's History and Physical (H & P) dated 1/22/2024, the H & P indicated Resident 1 has capacity to make decisions.</p> <p>During a review of Resident 1's untitled care plan, dated 1/24/2024, the care plan indicated Resident 1 had ADL self-care performance deficit related to general weakness. Under this care plan Resident 1 had the goal of increasing their current level of function in ADL through the review date (3/4/2024). The care plan had the interventions including monitoring/documenting/reporting to physician as needed any changes and any potential for improvement.</p> <p>During a review of Resident 1's Physical Therapy (PT, profession aimed in the restoration, maintenance, and promotion of optimal physical function) Discharge Summary with dates of service of 1/23/2024 to 2/5/2024, the summary indicated discharge recommendation of home health services and restorative programs were not indicated at this time.</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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NAME OF PROVIDER OR SUPPLIER Alamitos Belmont Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 3901 E Fourth Street Long Beach, CA 90814	
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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1's Discharge Summary, the summary indicated a discharge date of [DATE].</p> <p>During a review of Resident 1's Nursing Progress Note dated 2/17/2024, the note indicated the physician requested resident to be placed on the RNA program.</p> <p>During a review of Resident 1's Physician Order dated 2/19/2024, the order indicated RNA program for bilateral lower extremities and bilateral upper extremities omni cycle (leg exerciser) as tolerated, followed by sit to stand transfer training with left lower extremity non weight bearing daily five times a week.</p> <p>During a review of Resident 1's Physician Order dated 3/1/2024, the order indicated RNA for ambulation with front wheel walker as tolerated five times a week with weight bearing as tolerated on left lower extremity five times a week.</p> <p>During an interview on 4/5/2024 at 1:08 p.m. with the Director of Rehabilitation ([DOR]overseer of rehabilitation [restoring function] services), the DOR stated RNA was not recommended for Resident 1 because Resident 1 was supposed to be discharged home with home health Services. The DOR stated Resident 1 was started on RNA on 2/19/2024 when Resident 1 requested to start RNA. The DOR stated if RNA services were not provided to a resident they could experience a change in ROM, the resident's level of functioning could stay the same or they could experience a decline. The DOR stated the goal of RNA was to maintain the resident's functional level.</p> <p>During an interview on 4/5/2024 at 3:28 pm with the Director of Nursing (DON), the DON stated the goal of RNA was to maintain the strength of the resident. The DON stated residents were transitioned to RNA after completing therapy. The DON stated if a resident does not receive RNA services, it could affect a resident's ROM or decrease the resident's strength.</p> <p>During a review of the facility's policy titled Range of Motion, undated, the policy indicated the facility will provide resident care and services to achieve or maintain or improve level of self-care or mobility. The policy indicated a resident will be assessed if physical/occupational therapy or maintenance ROM program will be appropriate.</p>		