

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056283	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/03/2024
NAME OF PROVIDER OR SUPPLIER Bixby Knolls Towers Health Care & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3747 Atlantic Avenue Long Beach, CA 90807	

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 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or get specialized rehabilitative services as required for a resident.</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 make a follow up appointment for left leg surgery, with the Orthopedic surgeon (treats injuries and diseases involving muscles, bones, joints, ligaments, and tendons) in a timely manner ensure for one of five sampled residents (Resident 1) so Resident 1 could be cleared to continue receiving Physical Therapy (PT: help strengthen weakened muscle) services under skilled nursing services (medically necessary services such as PT and occupational therapy (OT: improving residents ability to perform activities of daily living).</p> <p>This deficient practice resulted in delayed treatment and services for Resident 1, placing the resident at a higher risk for further decline.</p> <p>During a review of the Resident 1 ' s Admission record (Face Sheet), the Face Sheet indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including acute osteomyelitis (a serious bone infection) of the left femur, abnormal gait and mobility, spinal stenosis (narrowing of the spinal canal, putting pressure on the spinal cord and nerves), and muscle contracture (tightening of the muscles, tendons, skin that causes the joints to shorten and become stiff) on the left lower leg.</p> <p>During a review of Resident 1 ' s Minimum Data Set [(MDS) a federally mandated assessment tool], dated 7/27/2024, the MDS indicated Resident 1 ' s cognitive skills (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) were intact. The MDS indicated Resident 1 utilized a walker for mobility and has an impairment on one of the lower extremities (hip/leg).</p> <p>During a review of Resident 1 ' s progress notes from the General Acute Care Hospital (GACH) dated 7/15/2024, the progress notes from the GACH indicated an Orthopedic Post Operation Plan which indicated to follow up with the doctor ' s office in three (3) to four (4) weeks.</p> <p>During an interview on 10/2/2024 at 10:15 a.m., with Resident 1, Resident 1 stated he was receiving Physical Therapy (PT) for a little while until the facility stopped providing him with PT. Resident 1 stated his strength was getting weaker since he was lying in bed all day and not doing anything. Resident 1 stated rehabilitation (rehab) services are supposed to be covered by his insurance and no one came to provide exercises for him. Resident 1 stated he had requested for his left leg to be evaluated, but the facility did not, and it disturbed him because it showed the facility did not really care about him.</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 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/2/2024 at 2:58 p.m., with the Director of Rehabilitation (DOR), the DOR stated the last therapy date for Resident 1 was 8/19/2024. The DOR stated on 9/20/2024, they received an order for PT/Occupational Therapy (OT) to increase Resident 1 ' s independence. The DOR stated if a resident does not get PT/OT, they will decline.</p> <p>During a concurrent interview and record review on 10/3/2024 at 10:43 a.m., with Registered Nurse Supervisor 2 (RNS 2), RNS 2 stated that Registered Nurses (RN) ' s conduct resident admissions. RNS 2 stated Resident 1 is here post-surgery, but his wound got infected, so Resident 1 was admitted for wound care and PT/OT. RNS 2 stated residents who have surgery usually have a follow up appointment. RNS 2 stated based on the GACH referral documents, the hospital referral document indicated Ortho post-surgery plan is to follow up with the orthopedic department in three to four weeks. RNS 2 stated if the referral indicated three to four weeks, the admitting doctor should have been notified so they could place an order for Resident 1 to see the orthopedic department.</p> <p>During a concurrent interview and record review on 10/3/2024 at 1:55 p.m., with the Director of Nursing (DON), the DON stated the GACH record received at admission included the medication Resident 1 received and would continue, and if there are any hospital referrals, it would be included in the notes. The DON stated nursing staff would look at the hospital referrals so they can follow up and identify whether the resident can be admitted to their facility, check labs, identify if they are here for rehab services, and see why the resident was sent to the hospital. The DON stated follow up consults are done to see if the resident is improving or declining, and if there are no follow up consults, the resident can decline. The DON stated the nurses thought they did not need a referral because Resident 1 was improving, so they did not let the physician know to order an orthopedic consult.</p> <p>During a concurrent interview and record review on 10/3/2024 at 3:06 p.m., with the DOR, the DOR stated Resident 1 does have limitation with improvement of movement, strength, bending, and extending on the left leg, but despite receiving RNA, it his range of motion is not within the normal limits.</p> <p>During a review of the facility ' s policy and procedure (P&P), titled, Case Manager, dated 2003, the P&P indicated the primary purpose of your job position is to coordinate delivery of services to managed care and Medicare residents in collaboration with the facility ' s team members. The Case Manager monitors and documents the cost effectiveness of treatment provided, facilitates and coordinates the admission and discharge process, serves as the resident and family advocate and acts as a liaison to insurance and medical management professionals. Maximize benefits by coordination of cost-effective care, avoid fragmented care and duplication of services and ensure the appropriate level of case is provided in the most suitable setting .meet with facility interdisciplinary team to coordinate services to ensure that the resident ' s total regimen of care is maintained. Consult with the resident ' s physician in providing care, treatment, rehabilitation, etc., as necessary.</p> <p>During a review of the facility ' s policy and procedure (P&P), titled, Director of Rehabilitation, dated July 2019, the P&P indicated associated responsibilities provides evaluation input on department employees as well as instrumental in relationship building with the local hospitals and referral sites .provides recommendations to supervisor on opportunities to improve company and services provided.</p> <p>(continued on next page)</p>		

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<p>F 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility ' s policy and procedure (P&P), titled, Resident Rights, revised December 2016, 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 equal access to quality care, regardless of source of payment.</p>