

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 06/25/2025
NAME OF PROVIDER OR SUPPLIER Bixby Towers Post-Acute Rehab		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 0557</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 be treated with respect and dignity and to retain and use personal possessions.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure one of two resident ' s (Resident 1) cell phone was accounted for and kept safe in the facility.</p> <p>This deficient practice resulted in Resident's1 cell phone missing.</p> <p>Findings</p> <p>During a review of Resident 1 ' s admission Record, the admission Record indicated Resident 1 was originally admitted to the facility on [DATE] with diagnoses including osteoarthritis (a progressive disorder of the joints, caused by a gradual loss of cartilage) of bilateral (both) knees, muscle weakness, dysphagia (difficulty swallowing), metabolic encephalopathy (problem in the brain), and dementia (a progressive state of decline in mental abilities).</p> <p>During a review of Resident 1's Minimum Data Set (MDS), (a resident assessment tool), dated 5/26/2025, the MDS indicated Resident 1 ' s cognition was severely impaired. The MDS indicated Resident 1 needed substantial assistance (helper does more than half the effort to complete the task) with oral hygiene, upper body dressing, and personal hygiene, and was dependent (helper does all the effort to complete the task) on staff with toileting hygiene and showering.</p> <p>During a concurrent interview and record review on 6/25/2025 at 12:56 p.m. with Licensed Vocational Nurse (LVN) 1, Resident 1 ' s belongings list was reviewed. The belongings list indicated Resident 1 did not have a cell phone. LVN 1 stated the belonging list needed to indicate all the belongings the resident had in the facility it should have indicated Resident 1 ' s cellphone. LVN 1 stated Resident 1 was using a cellphone and then it disappeared.</p> <p>During an interview on 6/25/2025 at 2:15 p.m. with the Director of Nursing (DON), the DON stated all residents need a belonging list to track and ensure there's no loss of personal belongings.</p> <p>During a review of the facility ' s policy and procedure (P&P) titled, Personal Property, revised 9/2012, the P&P indicated the resident ' s personal belongings shall be inventoried and documented upon admission and as such items are replenished.</p> <p>During a review of the facility ' s P&P titled, Quality of Life - Dignity, revised 8/2009, the P&P indicated the resident's property shall be always respected.</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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility did not accommodate one of one resident 's (Resident 1) family member (FM 1) request by failing to ensure Resident 1 was fed and adult disposable diaper were checked prior to the administration of Ativan (medication to treat anxiety- feeling of fear, dread, and uneasiness) dose.</p> <p>These deficient practices had the potential to result in Resident 1's missed feedings and Resident 1 to sit in a soiled adult disposable diaper with urine or feces for extended periods.</p> <p>Findings:</p> <p>During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was originally admitted to the facility on [DATE] with diagnoses including need of assistance of personal care, osteoarthritis (a progressive disorder of the joints, caused by a gradual loss of cartilage) of bilateral (both) knees, muscle weakness, dysphagia (difficulty swallowing), metabolic encephalopathy (problem in the brain), anxiety disorder, and dementia (a progressive state of decline in mental abilities).</p> <p>During a review of Resident 1's Minimum Data Set (MDS), a resident assessment tool, dated 5/26/2025, the MDS indicated Resident 1's cognition was severely impaired. The MDS indicated Resident 1 needed substantial assistance (helper does more than half the effort to complete the task) with oral hygiene, upper body dressing, and personal hygiene, and was dependent (helper does all the effort to complete the task) on staff with toileting hygiene and showering.</p> <p>During a review of Resident 1's Order Summary dated 6/25/2025, the summary indicated, on 6/18/2025 give Ativan 1 milligram ([mg] unit of measurement) via gastrostomy tube (G-Tube - a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems) every 12 hours as needed for anxiety manifested by constant yelling and screaming. The order indicated to notify FM 1 or FM 2 prior to the Ativan dose.</p> <p>During a review of an email sent on 6/20/2025 at 10:30 a.m., from FM 1 with subject heading, Formal Complaint Regarding Neglect, the email addressed to the facility indicated Ativan was not to be administered until Resident 1's adult diaper was checked, and Resident 1 was fed.</p> <p>During a concurrent interview and record review on 6/25/2025 at 12:56 p.m., with Licensed Vocational Nurse (LVN) 1, Resident 1's medical records were reviewed. Resident 1 ' s medical records indicated no documented evidence Resident 1 was fed and adult briefs were checked prior to the administration of any Ativan dose. LVN 1 stated it was verbally communicated to make sure Resident 1 was fed and adult diaper were checked prior to the administration of Ativan. LVN 1 stated there were no documented evidence to prove Resident 1 was fed and adult disposable diaper was checked prior to the administration of Ativan. LVN 1 stated she (LVN 1) will add it to the Medication Administration Record (MAR) and orders to ensure other nurses know about the family request.</p> <p>During an interview on 6/25/2025 at 2:15 p.m. with the Director of Nursing (DON), the DON stated the facility needs to accommodate resident's needs.</p> <p>(continued on next page)</p>

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<p>F 0558</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, Quality of Life - accommodation of Needs, revised 8/2009, the P&P indicated the residents individual needs and preferences shall be accommodated to the extent possible.</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to provide toileting hygiene at least every 2 hours and as needed for one of three residents (Resident 1).</p> <p>The deficient practice resulted in Resident 1 to be left in a soiled adult disposable diaper for extended periods and had the potential to cause skin breakdown.</p> <p>Findings:</p> <p>During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was originally admitted to the facility on [DATE] with diagnoses including osteoarthritis (a progressive disorder of the joints, caused by a gradual loss of cartilage) of bilateral (both) knees, muscle weakness, dysphagia (difficulty swallowing), metabolic encephalopathy (problem in the brain, and dementia (a progressive state of decline in mental abilities).</p> <p>During a review of Resident 1's Minimum Data Set (MDS), a resident assessment tool, dated 5/26/2025, the MDS indicated Resident 1's cognition was severely impaired. The MDS indicated Resident 1 was dependent (helper does all the effort to complete the task) on staff with toileting hygiene.</p> <p>During a review of Resident 1's Care Plan report initiated 6/6/2025, the care plan indicated Resident 1 had altered bowel elimination due to incontinence (involuntary leakage of urine and stool). The care plan interventions indicated to check the resident every two hours and assist with toileting as needed.</p> <p>During a review of an email dated 6/20/2025 at 10:30 a.m., with subject heading, Formal Complaint Regarding Neglect, the email correspondence from family member (FM) 1 addressed to the facility, indicated on 6/18/2025, FM 1 assisted in providing toileting hygiene to Resident 1 and noted feces were embedded in the vaginal area and urine leaking onto the wheelchair.</p> <p>During a telephone interview on 6/25/2025 at 1:08 p.m., with Certified Nurse Assistant (CNA)1, CNA 1 stated on 6/18/2025, she (CNA 1) checked Resident 1's adult disposable diaper at 4:30 p.m. and Resident 1 was clean. CNA1 stated the next time she checked Resident 1 was around 7:10 p.m. FM 1 and CNA 1 changed Resident 1's soiled adult disposable diaper together. CNA 1 stated the adult disposable diaper had urine that leaked onto the wheelchair. CNA 1 stated feces was observed in the perineal area (region of body between the anus and external genitalia) extending to Resident 1 's vaginal area.</p> <p>During a concurrent interview and record review on 6/25/2025 at 12:56 p.m., with the Assistant Director of Nursing (ADON), Resident 1's June 2025 Documentation Survey Report was reviewed. the Documentation Survey Report indicated Resident 1 was not checked and changed every 2 hours as indicated. The ADON stated and confirmed according to documentation Resident 1 was not checked and changed every 2 hours and as needed in all shifts.</p> <p>During an interview on 6/25/2025 at 2:15 p.m. with the Director of Nursing (DON), the DON stated dependent residents need to be kept clean.</p> <p>(continued on next page)</p>		

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<p>F 0677</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, Activities of Daily Living (ADLs), Supporting revised 3/2018, the P&P indicated the residents will receive appropriate care and services including toileting assistance.</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure one of one residents (Resident 1) received an oral gratification diet (therapeutic feeding allows resident to experience limited oral intake while exercising the muscles for swallowing) three times a day as ordered by the physician from 6/1/2025 to 6/4/2025.</p> <p>This deficient practice had the potential to result in poor health outcomes and weight loss.</p> <p>Findings:</p> <p>During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was originally admitted to the facility on [DATE] with diagnoses including muscle weakness, dysphagia (difficulty swallowing), metabolic encephalopathy (problem in the brain), and dementia (a progressive state of decline in mental abilities).</p> <p>During a review of Resident 1's Minimum Data Set (MDS), a resident assessment tool, dated 5/26/2025, the MDS indicated Resident 1's cognition was severely impaired. The MDS indicated Resident 1 needed substantial assistance (helper does more than half the effort to complete the task) with oral hygiene, upper body dressing, and personal hygiene, and was dependent (helper does all the effort to complete the task) on staff with toileting hygiene and showering.</p> <p>During a review of Resident 1's Order Entry dated 5/31/2025 at 1:23 p.m., the order indicated an oral gratification diet, pureed texture (cooked food, usually vegetables, fruits or legumes, that has been ground to the consistency of a creamy paste), and honey consistency (thick, smooth consistency) fluids.</p> <p>During a concurrent telephone interview and record review on 6/26/2025 at 9:26 a.m., with the Director of Nursing (DON), Resident 1's June 2025 Documentation Survey Report was reviewed. The report indicated Resident 1 was not assisted with meals three times a day, every mealtime, from 6/1/2025 to 6/4/2025. The DON stated according to the documentation Resident 1 was not assisted with meals during mealtime from 6/1/2025 to 6/4/2025. The DON stated it was important for physician orders to be followed.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Activities of Daily Living (ADLs), Supporting revised 3/2018, the P&P indicated the residents will receive appropriate care and services including assistance with meals and snacks.</p> <p>During a review of the facility's P&P titled, Food and Nutrition Services, revised 10/2017, the P&P indicated meals were scheduled at regular times to assure each resident at least three meals a day. The P&P indicated feeding assistants and Nursing Aids will assist residents with eating</p>		