

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555805	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/05/2024
NAME OF PROVIDER OR SUPPLIER  Bel Vista Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  5001 East Anaheim Street East 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)
<p>F 0584</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 a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45425</b></p> <p>Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 1) clothing was inventoried prior to being sent out to be laundered by an outside vendor.</p> <p>This deficient practice resulted in the facility not knowing which clothing was being laundered by the outside vendor and resulted in the loss of Resident 1 ' s clothing.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission Record (Face Sheet), the Face Sheet indicated Resident 1 was admitted on [DATE] with the diagnosis of hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) and hemiparesis (weakness or the inability to move on one side of the body).</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 8/29/2024, the MDS indicated Resident 1 cognition was moderately impaired and was dependent (helper does all the effort) on facility staff to complete activities of daily living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves).</p> <p>During an interview on 11/4/2024 at 1:11 p.m. with Certified Nursing Assistant 1 (CNA 1), CNA 1 stated when the laundry is delivered to the facility, she will separate the clothes for each resident and there is no inventory log of the clothing that is delivered.</p> <p>During an interview on 11/7/2024 at 4:00 p.m. with Resident 1 ' s Responsible Party (RP), RP 1 stated Resident 1 ' s clothing that was sent out by the facility to be laundered and was not found. The RP stated the facility does not have a way to track the clothing that goes out for laundry.</p> <p>During an interview on 11/8/2024 at 9:42 a.m. with the Director of Nursing (DON), the DON stated the facility does not have an inventory list of what items are sent out to the laundry vendor and the facility cannot ensure the items which are being sent out are being delivered back to the facility.</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 0584</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&amp;P) titled Personal Property, dated 8/2022, the P&amp;P indicated resident belongings are treated with respect by facility staff, regardless of perceived value. The P&amp;P indicated resident ' s personal belongings and clothing are inventoried and documented upon admission and updated as necessary.</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45425</p> <p>Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 1) Interdisciplinary Team (IDT- a group of professional and direct care staff that have primary responsibility for the development of a plan of care for the patient) Conference Notes accurately reflected the list of concerns and topics discussed during the IDT meeting.</p> <p>This deficient practice has the potential to result in a lack of communication and implementation of Resident 1 ' s plan of care.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission Record (Face Sheet), the Face Sheet indicated Resident 1 was admitted on [DATE] with the diagnosis of hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) and hemiparesis (weakness or the inability to move on one side of the body).</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS- a federally mandated resident assessment too) dated 8/29/2024, the MDS indicated Resident 1 cognition was moderately impaired and was dependent (helper does all the effort) on facility staff to complete activities of daily living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves).</p> <p>During a review of Resident 1 ' s Family Input/Concerns Interdisciplinary Care Plan Meeting Note dated 10/4/2024, the Family Input/Concerns Interdisciplinary Care Plan Meeting Note indicated topics discussed including a list of concerns, nursing/medical conditions, dietary/nutrition plan, activities, toileting, and Restorative Nurse Assistant (RNA).</p> <p>During a review of Resident 1 ' s IDT Conference Note dated 10/4/2024, the IDT Conference Note indicated the topics addressed during the IDT meeting included pain medication and consulting with the pulmonologist. The IDT Conference Note did not reflect the family ' s concerns which were noted on the Family Input/Concerns Interdisciplinary Care Plan Meeting Note dated 10/4/2024.</p> <p>During an interview on 11/4/2024 at 11:13 a.m. with the Director of Nursing (DON), the DON stated she receives the list of concerns from Resident 1 ' s RP via e-mail and those concerns are discussed in the IDT meeting. The DON stated the concerns are not documented on Resident 1 ' s IDT Conference Note. The DON stated the concerns should have been documented to accurately reflect the concerns that were discussed in the IDT and the plan of care to resolve those concerns.</p> <p>During a review of the facility ' s policy and procedure (P&amp;P) titled Care-Planning Interdisciplinary Team, dated 3/2022, the P&amp;P indicated the resident ' s family and/or the resident ' s legal representative/guardian or surrogate are encouraged to participate in the development of and revisions of the resident ' s care plan.</p> <p>(continued on next page)</p>		

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F 0842  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	During a review of the facility ' s P&P titled Care Plans, Comprehensive Person Centered, dated 3/2022, the P&P indicated assessments of residents are ongoing and care plans are revised as information about the residents and the residents ' condition change.		