

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056188	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2025
NAME OF PROVIDER OR SUPPLIER Long Beach Care Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 2615 Grand Avenue Long Beach, CA 90815	

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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50144</p> <p>Based on interview and record review, the facility failed to schedule and follow up on the ordered neurology (specialty care related to the diagnosis and treatment of the nervous system) consultation for one of three sampled residents (Resident 1).</p> <p>This failure resulted in a delay for the delivery of care and services for Resident 1.</p> <p>Findings:</p> <p>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] with diagnoses including polyneuropathy (condition where nerves are damaged causing numbness, tingling, pain, or weakness) and anxiety disorder (excessive worry that interferes with daily activities).</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS - a resident assessment tool), dated 3/20/2025, the MDS indicated Resident 1 had moderate cognitive (ability to learn, reason, remember, understand, and make decisions) impairment, required set-up assistance with eating, and required maximal assistance with toileting hygiene, bathing, and dressing.</p> <p>During a review of Resident 1 ' s Physician Order Summary, the Order Summary indicated Resident 1 had an order for a Neurology consult dated 4/23/2025.</p> <p>During a concurrent observation and interview on 5/8/2025 at 11:11 a.m., Resident 1 was observed swaying backwards and forwards while sitting in bed. Resident 1 stated he requested to be seen by a neurologist for the swaying and restlessness. Resident 1 stated he spoke to the staff on 5/6/2025 who told him the appointment was delayaed due to his insurance.</p> <p>During a concurrent interview and record review on 5/8/2025 at 1:55 p.m. with Licensed Vocational Nurse (LVN) 1, Resident 1 ' s chart was reviewed. LVN 1 stated the facility has a Social Services staff (SS-LVN) assigned to coordinates appointments for residents like Resident 1 with Medi-Cal (California ' s federal program that provides free or low-cost health insurance). LVN 1 stated there was no progress note or documentation from the SS-LVN indicating the neurology appointment had been confirmed or initiated.</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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<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/8/2025 at 2:18 p.m. with the SS-LVN, the SS-LVN stated she learned about the neurology consultation from Resident 1 on 5/6/2025 and had not initiated coordinating with the insurance or following up on the appointment. The SS-LVN stated she did not know about the appointment until Resident 1 told her about the neurology consultation on 5/6/2025.</p> <p>During an interview on 5/8/2025 at 3:56 p.m., with the Director of Nursing (DON), the DON stated when there is an ordered consultation, the nursing staff should initiate coordination of the appointment by informing the SS-LVN as soon as possible or no later than the next day. The DON stated, it was important that the facility follows up and schedules consultation appointments for the residents to prevent delay in care or services.</p> <p>During a review of the facility ' s policy and procedure (P&P), titled Scheduling of Ancillary Services (undated), the P&P indicated ancillary services shall be scheduled in a timely and efficient manner to support treatment plans of residents. Services are initiated based on a physician ' s order or care plan recommendation. Nursing staff will notify the appropriate ancillary department promptly.</p>