STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555823	A. Building B. Wing	05/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Intercommunity Care Center	2626 Grand Avenue Long Beach, CA 90815

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46415 Based on record review and interview, the facility failed to provide evidence that a thorough investigation of a resident-to-resident altercation between two of two sampled residents (Resident 1 and 2) was conducted or that a five-day summary was sent to the California Department of Public Health (CDPH). This deficient practice resulted in the allegation of abuse by Resident 1 against Resident 2 not being thoroughly investigated and the conclusion of the facility's investigation not being known by CDPH. This deficient practice had the potential to result in unidentified abuse in the facility and failure to protect residents from abuse. Findings: During a review of Resident 1's Admission Record (Face Sheet), the Face Sheet indicated Resident 1 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis including unspecified dementia (impaired ability to remember, think, or make decisions). During a review of Resident 1's Minimum Data Set ([MDS] a standardized assessment and care screening tool), dated 4/26/2024, the MDS indicated Resident 1's cognitive (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) skills were mildly impaired. The MDS indicated Resident 1 exhibited behaviors of hallucinations (an experience involving the apparent perception of something not present) and delusions (when a person cannot tell what is real from what is imagined). . During a review of the Situation, Background, Assessment, and Recommendation ([SBAR] a framework for communication between the healthcare professionals that documents the patient's condition in detail) dated 5/9/2024, the SBAR indicated Resident 1 had multiple superficial scratches on her face. During an interview on 5/28/2024 at 8:53 a.m., Resident 1 stated there was a man (Resident 2) going through her things and trying to take them. Resident 1 stated she asked Resident 2 to stop, and he started beating her face with his fist. Resident 1 stated she was able to get away from Resident 2, saw the Activities Assistant (AA) and asked him (AA) to get Resident 2 out of her bed. Resident 1 stated she had gashes on both sides of her face, a bruise on the left side of her face. Resident 1 stated she does not feel safe as long as Resident 2 was at the facility. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555823	A. Building B. Wing	05/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Intercommunity Care Center	2626 Grand Avenue Long Beach, CA 90815

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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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 2's Admission Record (Face Sheet), the Face Sheet indicated Resident 2 was admitted to the facility on [DATE] with diagnosis including Alzheimer's disease (a gradual decline in memory, thinking, and behavior), dementia with behavioral disturbances (impaired ability to think with symptoms of depression, agitation), and insomnia (inability to sleep). During a review of Resident 2's MDS dated [DATE], the MDS indicated Resident 2's cognitive skills were mildly impaired. The MDS indicated Resident 2 exhibited behaviors of delusions with other behavioral symptoms not directed towards staff. The MDS indicated Resident 2 had no impairments to both of his upper and lower extremities. During an interview on 5/28/2024 at 9:50 a.m., Resident 2 stated he does not fight with anyone at the facility and does not recall talking to a woman or having interactions with a woman. Resident 2 stated he did not receive any injuries because he knows how to protect himself. Resident 2 was not able to provide any information about the incident. During an interview on 5/29/2024 at 8:55 a.m. and a subsequent interview at 1:38 p.m., the Administrator (ADM) stated an investigation was conducted on 5/1/2024 to determine if abuse occurred. The ADM stated his interviews from staff and residents who were present were all verbal and there was nothing written anywhere. The ADM stated the five day follow up report was completed on 5/11/2024 and was supposed to be sent to CDPH on 5/12/2024, but he was not able to provide evidence that the five-day summary report was submitted to CDPH. The ADMN stated if the five-day summary report was not submitted, the investigation would not be considered as completed. During a review of the facility's policy and procedure undated (P&P) titled, Abuse Investigation Procedure the P&P indicated all reports of resident abuse shall be promptly and thoroughly investigated. The representative's investigation may consist of an interview with the person(s) reporting the incident and interviews with any witnesses to the incident and an interview with staff members (on all shifts) having contact with the resident during the period of the alleged incident). An immediate investigation of the incident will begin with the aim of concluding the investigation within (5) five working days. A copy of the completed Resident Abuse Investigation Report Form will be provided to the administrator within five (5) working days of the reported incident.