

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056313	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/14/2025
NAME OF PROVIDER OR SUPPLIER Pacific Villa, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 3501 Cedar 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 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Dispose of garbage and refuse properly.</p> <p>49606</p> <p>Based on observation and interview, the facility failed to ensure three of three outside grey garbage dumpsters were covered.</p> <p>This deficient practice had a potential to harbor and attract flies, insects, mice, rats, and other animals to the garbage containers. This deficient practice also had the potential for those pests to enter the facility which could lead to the spread of infectious diseases to the residents, staff, and visitors.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 3/14/2025 at 2:26 p.m., with the Director of Nursing (DON), three outside grey garbage dumpsters were observed uncovered. The DON confirmed the dumpsters were uncovered and without their lids. The DON stated that the lids to the dumpsters should be on when not in use because it may attract unwanted animals and/or pests.</p> <p>During an interview on 3/14/2025 at 3 p.m. with the Administrator (ADM), the ADM stated the dumpster lids should be on when not in use and that the facility staff are aware to keep the dumpsters completely covered with lids to avoid attracting unwanted animals.</p> <p>During a review of the undated facility's policies and procedures (P&P) titled, Disposal of Garbage and Refuse, the P&P indicated garbage and refuse containers should be free from cracks or leaks and covered when not in use. Refuse containers and dumpsters kept outside the facility should have tightly fitting lids and should be kept covered when not being loaded. Dumpsters should be emptied according to the facility contract; garbage should not accumulate or be left outside the dumpster.</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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