STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056234	A. Building B. Wing	08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Marlora Post Acute Rehab Hosp	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to create a care plan for two of four sample residents (Resident 30 and 40) related to Resident 30 and 40 being smokers.This deficient practice places Resident 30 and 40 at risk for injuries or accidents related to smoking.Findings:a. During a review of Resident 30's admission Record (Face Sheet), the Face Sheet indicated Resident 30 was admitted to the facility on [DATE] with diagnoses including sepsis (a life-threatening blood infection). During a review of Resident 30's Minimum Data Set ([MDS] a resident assessment tool) dated 8/17/2025, the MDS indicated Resident 30's cognition was intact and required substantial/maximal assistance (helper does less than half the effort) from staff to complete his activities of daily living ([ADLs] activities such as bathing, dressing and toileting a person performs daily). During a review of Resident 30's Smoking assessment dated [DATE], the Smoking Assessment indicated Resident 30 required smoking measures such as a smoking apron (a fireproof covering worn over the chest and lap to protect a person and their clothing from burn holes caused by dropped cigarettes, cigars, or ashes) and cigarette extension (a slender tube that holds a cigarette while it is being smoked which is used to prevent hot ash from falling and burning a person's clothing) while smoking. b. During a review of Resident 40's admission Record (Face Sheet), the Face Sheet indicated Resident 40 was admitted to the facility on [DATE] with the diagnoses including hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) and hemiparesis (weakness on one side of the body, affecting the arm, leg, and sometimes the face, caused by a brain or spinal cord injury) following cerebral infarction (a condition where blood flow to the brain is interrupted, leading to tissue damage). During a review of Resident 40's MDS dated [DATE], the MDS indicated Resident 40's cognition was intact and required substantial/maximal assistance from staff to complete his ADLs. During a review of Resident 40's Smoking assessment dated [DATE], the Smoking Assessment indicated Resident 40 required the use of a smoking apron while smoking. During an observation on 8/21/2025 at 1:20 p.m., on the smoking patio, Resident's 30 and 40 were observed smoking a cigarette. Residents 30 and 40 were observed not wearing smoking aprons while smoking, and Resident 30 did not have a cigarette extension on his cigarette. During a concurrent interview and record review on 8/21/2025 at 3:01 p.m., with Registered Nurse (RN 1), Resident 30's and 40's untitled Care Plans were reviewed. RN 1 stated there were no Care Plans created for Resident 30 and 40 related to their smoking. RN 1 stated resident's Care Plans act as a guide for the nurses, a plan of care, and interventions to keep the residents safe when smoking. During an interview on 8/21/2025 at 3:31 p.m., with the Director of Nursing (DON), the DON stated the purpose of a resident Care Plans is to provide a plan of care for the nursing staff to follow so they aware of the risk and goals for the residents when they are smoking. The DON stated the Care Plan provides a layout on how to keep the residents safe. During a review of the facility's policy and procedure (P&P) titled Care Plans, Comprehensive Person-Centered, dated 3/2022, the P&P indicated a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. The P&P indicated the Care Plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure three of four sampled residents (Residents 10, 30, and 40), who smoked cigarettes, and required safety precautions when smoking which included wearing smoking aprons (a fireproof covering worn over the chest and lap to protect a person and their clothing from burn holes caused by dropped cigarettes, cigars, or ashes), wore the smoking aprons while smoking. This deficient practice has the potential to place Residents 10, 20, 30, and 40 at risk for burns and/or injuries related to smoking.Findings:a. During a review of Resident 10's admission Record (Face Sheet), the Face Sheet indicated Resident 10 was admitted to the facility on [DATE] with diagnoses including chronic obstructive pulmonary disease ([COPD] a chronic lung disease causing difficulty in breathing). During a review of Resident 10's Minimum Data Set ([MDS] a resident assessment tool) dated 7/14/2025, the MDS indicated Resident 10's cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) was moderately impaired and required setup or clean up assistance from staff to complete his activities of daily living ([ADLs] activities such as bathing, dressing and toileting a person performs daily). During a review of Resident 10's untiled Care Plan dated 8/8/2022, the Care Plan indicated Resident 10 had a potential for self in jury/burn related to impaired cognitive skills for decision making. The Care Plan goal indicated Resident 10 will remain safe while smoking in accordance with facility policy through a review date of 10/30/2025. The Care Plan interventions included monitoring by staff to ensure compliance with safety rules. During a review of Resident 10's Smoking assessment dated [DATE], the Smoking Assessment indicated Resident 10 required smoking measures such as wearing a smoking apron and using a cigarette extension (a slender tube that holds a cigarette while it is being smoked which is used to prevent hot ash from falling and burning a person's clothing) while smoking. During an interview on 8/21/2025 at 1:20 p.m., with Resident 10, Resident 10 stated he does not need to wear a smoking apron when he smokes. b. During a review of Resident 30's admission Record (Face Sheet), the Face Sheet indicated Resident 30 was admitted to the facility on [DATE] with diagnoses including sepsis (a life-threatening blood infection). During a review of Resident 30's MDS dated [DATE], the MDS indicated Resident 30's cognition was intact and required substantial/maximal assistance (helper does less than half the effort) from staff to complete his ADLs. During a review of Resident 30's Smoking assessment dated [DATE], the Smoking Assessment indicated Resident 30 required smoking measures which included wearing a smoking apron and using a cigarette extension while smoking. During an interview on 8/21/2025 at 1:20 p.m., Resident 30 stated he doesn't wear a smoking apron when he smokes. c. During a review of Resident 40's admission Record (Face Sheet), the Face Sheet indicated Resident 40 was admitted to the facility on [DATE] with diagnoses including hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) and hemiparesis (weakness on one side of the body, affecting the arm, leg, and sometimes the face, caused by a brain or spinal cord injury) following cerebral infarction (death of brain cells due to prolonged lack of blood supply). During a review of Resident 40's MDS dated [DATE], the MDS indicated Resident 40's cognition was intact and required substantial/maximal assistance from staff to complete his ADLs. During a review of Resident 40's Smoking assessment dated [DATE], the Smoking Assessment indicated Resident 40 required smoking measures which included wearing a smoking apron while smoking. During an interview on 8/21/2025 at 1:20 p.m., with Resident 40, Resident 40 stated he did not like wearing a smoking apron when he smoked. During an observation on 8/21/2025 at 1:20 p.m., on the smoking patio, there were several smoking aprons noted hanging on the wall. Residents 10, 30, and 40 were observed smoking cigarettes but were not wearing smoking aprons. During an interview on 8/21/2025 at 1:20 p.m., with the Activities Assistant (AA), the AA stated she offered the use of the smoking aprons to Residents 10, 30, and 40, but the residents stated they'd rather not wear them. The AA stated smoking aprons are available if they wanted to wear them. During an interview on 8/21/2025 at 2:39 p.m., with the Activities Director (AD), the AD stated upon residents' admission and during daily huddles (a daily meeting held to keep staff informed of pertinent resident information) information is discussed related to safety measures residents require during smoke breaks. The AD stated she then relays the information obtained during the daily huddles to her activity staff. During a concurrent interview and record review on 8/21/2025 at 3:01 p.m., with Registered Nurse (RN 1), Residents 10, 30, and 40's Smoking Assessments were reviewed. RN 1 stated all residents who smoke are required to have supervision when smoking. RN 1 stated for residents