

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555823	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/24/2024
NAME OF PROVIDER OR SUPPLIER Intercommunity Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 - Few	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. 46415 Based on interview and record review, the facility failed to ensure three out of 31 facility staff had an active Certified Nursing Assistant (CNA) certificate before providing direct resident care. This deficient practice had the potential to compromise residents safety as the uncertified staff may not be qualified to perform their duties. During a review of the December 2024 CNA monthly staff schedule, the monthly staff schedule indicated CNA 3 was scheduled to provide direct resident care. During a review of the Certificate Verification database (official site to verify certificate status for CNAs) for Certified Nursing Assistant 3 (CNA 3), the search page indicated there were no data found with CNA 3's certification status information. During a review of the December 2024 CNA monthly staff schedule, the CNA monthly staff schedule indicated CNA 4 was scheduled to provide direct resident care. During a review of the CNA Certificate Verification database for CNA 4, the search page indicated there were no data found with CNA 4's certification status. During a review of the December 2024 CNA monthly staff schedule, the monthly staff schedule indicated the Restorative Nursing Assistant (RNA 1) was scheduled to provide direct resident care, the search page indicated there were no data found with RNA 1's CNA certification status. During an interview on 12/23/2024 at 1:19p.m. RNA 1 stated to become an RNA, you must have a CNA certificate. During an interview on 12/23/2024 at 3:49 p.m. with the Director of Staff Development (DSD),the DSD stated she monitors and keeps track of the the CNAs' certificate and certifications. During a concurrent interview and record review on 12/23/2024 at 4:20 p.m. with the DSD, the employee file for CNA 3 was reviewed. The DSD stated CNA 3 was hired on 9/19/2024 with certificate expiration date of 11/7/2024 but CNA 3's certificate status is still not renewed on the database. During a concurrent interview and record review on 12/23/2024 at 4:24 p.m. with the DSD, CNA 4's employee file was reviewed. The DSD indicated CNA 4's certificate did not indicate that it was renewed on the certificate status website. (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 555823	Facility ID: 555823 If continuation sheet Page 1 of 5

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F 0728 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and record review of employee file for RNA 1 on 12/23/2024 at 4:38p.m. with the DSD,the DSD stated as of 12/1/2024. The DSD stated RNA 1 ' s initial certificate expiration was 12/11/2023 but resubmitted his certificaterenewal form in July 2024 because the verification website did not indicate his certificate was renewed. DSD stated in general, a staff cannot work without having an active certificate as working without an active license me be a danger to others and the staff may not be qualified to perform the job. During an interview on 12/24/2024 at 4:27 p.m. with CNA 3, CNA 3 stated since his certificate was to expire on 11/7/2024, he submitted a license renewal form on 9/7/2024 and was not notified regarding his certificate until 12/23/2024 by the DSD. CNA 3 stated he never received anything in the mail and indicated there is a 30 day turn around, but it does not take long to renew his certificate and should have gotten a new expiration date by mid to late October. During an interview on 12/24/2024 7:51a.m. with RNA 1, RNA 1 stated from January 2024 to present, he has been working as he was informed previously that his certificate did not have any concerns until the DSD came and spoke to him yesterday 12/23/2024. RNA 1 stated from January, the previous Director of Nursing U (DSD U) informed him that there were no issues with his certificate and is cleared to work. RNA 1 stated he received a letter in July 2024 from the licensing board indicating he was short on Continuing Education Units (CEU: standard unit of measurement for non-credit continuing education to maintain certificate and certifications. RNA 1 stated the license renewal process does not take months and is usually received right away. RNA 1 stated there are no documentations to prove his certificate license is active. During a concurrent interview and record review of confirming the three staffs certificate status on 12/24/2024 at 9:13a.m. with DSD, DSD stated RNA 1 does not have a middle name and verified on the database RNA 1 had no data record matching his license number. DSD stated she is primarily responsible for keeping track of licensing for the staffs. DSD stated CNA 3 ' s license does not have a matching record found in the database. DSD stated CNA 4 ' s license does not have a matching record found in the database. The DSD stated the Administrator (ADM) indicated the staff is allowed to work as long as everything to renew the staff certificates was submitted. During a review of the facility's self-assessment (evaluation of the facility's residents and resources required to provide care), the facilityself- assessment indicated for the position of a CNA, the professional requirement is of the individual to be certified as a CNA. During an interview on 12/24/2024 at 2:09p.m. with Director of Nursing (DON), DON stated the DSD has to always kept track of certificates and licenses. The DON stated the facility will inform the staff in advance their license will expire and provide the necessary education.The DON stated the staff cannot work and provide direct patient care if they do not have an active certificate. The. DON stated the certificate should be printed out to ensure the staff have an active certificate if they want to provide care to the residents. During a review of the facility's policies and Procedures (P&P), titled Staff Developer, undated, the P&P indicated working under the direction of the Director of Nursing or RN designee, the LVN Staff Developer functions as a practitioner, consultant, educator and facilitator for all nursing staff focusing on the following areas: license and certificate tracking. (continued on next page)		

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F 0728 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility's policies and Procedures (P&P), titled Certified Nursing Assistant, undated, the P&P indicated he/she will function within the standards of practice as accorded by his/her certification.		

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F 0940 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop, implement, and/or maintain an effective training program for all new and existing staff members. 46415 Based on interview and record review, the facility failed to ensure the night shift staffs were being in serviced (staff education) for the same subjects as the day and evening shifts. This failure had the potential to jeopardize the safety of residents when staff members are not adequately educated. During an interview on 12/23/2024 at 3:56p.m. with the Director of Staff Development (DSD), the DSD stated she does the in services and come at different times to cover all of the shifts. DSD stated in services are done monthly, when there is an incident, or as needed. DSD stated for showers, it is on their assignments and is a part of their daily task for 7:00a.m. to 3:00p.m. (day) shift and 3:00p.m. to 11:00p.m. (evening) shifts, so the 11:00p.m. to 7:00a.m. (night) shift does not have to have an in service for showers since they do not give showers at night. During a concurrent interview and record review of the in service on 12/23/2024 at 4:12p.m. with the DSD, the DSD stated the in service dated 10/2/2024: Cell phone policy was done as there was a complaint about the staff using their cell phone during the day shift. The DSD stated night shift was not given this in service as they have not received a complaint regarding night shift staff using their cell phone and all staff members do not have to be in serviced about everything. DSD stated anyone would benefit from having an in service. During a concurrent interview and record review of the in service on 12/23/2024 at 4:14p.m. with the DSD, the DSD stated night shift did not receive the in service dated 11/15/2024 fir Fall Prevention and should have had one for the fall prevention and cell phone policy. The DSD stated in services are done to ensure residents are safe and indicated any in service would help, as not receiving in services may compromise the quality of care the residents receive. During an interview on 12/24/2024 at 4:52a.m. with Licensed Vocational Nurse 5 (LVN 5), LVN 5 stated they have had some in services that were given by the Infection Preventionist Nurse (IPN), Registered Nurses (RN), and recently had an in-service regarding abuse and dementia by the Corporate Management Consultant but indicated she has only seen the DSD once or twice that gave the night shift in services. LVN 5 stated night shift does not do showers, but if the resident has an appointment at 8:00a.m. or 9:00a.m., they will shower the residents. LVN 5 stated they have not received any in services for showers and believes they should also have one as well since they do provide showers. During an interview on 12/24/2024 at 2:09p.m. the Director of Nursing (DON) stated 80 percent (%) of the time the DSD would do the in service. The DON stated all staffs have to be in serviced to identify where the service is lacking. The DON stated in services are important and require constant in services as the staffs need to be reminded (ex: use of gloves, washing hands, feeding, etc.) to provide quality care to the residents as it can compromise the residents safety. DON stated if an incident occurred on one shift, it should be done for all of the shifts. (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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