STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555805	A. Building B. Wing	07/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bel Vista Healthcare Center	5001 East Anaheim Street 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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (continued on next page)

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to ensure one of three sampled residents (Resident 1), who was assessed at risk for falls and who had a previous unwitnessed fall, did not fall again. Resident 1 following her first unwitnessed fall on 6/20/2025 had recommendations from the Rehabilitation Department to use a bed alarm (sensors placed in a bed or chair that alarm and alerts staff when a resident stands up unassisted). The bed alarm was not used, per the Rehab Department's recommendation. This deficient practice resulted in Resident 1 having a second unwitnessed fall on 6/30/2025 and sustaining a mild to moderate left parietal (refers to the sides of the head) scalp hematoma (a collection of blood outside of a blood vessel caused by a blunt trauma)/contusion (a bruise). This deficient practice had the potential for Resident 1 to sustain greater injuries.Findings: Based on interview, and record review, the facility failed to ensure one of three sampled residents (Resident 1), who was assessed at risk for falls and who had a previous unwitnessed fall, did not fall again. Resident 1 following her first unwitnessed fall on 6/20/2025 had recommendations from the Rehabilitation Department to use a bed alarm (sensors placed in a bed or chair that alarm and alerts staff when a resident stands up unassisted). The bed alarm was not used, per the Rehab Department's recommendation. This deficient practice resulted in Resident 1 having a second unwitnessed fall on 6/30/2025 and sustaining a mild to moderate left parietal (refers to the sides of the head) scalp hematoma (a collection of blood outside of a blood vessel caused by a blunt trauma)/contusion (a bruise). This deficient practice had the potential for Resident 1 to sustain greater injuries. 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 the diagnoses including metabolic encephalopathy (a brain disorder that occurs when an underlying condition causes a chemical imbalance in the blood that affects the brain), abnormalities of gait (a manner of walking or moving on foot) and mobility, lack of coordination, and seizures (a sudden, uncontrolled burst of electrical activity in the brain that can cause changes in behavior, movement, and awareness). During a review of Resident 1' s Minimum Data Set ([MDS] a resident assessment tool) dated 6/8/2025, the MDS indicated Resident 1 had moderate cognitive (thought process) impairment. The MDS indicated Resident 1 had a functional limitation in range of motion to her bilateral (both) lower extremities ([BLE] legs) and used a wheelchair as her mobility device. The MDS indicated Resident 1 was dependent for toileting hygiene and was incontinent (involuntary voiding of urine and stool) in both her bowel and bladder functions and had a fall history of less than a month prior to admission. During a review of Resident 1' s History and Physical (H&P), dated 6/2/2025, the H&P indicated Resident 1 was unable to make her own medical decision at this time. During a review of Resident 1's admission Fall Risk Observation and assessment dated [DATE], the Fall Risk Observation and Assessment indicated Resident 1 scored 10, meaning she was a moderate risk for falls During a review of Resident 1's Physical Therapy (PT) Evaluation and Plan of Treatment dated 6/3/2025, The PT Evaluation and Plan of Treatment indicated Resident 1 was referred to PT for assessment of her BLE range of motion [(ROM] the direction a joint can move to its full potential), strength, balance, motor coordination, motor control, gait mechanics, functional mobility, safety awareness and risk for falls due to Resident 1's fall risk, seizures, altered mental status (AMS). During a review of Resident 1's Change of Condition (COC) Evaluation dated 6/20/2025, the COC Evaluation indicated Resident 1 had an unwitnessed fall and was found sitting on her bottom on the floor with her back facing the side of her bed, with her left leg folded under her, her right leg straight with her right foot flat on the floor. The COC Evaluation indicated Resident 1 reported to LVN 1 that she did not know what happened. During a review of Resident 1's Rehab Status Post-Fall Screen dated 6/20/2025, the Rehab Status Post-Fall Screen indicated Resident 1 was found in her room on the floor. The Rehab Status Post-Fall Screen indicated Resident 1 was unable to recall a what happened due to her impaired cognition, cognitive issues, and poor safety awareness with impulsive tendencies. The Rehab Status Post-Fall Screen indicated a recommendation for bed and chair alarms: (bed alarms and chair alarms are commonly used to alert staff if a patient is attempting to get up without assistance, especially if they have a high fall risk and can help prevent falls by providing early warning signals that prompt staff to assist the patient). During a review of Resident 1's COC Evaluation form dated 6/30/2025, the COC Evaluation form indicated Resident 1 had an unwitnessed fall where she was found in her bathroom lying on the floor using her arm to cushion her head. The COC Evaluation form indicated Resident 1 had a hematoma on the left side of her scalp. The COC Evaluation