

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056234	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/18/2024
NAME OF PROVIDER OR SUPPLIER Marlora Post Acute Rehab Hosp		STREET ADDRESS, CITY, STATE, ZIP CODE 3801 E Anaheim St Long Beach, CA 90804	

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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46415</p> <p>Based on interview and record review, the facility failed to notify a family member on a timely manner when there was a change of condition (COC) for one of one sampled resident (Resident 3).</p> <p>This deficient practice had the potential to affect the resident's care being provided when there is a change of condition.</p> <p>Findings:</p> <p>During a review of Resident 3's Admission record, the admission record indicated Resident 89 was admitted to the facility on [DATE] with diagnoses including congestive heart failure, obstructive (the inability for urine to pass through due to a blockage) and reflux (abnormal flow of the urine that flows back up to the kidneys) uropathy, and unspecified dementia (a group of symptoms that affects memory and thinking) without behavioral disturbance (aggression, anxiety).</p> <p>During a review of Resident 3's Minimum Data Set [(MDS) a standardized assessment and care screening tool], dated 7/9/2024, the MDS indicated Resident 3's cognitive skills (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) were mildly impaired. The MDS indicated Resident 3 required moderate assistance for toileting, chair/bed to chair transfer, bathing, and required supervision on all other activities of daily living (ADL: eating, oral hygiene, and personal hygiene).</p> <p>During a review of the Change of Condition Evaluation (COC: form initiated when a resident has a change in condition), Resident 3 had pulled out his foley catheter out and moderate blood were noted at the penile tip. Resident 3 had no other changes, and the physician was notified on 7/11/2024 at 3:22a.m. and the family member was notified on 7/11/2024 at 8:00a.m.</p> <p>During an interview with Resident 3's family on 7/11/2024 at 9:48a.m., the family stated there was a voice mail from Licensed Vocational Nurse 4 (LVN 4) indicating Resident 3 had been refusing to be changed. The family stated when she called back, she spoke to Assistant Director of Nursing (ADON) that Resident 3 was refusing to be changed. Resident 3's roommate stated to the family that Resident 3 removed his foley catheter around 3:00a.m. The family stated Resident 3 is in the hospital and was upset with the fact that the facility did not send Resident 3 out to the hospital when he removed his foley catheter at 3:00a.m. and was not inform that Resident 3 removed the foley at that time it occurred.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 056234
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<p>F 0552</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 7/18/2024 at 3:21p.m. with ADON, ADON stated on 7/11/2024, the LVN 4 informed her that Resident 3 pulled out his foley catheter, and when she checked, there were scant blood on the sheets and on the floor. ADON stated she spoke to LVN 4 and followed up with the family regarding the removal of the foley. ADON stated Resident 3 ADON stated a change of condition (COC) are any changes that occurs such as the removal of the foley catheter or blood in the urine. ADON stated ff there was a COC right now, they will have to notify the family right there and explain the reason for the call. ADON stated reviewing the COC for 7/11/2024 at 3:23a.m., she indicated the family was notified at 8:00a.m. ADON stated if there was an urgent matter, the physician will be notified first and follow/carry out the physician's orders, then notify the family. ADON stated it would depend on the situation and urgency of how soon the family will be notified of any changes. ADON stated it is not acceptable to have a five (5) hour time gap of when the incident occurred to when the family was notified, but at least the facility tried to notify the family. ADON stated they could have called the family sooner, however, as long as the family is aware of the situation since the resident's needs will be prioritized first. ADON stated she understands that there is a gap in time from when the incident occurred to when the family was notified. ADON stated the family would be notified as it is protocol to give an update regarding the resident's condition so when the family arrives it will not be a surprise and for the family to be able to trust and rely on the facility. ADON stated if the family was not notified of any changes, the family would be upset and will not trust the care the resident is receiving at the facility.</p> <p>During a review of the facility's P&P titled, Change in a Resident's Condition or Status, revised December 2016, the P&P indicated the facility shall promptly notify the resident, his or her attending physician, and representative (sponsor) of changes in the resident's medical/mental condition and/or status) e.g., changes in level of care, billing/payments, resident rights, etc.).</p> <p>During a review of the facility's P&P titled, Resident Rights, revised February 2021, the P&P indicated federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to be notified of his or her medical condition and of any changes in his or her condition.</p>		