STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056283	A. Building B. Wing	04/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bixby Towers Post-Acute Rehab	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)
F 0678 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident?s advance directives. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to implement its policy and procedure (P&P) titled Cardiopulmonary Resuscitation (CPR an emergency procedure to restart a person's heart and breathing after one or both suddenly stop) which required staff to immediately activate a Code Blue (announcement used in facilities when a resident is experiencing medical emergency), call 911(phone number used to contact the emergency services), and provide basic life support (BLS, a set of emergency medical procedures designed to sustain life by maintaining breathing and circulation), including CPR for one of three residents (Resident 1) who was a full code (a medical term indicating a patient's consent to receive all possible life-saving measures in the event of a cardiac arrest [when the heart stops breathing] or respiratory arrest [when a person stops breathing]).The facility failed to:1.Ensure Certified Nursing Assistant (CNA) 1 who was CPR certified (successfully completed a training course and received a credential that qualifies a person to perform BLS) initiated CPR and stayed with Resident 1 per the facility's P&P titled, Cardiopulmonary Resuscitation, and the American Heart Association (AHA) Guidelines when Resident 1 was found unresponsive , not breathing and without pulse on [DATE] at approximately 10:30 p.m.2.Ensure staff called 911 as soon as Resident 1 was found unresponsive, not breathing and without a pulse on [DATE] at approximately 10:30 p.m. The Paramedics Run Sheet records indicated the Paramedics were dispatched to Resident 1 at 10:39 p.m. and arrived at the facility at 10:49 p.m.3.Ensure Licensed Vocational Nurse (LVN) 1 and Registered Nurse (RN) 1 did not delay the initiation of CPR by checking Resident 1's blood pressure (pressure that occurs when blood pushes against the walls of patient arteries [blood vessel]), oxygen saturation (measures the percentage of oxygen in the blood) performing a sternal rub (a technique doctors, nurses, or paramedics use to see if a person who is passed out [unconscious] can feel pain), and checking Resident 1's eyes when Resident 1 was found unresponsive and without a pulse by CNA 1.These failures resulted in a delay in calling 911 and initiating CPR on Resident 1 who was found unresponsive, not breathing and without pulse on [DATE] at approximately 10:30 p.m. Resident 1 was pronounced dead at 11:12 p.m.These failures placed 53 residents, who were full code at risk of not receiving life saving measures timely and increased their chances for death.On [DATE] at 3:31 p.m., an Immediate Jeopardy ([IJ] a situation in which the facility's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident) was called in the presence of the Administrator (ADM) and the Director of Nursing (DON) due to the facility's failure to provide timely basic life support (BLS), to Resident 1, including immediate initiation of CPR. J Removal Plan (IJRP, a plan to immediately correct the deficient practices) was immediately requested. On [DATE] at 4:17 p.m., the facility submitted an acceptable IJRP. After onsite verification of the IJRP implementation through observations, interviews, and record review the IJ was removed on [DATE] at 5:20 p.m. in the presence of the ADM and DON. Non-compliance of F-678 remained at the scope and severity of E no actual harm with potential for more than minimal harm that is not immediate jeopardy.The IJRP included the following immediate actions: 1.Resident 1 expired (die) on [DATE] and no longer resided (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0678 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	in the facility.2.Immediately upon identification of the IJ on [DATE], the facility initiated emergency corrective actions to ensure the safety of all residents. On [DATE], all licensed nurses and certified nursing assistants (CNAs) on duty, including the Director of Nursing (DON) and the Director of Staff Development (DSD), were immediately re-educated by the Resource Nurse Consultant on immediate initiation of CPR for any resident found pulseless (no pulse) and/or unresponsive, immediate activation of Code Blue and calling 911 without delay, no delay in initiating CPR for assessments or other interventions, ensuring the resident is never left unattended when found unresponsive, and follows American Heart Association (AHA) Basic Life Support (BLS) response guidelines:a. Recognize unresponsiveness immediately by assessing responsiveness and observing for absence of normal breathing.b. Check for pulse immediately and, if the resident is pulseless and unresponsive, treat it as a medical emergency.c. Activate Code Blue immediately and direct staff to bring emergency equipment/crash cart (a wheeled container carrying medicine and equipment for use in emergency resuscitations).d. Call 911 immediately or direct another staff member to call 911 without delay.e. Initiate CPR immediately when the resident is found unresponsive, not breathing normally, and pulseless.f. Begin chest compressions (manual pushes on the center of a resident's chest to keep blood flowing to vital organs during cardiac arrest) without delay and continue until relieved by another qualified responder, the resident shows signs of life, or Emergency Medical Services (EMS) assumes care.g. Do not leave the residents unattended once they are found unresponsive.h. Identify code status (a medical order of what emergency resuscitation measures a resident wishes to receive) without delaying CPR by verifying the resident's code status through the Point Click Care (PCC-electronic health record) header, medical record, Physician Orders for Life-Sustaining Treatment (POLST- an actionable medical order form for seriously ill or frail individuals, outlining specific treatment preferences like CPR that emergency personnel must follow) , and/or in the order listing report placed in the crash cart printed daily. Facility nursing staff will have every shift huddles (daily meetings held at the start of a shift to improve communication, teamwork, and resident safety) wherein any Do Not Resuscitate (DNR- a legally binding medical document signed by a doctor instructing healthcare professionals not to perform CPR if a resident's heart stops or they stop breathing) status residents will be reported and disclosed at the time of handoff to the next shift.i. Coordinate staff response during the emergency, including Responder 1(who found resident unresponsive) call for help and remain with resident initiating compressions, Responder 2 activating Code Blue/911, and Responder 3 obtaining emergency equipment, as available.j. Provide return demonstration to validate competency in immediate recognition, Code Blue activation, calling 911, and initiation of CPR.All staff demonstrated competency through return demonstration. A total of 33 licensed nurses (LNs) and 43 certified nursing assistants (CNAs) were re-educated.On [DATE], the DON provided one on one (1:1) re-education to LVN 1 and CNA 1 on duty at time of incident on following:Immediate initiation of CPR for any resident found pulseless and/or unresponsiveImmediate activation of Code Blue and calling 911 without delayNo delay in initiating CPR for assessments or other interventionsEnsuring the resident is never left unattended when found unresponsiveFollows AHA BLS response guidelinesA facility-wide audit was conducted to verify code status for all residents on [DATE] by Resource Nurse Consultant. All full code residents were verified for accuracy in PCC, POLST placed in the chart and POC. Code status is now clearly visible and readily accessible during emergencies via PCC header on resident profile, in resident orders, via POLST or Advance Directives (a legal document that specifies a person's preferences for medical treatment if they become unable to make decisions due to serious illness or injury) in physical chart, and/or in the order listing report placed in the crash cart printed daily.On [DATE], a mock Code Blue (training exercise designed to improve team response to cardiac arrest) drill was conducted by Resource Nursing Consultant. Staff demonstrated immediate response, CPR initiated without delay and emergency system activated appropriately.Facility nursing staff will have every shift huddles wherein any DNR status residents will be reported and disclosed at the time of handoff to the next shift.2. (continued on next page)

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F 0678 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Identification of Residents Affected or Likely to be AffectedOn [DATE] a 100% audit of current residents was initiated by Resource Nurse Consultant to ensure code status orders are present and accurate. Code status is correctly documented in electronic health record (EMR) and reflected on the PCC patient header.All licensed nurses and CNAs were audited on [DATE] for current CPR certification and all were identified as active and current by DSD,3. Actions to Prevent Occurrence/RecurrenceOn [DATE] re-education was initiated with licensed nurses and CNAs by the DON/DSD or Designee on: AHA CPR guidelines, facility CPR policy and immediate emergency response protocol (no delay).On [DATE] mock Code Blue was initiated on all shifts by DON/DSD.Re -Education included: Recognition of unresponsiveness, immediate activation of Code Blue, immediate 911 activation, CPR initiation, not leaving resident unattended if resident found unresponsive, elimination of delays (no vital signs prior to CPR if pulseless) and identification of code status via the PCC Dashboard or POLST.On [DATE], Medical Records staff received re-training on: Auditing code status orders for accuracy and accessibility by DON. Medical record staff will continue this audit weekly, if there are any changes in code status, medical record staff or RN supervisor will be responsible for updating POLST and orders. 4. How Facility Will Monitor Process and Sustain Compliance / Integrate into Quality Assurance (QA- process designed to ensure the highest standards of care and patient safety) System.The DON/ DSD or designee will conduct annual CPR competency validation to include new hires and registry. Mock Code Blue drills will be randomly completed on various shifts weekly for four weeks, then monthly for three months.Findings:During a review of Resident 1's admission Record (Face Sheet), the Face Sheet indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including elevated white blood cell count (a condition where the number of white blood cells in the blood is higher than normal), anemia (low blood count), acute kidney failure (AKI, the sudden loss of kidney function), and chronic kidney disease (CKD, slow, progressive loss of kidney function over months or years),During a review of Resident 1's History and Physical (H&P), dated [DATE], the H&P indicated Resident 1 had the capacity to make medical decisions.During a review of Resident 1's POLST dated [DATE], the POLST indicated if Resident 1 was in cardiopulmonary arrest (a sudden stop of function of the heart) CPR was required.During a review of Resident 1's Nursing Progress Note, dated [DATE], the Nursing Progress Note indicated at about 10:30 p.m., RN 1 was notified that Resident 1 was unresponsive, and upon assessment, CPR was initiated (unknown time) and 911 was called at 10:37 p.m. The Nursing Progress Note indicated paramedics arrived at the facility at 10:47 p.m. and took over CPR. The Nursing Progress Note indicated Resident 1 was pronounced dead at 11:13 p.m.During a review of Resident 1's Fire Call History, dated [DATE], the Fire Call History indicated the 911 call regarding Resident 1 was placed at 10:37 p.m.During a review of Resident 1's Paramedic Run Sheet, dated [DATE], the Paramedic Run Sheet indicated paramedics were dispatched at 10:39 p.m., and were at Resident 1's bedside at 10:49 p.m. The Paramedic Run Sheet indicated Resident 1 was treated per their cardiac arrest protocol with high quality CPR initiated, ventilation (delivery of rescue breaths [artificial respiration] to provide oxygen) provided via bag valve mask (BVM, a handheld, self-inflating device used to provide emergency ventilation to patients who are not breathing or are breathing inadequately), and three rounds of cardiac epinephrine (lifesaving medication) given, but no change in condition throughout the efforts. The Paramedic Run Sheet indicated resuscitation efforts ceased.During a review of Resident 1's Certificate of Death (undated), the Certificate of Death indicated Resident 1 died on [DATE] at 11:13 p.m., and the immediate cause of death was cardiopulmonary arrest and the underlying cause was arteriosclerotic cardiovascular disease (disease that affects the heart or blood vessels).During an interview on [DATE], at 2:40 p.m., with CNA 1 (who was CPR certified) , CNA 1 stated on [DATE] at around 10:30 p.m. she found Resident 1 unresponsive, not breathing and without a carotid pulse (the pulse felt on the neck) after checking the pulse twice. CNA 1 stated instead of calling code blue and initiating CPR, at 10:30 p.m., she left the room to get help from LVN 1. CNA 1 stated she did not return to Resident 1's room after she informed LVN 1 and continued with her assignment.During an (continued on next page)

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F 0678 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	interview on [DATE] at 3:10 p.m., with RN 1, RN 1 stated on [DATE] at around 10:30 p.m., LVN 1 informed her Resident 1 was unresponsive, and LVN 1 and RN 1 went to Resident 1's room with a crash cart (a wheeled container carrying medicine and equipment for use in emergency resuscitations). RN 1 stated when they arrived no other staff was in the room. RN 1 stated LVN 1 checked Resident 1's blood pressure and placed a pulse oximeter (device that measures blood oxygen saturation [blood oxygen level] and heart rate) on Resident 1's finger to detect a pulse, while she shook the resident to assess for responsiveness. RN 1 stated the pulse oximeter did not detect a pulse, then she checked Resident 1's carotid pulse and confirmed Resident 1 did not have a pulse. RN 1 stated she began chest compressions, called out for someone to call 911 and LVN 1 provided rescue breathing (used on a resident who has stopped breathing). RN 1 stated three to four minutes passed between the time LVN 1 notified her Resident 1 was unresponsive and the time 911 was called. RN 1 stated LVN 2 called 911 at 10:37 p.m. and the paramedics arrived at 10:47 p.m. and took over CPR. RN 1 stated the paramedics stopped CPR and resuscitation efforts at 11:13 p.m. RN 1 stated she was not aware Resident 1 had no pulse when CNA 1 found him at 10:30 p.m. RN 1 stated if she was aware, she could have initiated CPR immediately for a possibility of saving the Resident 1's life. RN 1 stated any delay in initiating CPR can cause brain damage (injury of brain cells) or death. RN 1 stated even a one-minute delay in starting chest compression after observing a resident without a pulse was too long.During an interview on [DATE], at 11:05 a.m., with the DSD, the DSD stated when staff finds a resident unresponsive staff should not leave the resident alone. The DSD stated staff should call a Code Blue or call for help and delegate someone to call 911 and get the crash cart. The DSD stated as soon as staff discovered Resident 1 without a pulse, chest compressions should have been initiated immediately. The DSD stated she did not know that CNAs were allowed to check for a pulse. The DSD stated CNA 1 leaving Resident 1 alone on [DATE] after finding him unresponsive with no pulse did not follow AHA BLS guidelines.During an interview on [DATE], at 12:03 p.m., with LVN 1, LVN 1 stated on [DATE] (unknown time), CNA 1 approached her near the Nursing Station 1 and reported Resident 1 was unresponsive. LVN 1 immediately informed RN 1 and they both went down to Resident 1's room with the crash cart while LVN 2 looked up Resident 1's code status in resident medical record (chart). LVN 1 stated when they entered the room no other staff were present and Resident 1 was unresponsive. LVN 1 stated RN 1 performed a sternal rub, and attempted to open the resident's eyes while she attempted to take Resident 1's blood pressure on the left arm and applied a pulse oximeter to his finger. LVN 1 stated they were unable to obtain blood pressure or pulse using the pulse oximeter. LVN 1 stated RN 1 then checked Resident 1's carotid pulse. LVN 1 stated LVN 2 arrived in the hallway outside the room and informed them (LVN 1 and RN 1) Resident 1 was a full code and they initiated CPR.During an interview on [DATE], at 10:26 a.m., with LVN 2, LVN 2 stated at around 10:35 p.m., LVN 1 and RN 1 told her Resident 1 was unresponsive. LVN 2 stated LVN 1 and RN 1 took the crash cart to Resident 1's room. LVN 2 stated she checked Resident 1's medical record for his POLST status and called 911. LVN 2 stated she later heard one of the nurses in Resident 1's room call out Code blue. LVN 2 stated she did not enter Resident 1's room but confirmed from outside the doorway CPR had been initiated.During an interview on [DATE] at 11:05 a.m., with the DON, the DON stated their policy titled Cardiopulmonary Resuscitation based on AHA guidelines does not include taking a blood pressure when a resident was found unresponsive. The DON stated if a resident had no pulse, the heart was not pumping blood, and a blood pressure reading could not be obtained. The DON stated if a resident was pulseless, within three to seven minutes it could result in tissue damage to the brain from the lack of oxygen. The DON stated 911 was called so paramedics could administer cardiac (heart) medications to help revive Resident 1 as staff at the facility were not trained to give advanced cardiac medications such as epinephrine. During a review of facility's P/P titled Cardiopulmonary Resuscitation dated [DATE], the P/P indicated Properly trained personnel will be available to provide basic life support, including CPR, to those requiring emergency care, prior to arrival of emergency medical personnel, and subject to accepted professional guidelines, advance (continued on next page)

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F 0678 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	directives, and physician orders. The P/P indicated the facility shall follow current AHA guidelines regarding CPR. The P/P indicated the general procedural guidelines include:Immediately initiating a code blue emergency response in a cardiopulmonary emergency to facilitate additional assistance and activating emergency services.Engage in concurrent/coordinated emergency response efforts such as quickly evaluating resident responsiveness, breathlessness, and pulselessness, and activating 911, positioning the individual for CPR, initiating chest compressions and performing rescue efforts, retrieving crash cart, verifying code status, and preparing records for emergency transfer.During a review of the AHA Guidelines, dated 2025, the AHA Guidelines indicated for adult basic life support for healthcare professionals the algorithmic (sequence of instructions) steps were to:Verify scene safetyCheck for responsiveness.Shout for help nearby.Activate the emergency response system.Send someone to get the Automated External Defibrillator (AED-portable lifesaving medical device).Look for breathing and check a pulse simultaneously within 10 seconds.If there is no pulse start CPR by performing 30 compressions to 2-breath until an AED/defibrillator arrives.Once AED arrives check for a shockable rhythm (abnormal heartbeat treated with an AED).If not shockable resume CPR immediately for 2 minutes until prompted by the AED machine, and to continue until Advanced Life Support professionals (ALS-healthcare provider trained to provide high level medical care in life threatening situations) take over or the person starts to move. https://cpr.heart.org/en/resuscitation-science/cpr-and-ecc guidelines/algorithms

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to ensure staff were competent in basic life support (BLS, a set of emergency medical procedures designed to sustain life by maintain breathing and circulation) when Resident 1 was found pulseless by Certified Nursing Assistant (CNA) 1 on [DATE].This failure resulted in delay in initiating Cardiopulmonary Resuscitation (CPR an emergency procedure to restart a person's heart and breathing after one or both suddenly stop) to Resident 1 when Resident 1 was found unresponsive and no pulse on [DATE] at 10:30 p.m. Resident 1 was pronounced dead at 11:12 p.m.Findings:During a review of Resident 1's admission Record (Face Sheet), the Face Sheet indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including elevated white blood cell count (a condition where the number of white blood cells in the blood is higher than normal), anemia (low blood count), acute kidney failure (AKI, the sudden loss of kidney function), and chronic kidney disease (CKD, slow, progressive loss of kidney function over months or years),During a review of Resident 1's History and Physical (H&P), dated [DATE], the H&P indicated Resident 1 had the capacity to make medical decisions.During a review of Resident 1's Physician Orders for Life-Sustaining Treatment (POLST- an actionable medical order form for seriously ill or frail individuals, outlining specific treatment preferences like CPR that emergency personnel must follow) dated [DATE], the POLST indicated if Resident 1 was in cardiopulmonary arrest (a sudden stop of function of the heart) CPR was required.During a review of Resident 1's Nursing Progress Note, dated [DATE], the Nursing Progress Note indicated at about 10:30 p.m., RN 1 was notified that Resident 1 was unresponsive, and upon assessment, CPR was initiated (unknown time) and 911 was called at 10:37 p.m. The Nursing Progress Note indicated paramedics arrived at the facility at 10:47 p.m. and took over CPR. The Nursing Progress Note indicated Resident 1 was pronounced dead at 11:13 p.m.During a review of Resident 1's Fire Call History, dated [DATE], the Fire Call History indicated the 911 call regarding Resident 1 was placed at 10:37 p.m.During a review of Resident 1's Paramedic Run Sheet, dated [DATE], the Paramedic Run Sheet indicated paramedics were dispatched at 10:39 p.m., and were at Resident 1's bedside at 10:49 p.m. The Paramedic Run Sheet indicated Resident 1 was treated per their cardiac arrest protocol with high quality CPR initiated, ventilation (delivery of rescue breaths [artificial respiration] to provide oxygen) provided via bag valve mask (BVM, a handheld, self-inflating device used to provide emergency ventilation to patients who are not breathing or are breathing inadequately), and three rounds of cardiac epinephrine (lifesaving medication) given, but no change in condition throughout the efforts. The Paramedic Run Sheet indicated resuscitation efforts ceased.During a review of Resident 1's Certificate of Death (undated), the Certificate of Death indicated Resident 1 died on [DATE] at 11:13 p.m., and the immediate cause of death was cardiopulmonary arrest and the underlying cause was arteriosclerotic cardiovascular disease (disease that affects the heart or blood vessels).During an interview on [DATE], at 2:40 p.m., with CNA 1 (who was CPR certified) , CNA 1 stated on [DATE] at around 10:30 p.m. she found Resident 1 unresponsive, not breathing and without a carotid pulse (the pulse felt on the neck) after checking the pulse twice. CNA 1 stated instead of calling code blue and initiating CPR, at 10:30 p.m., she left the room to get help from LVN 1. CNA 1 stated she did not return to Resident 1's room after she informed LVN 1 and continued with her assignment.During an interview on [DATE] at 3:10 p.m., with RN 1, RN 1 stated on [DATE] at around 10:30 p.m., LVN 1 informed her Resident 1 was unresponsive, and LVN 1 and RN 1 went to Resident 1's room with a crash cart (a wheeled container carrying medicine and equipment for use in emergency resuscitations). RN 1 stated when they arrived no other staff was in the room. RN 1 stated LVN 1 checked Resident 1's blood pressure and placed a pulse oximeter (device that measures blood oxygen saturation [blood oxygen level] and heart rate) on Resident 1's finger to detect a pulse, while she shook the resident to assess for (continued on next page)

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	responsiveness. RN 1 stated the pulse oximeter did not detect a pulse, then she checked Resident 1's carotid pulse and confirmed Resident 1 did not have a pulse. RN 1 stated she began chest compressions, called out for someone to call 911 and LVN 1 provided rescue breathing (used on a resident who has stopped breathing). RN 1 stated three to four minutes passed between the time LVN 1 notified her Resident 1 was unresponsive and the time 911 was called. RN 1 stated LVN 2 called 911 at 10:37 p.m. and the paramedics arrived at 10:47 p.m. and took over CPR. RN 1 stated the paramedics stopped CPR and resuscitation efforts at 11:13 p.m. RN 1 stated she was not aware Resident 1 had no pulse when CNA 1 found him at 10:30 p.m. RN 1 stated if she was aware, she could have initiated CPR immediately for a possibility of saving the Resident 1's life. RN 1 stated any delay in initiating CPR can cause brain damage (injury of brain cells) or death. RN 1 stated even a one-minute delay in starting chest compression after observing a resident without a pulse was too long.During an interview on [DATE], at 11:05 a.m., with the DSD, the DSD stated when staff finds a resident unresponsive staff should not leave the resident alone. The DSD stated staff should call a Code Blue or call for help and delegate someone to call 911 and get the crash cart. The DSD stated as soon as staff discovered Resident 1 without a pulse, chest compressions should have been initiated immediately. The DSD stated she did not know that CNAs were allowed to check for a pulse. The DSD stated CNA 1 leaving Resident 1 alone on [DATE] after finding him unresponsive with no pulse did not follow AHA BLS guidelines.During an interview on [DATE] at 11:05 a.m., with the DON, the DON stated she was not aware CNA 1 found Resident 1 without a pulse on [DATE], prior to notifying LVN 1. The DON stated when CNA 1 found Resident 1 unresponsive and pulseless it was acceptable for CNA 1 to leave Resident 1 to get help because CNA 1 cannot initiate CPR without knowing Resident 1's code status.The DON stated their policy titled Cardiopulmonary Resuscitation based on AHA guidelines does not include taking a blood pressure when a resident was found unresponsive. The DON stated if a resident had no pulse, the heart was not pumping blood, and a blood pressure reading could not be obtained. The DON stated if a resident was pulseless, within three to seven minutes it could result in tissue damage to the brain from the lack of oxygen. The DON stated 911 was called so paramedics could administer cardiac (heart) medications to help revive Resident 1 as staff at the facility were not trained to give advanced cardiac medications such as epinephrine. During a review of facility's P/P titled Cardiopulmonary Resuscitation (CPR) dated [DATE], the P/P indicated Properly trained personnel will be available to provide basic life support, including CPR, to those requiring emergency care, prior to arrival of emergency medical personnel, and subject to accepted professional guidelines, advance directives, and physician orders. The P/P indicated the facility shall follow current American Heart Association (AHA) guidelines regarding CPR. The P/P indicated the general procedural guidelines include:Immediately initiating a code blue emergency response in a cardiopulmonary emergency to facilitate additional assistance and activating emergency services.Engage in concurrent/coordinated emergency response efforts such as quickly evaluating resident responsiveness, breathlessness, and pulselessness, and activating 911, positioning the individual for CPR, initiating chest compressions and performing rescue efforts, retrieving crash cart, verifying code status, and preparing records for emergency transfer.During a review of the AHA Guidelines, dated 2025, the AHA Guidelines indicated for adult basic life support for healthcare professionals the algorithmic steps are:Verify scene safetyCheck for responsiveness.Shout for help nearby.Activate the emergency response system.Send someone to get the AED/defibrillator.Look for breathing and check a pulse simultaneously within 10 seconds.If there is no pulse start CPR by performing 30 compressions to 2-breath until an AED/defibrillator arrives.Once AED arrives check for a shockable rhythmIf not shockable resume CPR immediately for 2 minutes until prompted by the AED machine, and to continue until ALS professionals take over or the person starts to move. https://cpr.heart.org/en/resuscitation-science/cpr-and-ecc-guidelines/algorithmsDuring a review of facility's P/P titled Competency of Nursing Staff dated 10/2017, the P/P indicated all nursing staff must meet specific requirements of their respective licensure and certification requirements defined (continued on next page)

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bixby Towers Post-Acute Rehab	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)
F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	by state law.During a review of the facility's CNA job description, dated 2003, the CNA job description indicated the CNAs' job duties and responsibilities included to:Report all changes in resident's condition to the Nurse Supervisor/Charge Nurse as soon as practical.Perform all assigned tasks in accordance with the established policies and procedures, and as instructed by supervisors.During a review of the facility's Charge Nurse (Licensed Vocational Nurse) job description, dated 2003, the Charge Nurse job description indicated the charge nurses' duties and responsibilities included to:Perform all assigned tasks in accordance with the established policies and procedures, and as instructed by supervisors.Ensure all department personnel, residents, and visitors follow the department's established policies and procedures at all times.During a review of the facility's Nurse Supervisor (Registered Nurse) job description, dated 2003, the Nurse Supervisor job description indicated the Nurse Supervisors' duties and responsibilities included to:Interpret the facility's policies and procedures to personnel, residents, visitors, and government agencies as required.Ensure that established policies and procedures are followed by all departmental personnel. Cross Reference F678