

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 08/26/2024
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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</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 ensure one of three sampled resident ' s (Resident 1) grievance (complaints regarding treatment, care, management of funds, lost clothing, or violation of rights) regarding Resident 1 ' s missing cellphone was resolved to the satisfaction of the resident and representative.</p> <p>This deficient practice violated the resident ' s right to have his grievance resolved promptly with Resident ' s 1 satisfaction.</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 the diagnoses including sepsis (infection affecting entire body), depression (persistent sadness and a lack of interest or pleasure in previously rewarding or enjoyable activities), and hemiparesis (condition causing partial weakness or paralysis [loss of the ability to move] on one side of the body).</p> <p>During a review of Resident 1 ' s Minimum Data Set ([MDS] a standardized assessment and care-screening tool) dated 02/22/2024, the MDS indicated Resident 1 ' s cognition (thinking) was intact, and Resident 1 required supervision from one facility staff member to complete activities of daily living (ADLs, activities relating to personal care) such as toileting and shower hygiene and was able to eat independently.</p> <p>During a record review of the inventory list titled Resident ' s Clothes and Possessions, dated 2/17/2024, the list indicated 1 black cellphone was inventoried. The list did not indicate a social security card or checkbook.</p> <p>During a record review of the Grievance Resolution Response, form dated 03/03/2023, the form indicated Resident 1 reported missing a phone, and a backpack which included a checkbook.</p> <p>During a record review of the facility ' s Nurses Notes, dated 04/05/2024 at 10:10, the note indicated on discharge, Resident 1 was missing 1 black cellphone, 1 gray backpack, check book, and social security card.</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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a telephone interview on 8/23/2024 at 10:23 a.m., Resident 1 ' s Responsible Party (RP) 1 stated Resident 1 was not satisfied with the resolution. RP1 stated they did not understand why belongings were not replaced or reimbursed and did not receive a reply when they attempted to contact the facility for a rationale.</p> <p>During a concurrent interview and record review on 8/26/2024 at 2:15 p.m., with the Social Services Director (SSD), the facility ' s Grievance Resolution Response form dated 03/03/2024 was reviewed. The form indicated Resident 1 had expressed concern regarding missing back pack, bag, checkbook, and cell phone. The Resident ' s Clothes and Possessions form attached to the Grievance Resolution Response form indicated 1 Black Cellphone was inventoried, and went missing. The grievance form indicated in the resolution that the backpack was not inventoried but did not address the cellphone. The SSD stated Resident 1 ' s cellphone should have been replaced or reimbursed because it was inventoried on the Resident ' s Clothes and Possessions form.</p> <p>During an interview on 8/26/2024 at 3:29 PM with the Administrator (ADM), the ADM stated, she could not take responsibility for his missing belongings because resident had the ability to safeguard his own belongings and was going in and out of the building on pass (leaving the facility with approval) and went out for appointments. The ADM stated she knew Resident 1 was not satisfied with the resolution.</p> <p>During a review of the facility ' s policy and procedure (P&P) titled Grievance/Complaints, filing dated 4/2017, the P&P indicated when the administrator and staff will make prompt efforts to resolve grievances to the satisfaction of the resident and/or representative. The P&P indicated all grievances, complaints or recommendations stemming from resident or family groups concerning issues of resident care in the facility will be considered. Actions on such issues will be responded to in writing, including a rationale for the response.</p>		