

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 08/11/2025
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)
F 0640 Level of Harm - Potential for minimal harm Residents Affected - Many	Encode each resident's assessment data and transmit these data to the State within 7 days of assessment. (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
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<p>F 0640</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Intake#2582955Based on interviews and record review, the facility failed to ensure the required Minimum Data Set (MDS-a resident assessment tool) data including resident assessments, was electronically transmitted to the Centers for Medicare and Medicaid Services (CMS- a federal and state program that provides and administers health insurance for those that qualify) System for all residing residents since August 2024. This failure resulted in the absence of federally mandated resident assessment data, which is essential for care planning, quality measure reporting, and reimbursement accuracy. The lack of submission affected all residents in Medicare/Medicaid-certified beds during this period, placing them at risk for inadequate care planning and inaccurate quality tracking.Findings:During a review of the facility's MDS 3.0 NH Final Validation Report (this report checks if the data submitted to CMS is accurate, complete, and follows the correct format, usually generated within 24 hours after submission) dated 7/31/2024, the MDS 3.0 NH Final Validation Report indicated this was the last verified transmitted report to date (8/11/2025). During an interview on 8/11/2025 at 10:20 a.m., with the MDS coordinator (a professional who manages the MDS process and transmittal), the MDS coordinator stated that she just found out three weeks ago from the California Department of Public Health) CDPH that CMS was not receiving any MDS data. The MDS coordinator stated currently the facility's Information Technology (IT) staff (individuals responsible for managing and maintaining the computer systems, networks, software, and other technology that the organization uses) are working on transmitting the MDS data from 8/2024 until 8/11/2025 to CMS. During an interview on 8/11/2025 at 10:54 a.m., with the MDS coordinator, the MDS coordinator stated some of her job functions, included being responsible for reviewing, revising, and ensuring the MDS nursing assessment, evaluation of the residents health needs and their functional capabilities match the MDS data being transmitted to CMS. The MDS coordinator stated the last time the facility transmitted the MDS 3.0 NH and received Final Validation report confirmation was on 7/31/2024. The MDS coordinator stated the outcome of not submitting/transmitting the MDS assessments data in a timely manner is having outdated MDS assessments and care plans for the Residents which affects the accuracy of meeting residents' needs. During an interview on 8/11/2025 at 11:28 a.m., with the Director of Nursing (DON), the DON stated that some of his job functions include involvement in the process of hiring licensed nurses and oversee nursing operations while working with different departments regarding residents' care. The DON stated last time the facility submitted MDS 3.0 NH Final Validation Report to CMS was in 7/2024. The DON stated that the negative outcome of not submitting/transmitting MDS assessments in a timely manner would result in having outdated care plans for the residents. The DON stated that it is important to have updated care plans because the care plans reflect the current and proper care the facility is providing for the Residents. The DON stated that it is the facility staff's responsibility to ensure that the MDS is transmitted and confirmation of a successful submission of the MDS 3.0 NH Final Validation Report is received.During a review of the facility's Policy and Procedure (P/P) titled, Minimum Data Set 3.0 Assessment Completion, Transmission and Validation undated, the P/P indicated the purpose is to establish that the facility uses an interdisciplinary approach to conduct and complete a comprehensive standardized assessment of each resident's functional capacity and status, transmit and validate them as required. The MDS coordinator will transmit the file and print the initial and final validation report. The MDS Coordinator will facilitate the correction of any fatal errors immediately and retransmit the assessment until an acceptor validation report tis received. To facilitate receiving Validation reports timely, the MDS coordinator will transmit as frequently as necessary to obtain timely validation of MDS acceptance into the data base.</p>		