

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 12/05/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45777</p> <p>Based on observation, interview and record review, the facility failed to provide care and services to prevent a fall for one of three sampled residents (Resident 1) by failing to ensure:</p> <ol style="list-style-type: none"> 1. Certified Nursing Assistant (CNA) 1 provided a two-person physical assist (help from two persons) when using a Mechanical Lift (a device used to transfer residents from a bed to a chair or other similar places) to transfer Resident 1 from the wheelchair to the bed. 2. Implement the facility policy titled Mechanical Lift indicated a Mechanical Lift is used appropriately to facilitate transfers of residents. At least two people are present while the resident is being transferred with the Mechanical Lift. <p>As a result of this failure Resident 1 fell on the floor from the Mechanical Lift and sustained a right shoulder nondisplaced fracture (a broken bone where the pieces of the bone remained aligned and don't move far enough to be out of place. This fracture is usually treated with a cast, brace, or splint to immobilize the bone, reduce pain and swelling and promote healing).</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record, the Admission Record indicated the facility initially admitted Resident 1 on 1/16/2023 and readmitted on [DATE] with diagnoses including end stage renal disease (kidney failure-a condition in which the kidney's loose ability to remove waste and balance fluids in the body), generalized muscle weakness, and hypertension (high blood pressure).</p> <p>During a review of Resident 1's history and physical (H&P), dated 3/20/2024, the H&P indicated Resident 1 did not have the capacity to understand and make decisions.</p> <p>During a record review of Resident 1's Occupational Therapy Evaluation and Plan of Treatment Notes dated 3/20/2024 to 4/16/2024, the Occupational Therapy Notes indicated Resident 1's range of motion (ROM- a distance and direction that a joint or body part can move around a fixed point) to the right arm was within functional limits (WFL). Resident 1's Right upper extremity (RUE - right arm) moves through full range of motion against gravity. The Occupational Therapy Evaluation indicated Resident 1 did not have pain on his right arm when being evaluated.</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
-----------------------------------------------------------------------	-------	-----------

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 12/05/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1's Admission/ Readmission Initial Risk Assessment for falls dated 4/1/2024, the Admission/ Readmission Initial Assessment indicated Resident 1's score was 10 indicating a high risk for falls.</p> <p>During a review of Resident 1's Minimum Data Set ([MDS] a resident assessment tool), dated 8/30/2024, the MDS indicated Resident 1 required substantial/maximal assistance (helper lifts or hold trunk of limbs and provides more than half the effort) with shower and bathing self, changing positions of lying to sitting on side of bed, and sit to lying. Resident 1 was dependent (resident does none of the effort to complete the activity, or the assistance of two or more helpers is required for the resident to complete the activity), on staff for transfers from one surface to another.</p> <p>During a review of Resident 1's Situation, Background, Assessment, Recommendation (SBAR - a communication tool used to share essential medical information) dated 8/20/2024 and timed at 7:10 p.m., the SBAR indicated at 6:00 p.m., Resident 1 came back from dialysis (a mechanical procedure to remove waste products and excess fluid from the blood when kidneys stop working properly) in stable condition. The SBAR indicated CNA 1 was transferring Resident 1 from his wheelchair to his bed when the resident fell. The SBAR indicated Resident 1 was found lying on his back and initially complained of left shoulder pain 7/10 on the pain scale (0 no pain, 10 worst possible pain). Resident was assisted back to bed with 4 staff members by a Mechanical Lift.</p> <p>During a review of the Radiology Notes dated 9/3/2024, the Radiology Notes indicated Resident 's Physician gave orders for a magnetic resonance imaging (MRI a noninvasive imaging technology that produces three dimensional images of the body) appointment scheduled at 1:00 p.m. MRI to the right shoulder to rule out rotator cuff tear (a tear in the tissues connecting muscle to bone around the shoulder joint. The Radiology Note indicated the appointment and transportation was schedule for 9/6/2024.</p> <p>During a review of Resident 1's Imaging Exam Report dated 9/6/2024 at 1:14 p.m., the MRI indicated a right shoulder nondisplaced fracture of the of the coracoid process (a hook- shaped bone on the shoulder blade that plays a key role in shoulder movement) and the distal clavicle (the end of the collar bone next to the shoulder) with swelling.</p> <p>During a record review of Resident 1's Occupational Therapy Evaluation and Plan of Treatment dated 9/11/2024 to 10/8/2024, the Occupational Therapy Evaluation notes indicated Resident 1's ROM to the right arm was Impaired (minimum Active Range of Motion (AROM, movement at a given joint when the person moves voluntarily)- assisted with someone's help due to fracture. Resident 1' s right upper extremity strength was 3/5 (the muscle is able to move against gravity and withstand a minimal amount of resistance). The Occupational Therapy Evaluation notes indicated Resident 1 was feeling a sharp pain even when not moving and increasing in intensity 5/10 with movement.</p> <p>During an interview on 12/2/2024 at 10:51 a.m., in Resident 1's room, Resident 1 stated on 8/20/ 2024 he arrived at the facility from dialysis. Resident 1 stated he told CNA 1 he needed help because he wanted to go to bed. Resident 1 stated CNA 1 placed him into the Mechanical Lift raised him high and he fell out on to the floor hitting his head. Resident 1 stated CNA 1 ran out of the room and LVN 1 came to help. Resident 1 stated 4 CNAs assisted in picking him up with the Mechanical Lift and placed him in bed. Resident 1 stated his right shoulder hurt so bad he did not want to be touched to be picked up.</p> <p>(continued on next page)</p>		

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 12/05/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/2/2024 at 11:27 a.m., Licensed Vocational Nurse 1 (LVN 1) stated she heard about Resident 1's fall and is familiar with the resident's care. LVN 1 stated when transferring Resident 1 in a Mechanical Lift two people need to assist, to have a safe environment for the resident during transfers.</p> <p>During an interview on 12/2/2024 at 11:30 a.m., the Director of Staff Development (DSD) stated when using a Mechanical Lift there need to be two nurses present. The DSD stated the second person can guide the resident in the Mechanical Lift to prevent a fall. The DSD stated the nurses are not to lift a resident (general) in the Mechanical Lift without a second staff member being present to help. The DSD stated operating the Mechanical Lift alone to transfer a resident (general) can be dangerous for everyone.</p> <p>During an interview on 12/2/2024 at 10:17 a.m., the Director of Nursing (DON), stated Resident 1 is a two person assist and there should have been two nurses assisting Resident 1 in the Mechanical Lift. The outcome can be injury because a Mechanical Lift cannot be controlled with just one person.</p> <p>During an interview on 12/2/2024 at 10:58 a.m., with the OT, the OT stated when she evaluated resident 1 on 9/11/2024 Resident 1 had right arm and shoulder limitation in ROM the resident could not raise his arm on his own or against gravity. The OT stated Resident 1 requires OT services to address his ability to use his right arm, after the fracture he sustained from the Mechanical Lift fall. The OT stated Resident 1 needs OT to return to his previous level of functioning and avoid declines in the use of his right arm.</p> <p>During a record review of the facility's policy and procedure (P/P), titled Mechanical Lift, revised October 2019, indicated a Mechanical Lift is used appropriately to facilitate transfers of residents. At least two people are present while the resident is being transferred with the Mechanical Lift. Mechanical Lifts are devices used to assist with transfers and movement of individuals who require support for mobility beyond the manual support provided by nursing staff alone .nursing staff will receive training on how to use the Mechanical Lift . at least two people are present while resident is being transferred with the Mechanical Lift.</p>		