

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 06/18/2025
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 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to inform one of one sample resident (Resident 1) that Resident 1's insurance would not cover the cost of a board and care facility (a small, residential setting that provides housing, meals, and personal care assistance to a limited number of residents).</p> <p>This deficient practice compromised Resident 1's ability to make an informed decision, potentially leading to financial hardship and psychosocial distress.</p> <p>Findings:</p> <p>During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including hypertension (high blood pressure) and repeated falls.</p> <p>During a review of Resident 73's History and Physical (H& P) dated 3/13/2025, indicated Resident 1 does have the ability to make own decisions.</p> <p>During a review of Resident 73's Minimum Data Set ([MDS] resident assessment tool) dated 6/6/2025, the MDS indicated Resident 1 required supervision or touching assistance (helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity) with toileting hygiene and personal hygiene.</p> <p>During a telephone interview on 6/17/2025 at 10:30 a.m. with Resident 1, Resident 1 stated that he was currently residing at the board and care facility. Resident 1 stated that he was informed of the location prior to his discharge from the facility by the Social Service Staff (SSS-unknown). Resident 1 stated that he asked SSS would his insurance pay for his stay at the board and care, SSS replied yes. Resident 1 stated that once he arrived at the board and care, he was informed by the business office that his social security check would be used to pay for his stay at the board and care. Resident 1 stated that he does not mind where he was currently residing, however he does wish that he was informed about his financial obligation prior to transferring so that he could have made an informed decision. Resident 1 stated that he had experienced psychosocial harm (stress and anxiety) from being discharged , because he does not receive enough money from his social security check to cover the entire amount and that he would have a share of cost (is a monthly amount individuals must pay towards their medical expenses before Medi-Cal begins to cover the remaining costs). Resident 1 stated that he would not like to return to the facility because he feels as though the facility did not want him there.</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 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 6/18/2025 at 9:08 a.m. with Social Service Director (SSD), the SSD stated that she was responsible for assisting residents with transfers and discharges. SSD stated that she had not explained to Resident 1 the cost of the board and care and that she should have explained the cost prior to the resident being discharged to the board and care. SSD stated Resident 1 had the right to be informed because he had been able to decide if he wanted to go there. SSD stated that she does not know why she did not explain the financial aspects prior to Resident 1's discharge. SSD stated that Resident 1 probably felt betrayed and upset.</p> <p>During an interview on 6/18/2025 at 9:54 a.m. with the Director of Nursing (DON), the DON stated that before residents were discharged or transferred to another facility, SSD should inform residents' with written notice, reason for the discharge, location, their appeal rights, and payment expectations. The DON stated the residents should be informed of all those things in order for them to be able to make an informed decision. The DON stated the Resident 1 probably felt upset.</p> <p>During an interview on 6/18/2025 at 10:30 a.m. with the Administrator (Admin), the Admin stated that the facility had been trying to find placement for Resident 1 and when the board and care facility accepted him that they acted immediately to discharge Resident 1.</p> <p>During a review of the facility's policy and procedure (P&P) titled Criteria for Transfer and Discharge, dated 4/2025, the P&P indicated, It is the policy of this Facility that each resident will remain in the facility and not be transferred or discharged unless the discharge or transfer is appropriate as per the existing criteria. When the Facility transfers or discharges a resident, the facility shall ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider.</p>		