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	11/21/2024

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 0728 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that nurse aides who have worked more than 4 months, are trained and competent; and nurse aides who have worked less than 4 months are enrolled in appropriate training. 49889 Based on observation, interview and record review, the facility failed to ensure six out of six nurse aides successfully completed a nurse aide training and competency evaluation program. before allowing the nursing aides to provide direct resident care without supervision. This deficient practice had a potential for residents not getting appropriate care due to lack of training. Findings. During a review of the 7 a.m. to 3 p.m., daily assignment sheet dated 11/20/2024 indicated that Nursing Assistant (NA) 1 assignment was for Rooms 9-11. During a review of the 7 a.m. to 3 p.m. daily assignment sheet dated 11/19/2024 indicated that NA 1 assignment was for Rooms 6-8. During a review of the 7 a.m. to 3 p.m. daily assignment sheet dated 11/12/2024 indicated that NA 1 assignment was for Rooms 30-34. During a review of the 3 p.m. to 11 p.m. daily assignment sheet dated 11/18/2024 indicated that NA 2 assignment was for Rooms 30-34. During a review of the 3 p.m. to 11 p.m. daily assignment sheet dated 11/16/2024 indicated that NA 2 assignment was for Rooms 11-17. During a review of the 3 p.m. to 11 p.m. daily assignment sheet dated 11/12/2024 indicated that NA 2 assignment was for Rooms 53-57. During a review of the 7 a.m. to 3 p.m., daily assignment sheet dated 11/15/2024 indicated that NA 3 assignment was for Rooms 39-44. During a review of the 7 a.m. to 3 p.m. daily assignment sheet dated 11/14/2024 indicated that NA 3 assignment was for Rooms 35-38. (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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F 0728 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of the 7 a.m. to 3 p.m. daily assignment sheet dated 11/13/2024 indicated that NA 3 assignment was for Rooms 22-27. During a review of the 11 p.m. to 7 a.m., daily assignment sheet dated 11/12/2024 indicated that NA 4 assignment was for Rooms 58-63. During a review of the 11 p.m. to 7 a.m., daily assignment sheet dated 11/11/2024 indicated that NA 4 assignment was for Rooms 22-27. During a review of the 11 p.m. to 7 a.m., daily assignment sheet dated 11/10/2024 indicated that NA 4 assignment was for Rooms 58-63. During a review of the 7 a.m. to 3 p.m. daily assignment sheet dated 11/17/2024 indicated that NA 5 assignment was for Rooms 12-17. During a review of the 7 a.m. to 3 p.m. daily assignment sheet dated 11/16/2024 indicated that NA 5 assignment was for Rooms 9-11. During a review of the 7 a.m. to 3 p.m. daily assignment sheet dated 11/15/2024 indicated that NA 5 assignment was for Rooms 58-63. During a review of the 7 a.m. to 3 p.m. daily assignment sheet dated 11/16/2024 indicated that NA 6 assignment was for Rooms 21-25. During a review of the 7 a.m. to 3 p.m. daily assignment sheet dated 11/09/2024 indicated that NA 6 assignment was for Rooms 9-11. During a review of the 7 a.m. to 3 p.m. daily assignment sheet dated 11/02/2024 indicated that NA 6 assignment was for Rooms 30-34. During a concurrent observation and interview on 11/20/202024 at 1:36 p.m., with NA 1, NA 1 stated that she was assigned to Rooms 9,10, and 11 on 11/20/202024 and responsible for providing all the care for these residents, and if she needs help, she will ask another CNA to help her. NA 1 stated she just graduated from school. NA 1 stated she has been working in the facility as a nurse aide with residents by herself for a while now. During an interview on 11/20/2024 at 3:30 p.m. with NA 2, NA 2 stated that she was going to school to be a Certified nursing assistant (CNA) and that she started working for the facility on July 1, 202024, and that in August she started taking care of resident by herself in the facility. NA 2 stated that the Administrator asked her to come and work for the facility when she was doing her clinical rotation at the facility. NA 2 stated that no one in the facility had done any skills competencies with her before she started taking care of residents by herself and that she had failed her perineal care (the practice of cleaning the genital and rectal areas to prevent infection, itching, burning, and odor) skills competency at her school. (continued on next page)

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F 0728 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 11/20/2024 at 3:15 p.m. with Licensed Vocational Nurse (LVN 1) unit manager, LVN 1 stated that NA 1 was taking care of residents in Rooms 9,10,11 11/20/2024 by herself. LVN 1 stated NA1 should have been paired with another CNA. LVN 1 stated that NA ' s needs to be certified nursing assistants to work by themselves. LVN 1 stated that the Director of Staff Development (DSD) makes the schedules for the NA ' s. LVN 1 stated when the NA ' s do not have all the knowledge and competency needed to perform resident care, the residents (in general) were at risk for injury. During an interview on 11/20/2024 at 10:08 a.m. with the DSD, DSD stated that the facility has six NA ' s that were employed at this facility and that she partners the NAs with experienced CNA ' s and that the NA ' s are not allowed to work on the floor by themselves without an experienced CNA. DSD stated once the NA ' s graduate and become CNA ' s that is when they are allowed to work by themselves. During an interview and record review on 11/20/2024 at 1:00 p.m. with the DSD the Facility Daily Assignment sheets dated from 10/20/2024 - 11/20/2024 for the NA ' s were reviewed. DSD stated she made a mistake on her last statement, NAs were taking care of residents by themselves with CNA supervision. DSD stated she was instructed by facility management to give the NAs their own assignment. DSD stated she was aware that NAs must be certified before they can give direct patient care without supervision from another CNA. DSD stated that she did not do any skills competencies with the six NAs before they were allowed to take care of the residents by themselves. DSD stated residents were at risk for injury, neglect, and abuse when the NAs were not trained properly. During an interview on 11/21/2024 at 2:00 p.m. with the Director of Nurses (DON), the DON stated that NAs must be paired with a CNA when providing care to the residents, until the NA becomes a Certified Nursing Assistant. The DON stated the NAs need to be trained on how to care for the residents and to know their roles in the facility. The residents were at risk for abuse and neglect if staff were not trained properly. During an interview on 11/21/2024 at 2:20 p.m. with the Administrator (ADM), ADM stated that the NAs should have been paired with a CNA until the Nas received their certification. The ADM stated there is a possibility for substandard care if staff are not trained properly. During a review of the facility ' s policy and procedure (P&P) titled Nurse Aide Qualification and Training Requirements dated 5/2019 indicated Nurse aids must undergo a state- approved training program. In keeping with the Omnibus Budget Reconciliation Act of 1987 (OBRA), our facility will only employ those nurse aides who meet the requirements set forth in the federal and state statutes concerning the staffing of long-term care facilities. Our facility will not employ any individual as a nurse aide for more than four (4) months full-time, temporary, per diem, or otherwise, unless: That individual is competent to provide designated nursing care and nursing related services; and That individual has completed a training program. and competency evaluation program., or a competency evaluation program. approved by the state; or That individual has been deemed competent as provided in S483.IS0(a) and (b) of the Requirements of Participation. (continued on next page)

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F 0728 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Our facility will not use any individual as a nurse aide who has worked less than four (4) months unless the individual: Is a full-time employee and participating in a state-approved training and competency evaluation program.; or Has demonstrated competence through satisfactory participation in a state-approved nurse aide training and competency evaluation program.; or Has been determined competent as provided in S483.lS0(a) and (b) of the Requirements of Participation.

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F 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. 49889 Based on interview and record review the facility failed to ensure the required in service training will be conducted upon hire and annually per facility ' s Policy and Procedure (P&P) titled Competency of Nursing Staff dated 5/2019. The facility failed to: a. Ensure sexual harassment or LGBQT (acronym for lesbian, gay, bisexual, transgender and queer) training was provided to Nurse aide (NA) b. Ensure required hours of dementia (progressive state of decline in mental abilities) training were provided upon hire and annually. c. Ensure abuse training was provided for NA1, NA3, NA6. d. Ensure Director of Staff Development have lesson plans (guide that outlines what staff will learn, how it will be taught, and how learning will be assessed) for abuse or infection control in-service training. Abuse mandated reporter in-service dated 5/3/2024 and 8/29/2024- no lesson plan. Abuse (Different Types) in-service dated, 5/3/24 - no lesson plan. Infection Control in-service dated 11/6/24 - no lesson plan. These failures had the potential to jeopardize the safety of residents when staff members were not adequately trained. Findings: During an interview and record review on 11/21/24 at 11:30 a.m. with the Director of Staff Developer (DSD), reviewed in services logbook for 2024. The DSD stated that the facility did not provide LBGQT training or sexual harassment training and only provided two hours of dementia training not the five hours that were required yearly. The DSD stated that she was aware of the training requirements but has not done the training. DSD stated all in-service training needs to have a lesson plan and that she did not do any lesson plans for the abuse or infection control in-services provided this year (2024). DSD stated lesson plans served as a guide and an outline of what was being taught to the staff. DSD stated that if the staff were not trained properly the residents (in general) were at risk of being injured. (continued on next page)

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F 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a concurrent interview and record review on 11/21/24 at 11:48 a.m. with Human Resources (HR) reviewed NA1, NA2, NA3, NA4, NA5, NA6 employee files. HR stated that she was responsible for the new hire orientation and that they do not provide, sexual harassment or LBGQT training and only provides one hour of dementia training upon hire. HR stated that 3 out of the 6 employee files NA1, NA3 and NA6 does not have abuse training upon hire. HR stated she was aware of the training requirements and that she was in the process of finding an education platform online and has presented options to the administration and was waiting for the approval. During an interview on 11/21/24 at 2:00 p.m. with the Director of Nurses (DON) the DON stated that the DSD was responsible for the education in the facility. The DON stated that sexual harassment, LBGQT training and dementia training was part of orientation process and should be done annually. The DON stated that every in-service training must include a lesson plan. The DON stated, without one, staff members will miss important information. The DON stated lesson plans assist the DSD in addressing all key topics. The DON stated that residents faced the risk of receiving substandard care if facility staff did not receive adequate education. During an interview on 11/21/24 at 2:20 p.m. with the Administrator (ADM), the ADM stated that the DSD was responsible for the education in facility and the HR department does the new hire orientation. The ADM stated staff must be given abuse, sexual harassment, LBGQT and dementia training prior to giving care to the residents and then annually thereafter. The ADM stated that all in-service training needs to have a lesson plan, without a lesson plan staff will not be trained properly. The ADM stated that without the proper training the residents were at risk for neglect, and abuse. During a review of the facility ' s In-service Training Program for certified nurse assistants dated 7/23/24 indicated, that Seven and half (7.5) hours of dementia training, one hour of sexual harassment and 4 hours of abuse training would be provided yearly for the Certified Nursing Assistants and also indicated that lesson plans must include Course Objectives (Student performance standards). Course Content (Outline of the topics to be covered in the in-service). Teaching Method (lecture, skill demonstration, discussion, video). Evaluation Method (How the results of the training are evaluated: quiz, questions and discussion, skill return demonstration). During a review of the facility ' s Policy and Procedure (P&P) Competency of Nursing Staff dated 5/2019 indicated, Facility and resident-specific competency evaluations will be conducted upon hire, annually and as deemed necessary. Competency in skills and techniques necessary to care for residents' needs includes but is not limited to competencies in areas such as preventing abuse, neglect and exploitation of resident property, dementia management.