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	06/12/2026

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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, for one of six sampled residents (Resident 130), the facility failed to: provide non-pharmacologic interventions prior to administering psychotropic medications: Zyprexa [medication used to treat schizophrenia (a mental illness that is characterized by disturbances in thought) or bipolar disorder (sometimes called manic-depressive disorder; mood swings that range from the lows of depression to elevated periods of emotional highs)] and Remeron (medication used to treat major depressive disorder) Monitor resident for the specific manifested behaviors for the use of Remeron. This deficient practice had the potential to place residents at risk for receiving unnecessary medication.Findings: During a review of Resident 130's admission Records, the admission Records indicated the facility admitted Resident 130 on 2/26/2021 and was readmitted on [DATE] with diagnoses including schizophrenia (a mental illness that is characterized by disturbances in thought) and resting tremor (a rhythmic, involuntary shaking of a body part like a hand or leg that happens when those muscles are completely relaxed and resting) on the right upper extremity.During a review of Resident 130's history and physical (H&P) dated 3/14/2026, the H&P indicated Resident 130 had fluctuating (changing frequently) ability to understand and make decisions.During a review of Resident 130's Minimum Data Set (MDS - a resident assessment tool) dated 3/10/2026, the MDS indicated Resident 130 had severe impairment of the ability to think or make decisions. The MDS indicated Resident 130 had behaviors of delusions (misconceptions or beliefs that are firmly held, contrary to reality). The MDS indicated Resident 130 needed staff supervision with eating, oral hygiene, toileting hygiene, showering, upper and lower body dressing, and taking off or putting on footwear. The MDS indicated Resident 130 needed moderate staff assistance with personal hygiene. During a concurrent interview and record review on 6/11/2026 at 9:31 a.m., with Licensed Vocational Nurse (LVN) 7, Resident 130's orders and medication administration record MAR for May 2026 and June 2026 were reviewed. LVN 7 stated Resident 130 had an order for Zypreza 10 milligrams MG - unit of measurement) once a day for schizophrenia manifested by (M/B) complaining of people stealing from him and an order for Remeron 15 MG every night for right hand tremors. LVN 7 stated the Remeron order for hand tremors needs to be clarified. LVN 7 stated there is no documentation that indicated Resident 130's hand tremors were being monitored. During an interview on 6/12/2026 at 2:08 p.m., with the Facility Pharmacy Consultant (FPC), the FPC stated if the resident was receiving Remeron for hand tremors, then the facility should monitor and document the episodes of hand tremors so the physician can determine if the prescribed treatment is working and should be continued.During a concurrent interview and record review on 6/12/2026 at 2:55 p.m., with LVN 6, Resident 130's MAR for May 2026 and June 2026 were reviewed. LVN 6 stated there was no indication that nonpharmacological interventions were provided prior to administration of Zyprexa and/or Remeron. During an interview on 6/12/2026 at 3:18 p.m., with the Director of Nursing (DON), the DON stated it was important to provide non-pharmacological interventions to decrease the usage of psychotropic medications. The DON stated non-pharmacological interventions should be documented in the MAR with the behavior management (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	06/12/2026

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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	tasks. The DON stated it was important to monitor and document the medication's indicated manifested behavior so the psychiatrist can review the behaviors and decide to decrease or continue the medications. During a review of the facility's policy and procedure (P&P), titled Psychotropic Medication Use, revised February 2025, the P&P indicated prior to initiate the use of, increasing the dose of, or switching to a different psychotropic medication, the staff and physician will review the following with the resident/representative prior to obtaining documented consent or refusal: non-pharmacological alternatives; the indications and rationale for the recommendation; the potential risks and benefits (including possible side effects, adverse consequences, and black box warnings); and the resident's/representative's right to accept or decline the treatment. During a review of the facility's P&P, titled Tapering Medications and Gradual Drug Dose Reduction, revised February 2025, the P&P indicated behavioral interventions are used to support the resident and refer to individualized, nonpharmacological approaches to care that are provided as part of a supportive physical and psychosocial environment, directed toward understanding, preventing, relieving, and/or accommodating a resident's distress or loss of abilities, as well as maintaining or improving a resident's mental, physical, or psychosocial wellbeing. During a review of the facility's P&P, titled Behavioral Assessment, Intervention and Monitoring, revised February 2025, the P&P indicated non-pharmacologic approaches are used to the extent possible to avoid or reduce use of psychotropic medications to manage behavioral symptoms.

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	06/12/2026

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 0638 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Assure that each resident?s assessment is updated at least once every 3 months. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the quarterly Minimum Data Sets (MDS- a resident assessment tool) were completed within the required time frame for five of five sampled residents (Residents 21, 34, 123, 12, and 88) as evidenced by:A. Failing to assess and transmit the required quarterly MDS for Residents 21,34, and 123 within the mandated OBRA assessment (a federally mandated evaluation required for every resident in a Medicare or Medicaid-certified nursing facility, regardless of how they pay for their care) schedule (every 92 days).B. Failing to complete quarterly MDS for Residents 12 and 88 timely. This failure had the potential to negatively affect the provision of necessary care and services, including delayed care planning, failure to identify emerging or ongoing medical issues, and a decreased quality of life for Residents' 21, 34, 123, 12, and 88, as the MDS is a federally mandated assessment tool essential for ensuring timely care planning and accurate identification of resident needs. Findings: A. During a review of Resident 21's admission record, the admission record indicated Resident 21 was admitted to the facility on [DATE] with diagnoses including paranoid schizophrenia (a chronic mental health disorder characterized by intense, irrational suspicions, false beliefs, and auditory hallucinations [hearing, seeing, smelling things that are not based on reality]), Diabetes Mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), and extrapyramidal disorder (involuntary muscle movements and defects in muscle tone). During a review of Resident 21's History and Physical (H&P), dated 10/22/2025, the H&P indicated, Resident 21 did not have the capacity (ability) to understand and make decisions. During a review of Resident 21's MDS, dated [DATE], the MDS indicated Resident 21's cognitive skills for daily decision making were severely impaired (never or rarely able to make decisions). The MDS indicated Resident 21 required supervision or touching assistance (Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity) from one staff for eating, hygiene, shower, dressing, bed mobility, and transfer. During a concurrent interview and record review on 6/12/2026 at 11:37 a.m., with the Minimum Data Set Nurse (MDSN), Resident 21's MDS, dated [DATE], was reviewed. The MDS indicated it was completed and transmitted on 2/12/2026. The MDSN stated, there was no MDS completed for Resident 21 after this. The MDSN stated the quarterly assessment was due to be completed on 5/4/2026 and it was not completed. During a review of Resident 34's admission record, the admission record indicated Resident 34 was admitted to the facility on [DATE] with diagnoses of bipolar disorder (sometimes called manic-depressive disorder; mood swings that range from the lows of depression to elevated periods of emotional highs), schizophrenia (a mental illness that is characterized by disturbances in thought), and blindness of left eye. During a review of Resident 34's H&P, dated 10/22/2025, the H&P indicated, Resident 34 did not have the capacity to understand and make decisions. During a review of Resident 34's MDS, dated [DATE], the MDS indicated Resident 34's cognitive (continued on next page)

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	06/12/2026

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 0638 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	skills for daily decision making were moderately impaired (poor decision making, supervision required). The MDS indicated Resident 34 required supervision or touching assistance (Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity) from one staff for eating, hygiene, dressing, shower, bed mobility, and transfer. During a concurrent interview and record review on 6/12/2026 at 11:41 a.m., with the MDSN, Resident 34's MDS, dated [DATE], was reviewed. The MDS indicated it was completed and transmitted on 2/10/2026. The MDSN stated, there was no MDS completed after this. The MDSN stated the quarterly assessment was due to be completed on 4/30/2026 and it was not completed. During a review of Resident 123's admission record, the admission record indicated Resident 123 was admitted initially to the facility on 5/2/2013 and last readmission was on 7/11/2025 with diagnoses of dementia (a progressive state of decline in mental abilities), DM , and schizophrenia. During a review of Resident 123's H&P , dated 5/9/2026, the H&P indicated, Resident 123 could make needs known but could not make medical decision. During a review of Resident 123's MDS, dated [DATE], the MDS indicated Resident 123's cognitive skills for daily decision making were severely impaired (never or rarely able to make decisions). The MDS indicated Resident 123 required moderate assistance (Helper does less than half the effort) from one staff for shower, personal hygiene, and Supervision or touching assistance (Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity) from one staff for eating, oral hygiene, toileting hygiene, dressing, bed mobility, transfer. During a concurrent interview and record review on 6/12/2026 at 11:47 a.m., with the MDSN, Resident 123's MDS, dated [DATE], was reviewed. The MDS indicated it was completed and transmitted on 2/12/2026. The MDSN stated, there was no MDS completed after this. The MDSN stated the MDS assessments were required to be completed upon a resident's admission, quarterly, annually, and when there was a significant change in the resident's condition, consistent with the federally mandated OBRA assessment schedule. The MDSN stated the assessments must be completed in a timely manner to ensure the information accurately reflects the resident's current status. The MDSN stated the MDS was used to identify the residents' needs, and if the assessment did not reflect accurate and current information, necessary care and treatment may not be implemented. During an interview on 6/12/2026 at 3:12 p.m., with the Administrator (ADMIN), the ADMIN stated it was important to complete and transmit MDS assessments in a timely manner because resident care and treatment are based on the resident's current health status as reflected in the assessment. The ADMIN stated delays in completing MDS assessments could result in delays in care planning, failure to identify emerging or ongoing medical issues, and a decreased quality of life for residents. During a review of the facility's Policy and Procedure (P&P) titled, Resident Assessment, revised 10/2023, the P&P indicated, Policy Statement: A comprehensive assessment of each resident is completed at intervals designated by OBRA regulations and PPS requirements. Data from the Minimum Data Set (MDS) is submitted to the Internet Quality Improvement Evaluation System (iQIES) as required. Policy Interpretation and Implementation: 1. OBRA-Required Assessments are federally mandated, and therefore, must be performed for all residents of Medicare and/or Medicaid certified nursing homes. OBRA assessments include a. admission Assessment; b. Quarterly Assessment; c. Annual Assessment; d. Significant Change in Status Assessment (SCSA); e. Significant Correction to Prior Comprehensive Assessment (SCPA); f. Significant Correction to Prior Quarterly Assessment (continued on next page)

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	06/12/2026

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 0638 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	(SCQA); and g. Discharge Assessment (return anticipated and return not anticipated) . 6. The resident assessment coordinator is responsible for ensuring the interdisciplinary team conducts timely and appropriate resident assessments. During a review of the facility's P&P titled, Resident Assessment Instrument, revised 9/2010, the P&P indicated, Policy Interpretation and Implementation: 1. The Assessment Coordinator is responsible for ensuring that the Interdisciplinary Assessment Team conduct timely resident assessment and reviews according to the following schedule: a. within 14 days of the resident's admission to the facility, b. When there has been a significant change in the resident's condition, c. at least quarterly, and d. once every 12 months . 3. The purpose of the assessment is to describe the resident's capability to perform daily life functions and to identify significant impairments in functional capacity. 4. Information derived from the comprehensive assessment helps the staff to plan care that allow the resident to reach his/her highest practicable level of functioning. B. 1. During a review of Resident 12's admission Record, the admission Record indicated the facility initially admitted Resident 12 to the facility on [DATE] and readmitted on [DATE] with diagnoses including, metabolic encephalopathy (any damage or disease that affects the brain), muscle wasting and atrophy. During a review of Resident 12's MDS dated [DATE], the MDS indicated Resident 12 had severe cognitive impairments (mental processes involved in gaining knowledge and comprehension, includes thinking, knowing, remembering, judging, problem-solving). The MDS indicated Resident 12 required partial assistance from others with eating, sit to lying, substantial assistance with oral hygiene, bathing, upper body dressing, sit to stand, and bed to chair transfers and dependent assistance with lower body dressing. 2. During a review of Resident 88's admission Record, the admission Record indicated the facility initially admitted Resident 88 on 10/3/2003 and readmitted on [DATE] with diagnoses including, difficulty in walking and paranoid schizophrenia (a mental health disorder that is characterized by disturbances in thought). During a review of Resident 88's MDS dated [DATE], the MDS indicated Resident 88 was moderately impaired in cognitive skills for daily decision making. The MDS indicated Resident 88 required supervision assistance from others with eating, and substantial assistance with oral hygiene, dressing, sit to stand and bed to chair transfers. During an interview on 6/10/2026 at 8:57 a.m. with the MDSN, the MDSN stated the MDS was an assessment that reflected a resident's overall status and showed what treatments the resident was receiving from the facility. The MDSN stated MDS assessments were completed on admission and quarterly thereafter. MDSN stated a quarterly MDS assessment was done every three months, and the facility had 14 days to complete the assessment. The MDSN stated it was important to complete MDS assessments timely to provide a current reflection of the resident and for the facility to review the plan of care for each resident to see if there were any changes the facility needed to address. During a concurrent interview and record review on 6/11/2026 at 8:29 a.m., with the MDSN, Resident 12's MDS assessments were reviewed. The MDSN stated Resident 12's last MDS was completed on 2/2/2026. The MDSN stated Resident 12's next quarterly MDS assessment was due 5/2/2026 and the facility was still in the process of completing the MDS assessment. The MDSN stated Resident 12's quarterly MDS assessment due 5/2/2026 was late. (continued on next page)

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	06/12/2026

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 0638 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a concurrent interview and record review on 6/11/2026 at 8:29 a.m., with the MDSN, Resident 88's MDS assessments were reviewed. The MDSN stated Resident 88's last MDS was completed on 2/12/2026. The MDSN stated Resident 88's next quarterly MDS assessment was due 5/14/2026 and the facility was still in the process of completing the MDS assessment. The MDSN stated Resident 88's quarterly MDS assessment due 5/14/2026 was late. During an interview on 6/11/2026 at 10:32 a.m., with the DON, the DON stated MDS assessments should be completed quarterly and on time because the MDS was an assessment of the resident and assisted with care planning for each resident. The DON stated if the MDS assessments were late, something may happen with the resident, and the facility may not catch it. During a review of the facility's policies and procedures (P&P) titled, Resident Assessments, revised 10/2023, indicated quarterly assessments must be performed for all residents. The P&P indicated the resident assessment coordinator is responsible for ensuring the interdisciplinary team conducts timely and appropriate resident assessments.

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	06/12/2026

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to develop and implement a comprehensive, personˆcentered care plan for four of ten sampled residents (Resident 59, 115, 13, and 80) related to:A. Failing to reflect, develop, and implement a comprehensive, personˆcentered care plan that addressed Resident 59's post-traumatic stress disorder (PTSD - a disorder in which a person has difficulty recovering after experiencing or witnessing a traumatic event) triggers with specific, individualized interventions and Resident 115's skin excoriation (a scrape or scratch to the skin) from scratching with untrimmed fingernails.B. Complete a quarterly joint mobility assessment (JMA, assessment of joint range of motion [ROM, full movement potential in a joint] to monitor changes) since 7/4/2024 in accordance with Resident 80's care plan.C. Complete a quarterly JMA since 3/21/2025 in accordance with Resident 13's care plan.These deficient practices resulted in Resident 80 experiencing a decline in ROM without facility knowledge or identification and intervention and had the potential for Resident 13 to experience a decline in ROM. This failure had the potential to result in unmet needs for Residents 59, 115, 13 and 80, negatively affecting their wellˆbeing and contributing to poor resident outcomes. Findings: A. During a review of Resident 59's admission record, the admission record indicated Resident 59 was admitted initially to the facility on 9/25/2023 and last readmission was on 1/27/2025 with diagnoses including PTSD, depression (a mental health condition marked by a prolonged low mood and a loss of interest or pleasure in everyday activities), insomnia (trouble falling asleep or staying asleep), and left eye blindness. During a review of Resident 59's History and Physical (H&P), dated 10/11/2025, the H&P indicated, Resident 59 had the capacity (ability) to understand and make decisions. During a review of Resident 59's Minimum Data Set (MDS-a resident assessment tool), dated 4/4/2026, the MDS indicated Resident 59 required moderate assistance (Helper does less than half the effort) from one staff for oral hygiene, shower, dressing, and Supervision or touching assistance (Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity) from one staff for toileting hygiene, bed mobility, transfer, eating. During a concurrent observation and interview on 6/8/2026 at 2:43 p.m., with Resident 59 in his room, Resident 59's door was closed and all lights were off. Resident 59's room was dark because the curtains were drawn. Resident 59 stated he wanted the door closed and the lights off because he was sensitive to bright lights and loud noises. Resident 59 stated, when he was exposed to bright lights and loud noises, he experienced nightmares about the war. Resident 59 stated he was a veteran and suffered from traumatic war experiences. Resident 59 stated he was taking a sleeping pill due to insomnia. During a concurrent interview and record review on 6/11/2026 at 3:32 p.m., with the Minimum Data Set Nurse (MDSN), Resident 59's Care Plan (CP) titled, Risk for ineffective coping due to diagnosis of PTSD, dated 5/23/2025 was reviewed. The CP Goal indicated Resident 59 would remain free of PTSD symptoms by 2/2026. The CP Approach Plan indicated staff should monitor early signs of PTSD symptoms during each interaction and encourage Resident 59 to identify and avoid known triggers. (continued on next page)

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	06/12/2026

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The MDSN stated the CP did not identify Resident 59's specific triggers, and the interventions were not resident^specific. The MDSN stated not identifying specific triggers to treat placed Resident 59 at risk of re^traumatization (a person encounters a new event or stimulus that triggers them to re-experience the intense stress, emotional distress, and even flashbacks of a previous traumatic event as if it were happening again). The MDSN stated the lack of individualized interventions and failure to identify resident^specific triggers could compromise Resident 59's emotional safety and well^being. During a review of Resident 115's admission record, the admission record indicated Resident 115 was admitted initially to the facility on 7/1/2024 and last readmission was on 5/27/2025 with diagnoses including schizophrenia (a mental illness that is characterized by disturbances in thought), bipolar disorder (sometimes called manic-depressive disorder; mood swings that range from the lows of depression to elevated periods of emotional highs), skin-picking disorder(a mental health condition characterized by the repeated, compulsive picking of one's own skin) and dementia (a progressive state of decline in mental abilities). During a review of Resident 115's H&P, dated 7/12/2025, the H&P indicated, Resident 115 did not have the capacity (ability) to understand and make decisions. During a review of Resident 115's MDS, dated [DATE], the MDS indicated Resident 119's cognitive skills for daily decision making were severely impaired (never or rarely able to make decisions). The MDS indicated Resident 115 required maximal assistance (Helper does more than half the effort) from one staff for lower body dressing, personal hygiene, moderate assistance (Helper does less than half the effort) from one staff for shower, upper body dressing, and Supervision or touching assistance (Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity) from one staff for toileting hygiene, oral hygiene, bed mobility, transfer, eating. During a concurrent observation and interview on 6/8/2026 at 3:34 p.m., with Resident 115 in Resident 115's room, Resident 115 was seated in a wheelchair and was observed scratching her head. Resident 115 had bright red liquid substance appearing to be fresh blood was noted on the top of Resident 115's head, forehead, and left ear. Restorative Nursing Assistant (RNA) 1 intervened to stop Resident 115 from scratching. Resident 115's fingernails were observed to be long, sharp, unmanicured, jagged, and unclean. Resident 115's fingernails and fingers were covered dark red dried substance that appeared to be dried blood mixed with bright red liquid substance that appeared to be fresh blood. Resident 115 stated that her head, forehead, and ears were extremely itchy, and she could not stop herself from scratching constantly. During a concurrent interview and record review on 6/11/2026 at 3:43 p.m., with the MDSN, Resident 115's Care Plan (CP) titled, Potential for further infection related to Resident 115 exhibits a pattern of picking at skin, scalp, and ears revised 4/2026 was reviewed. The CP Goal indicated that Resident 115 would be free of signs and symptoms of infection by 7/2026. The CP Approach Plan indicated keeping fingernails trimmed short to reduce the risk of injury. The MDSN stated staff failed to implement the care plan intervention to keep Resident 115's fingernails trimmed short, which was necessary to prevent further injury and infection. The MDSN stated that failure to implement the fingernail^trimming intervention could compromise Resident 115's skin integrity and increase the risk of infection on the resident's skin. During an interview on 6/12/2026, at 4:04 p.m., with the Director of Nursing (DON), the DON stated the care plan should be resident^centered and corresponding interventions must be implemented to (continued on next page)

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	06/12/2026

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	provide proper care to residents. The DON stated the resident's care plan is the resident's specific plan of care and should be implemented as written. The DON stated care plan interventions should be implemented and routinely reevaluated. The DON stated the care plan should be implemented to prevent recurrent events or complications. During a review of facility's Policy and Procedure (P&P) titled, Care Plans, Comprehensive Person-Centered, revised 3/2022, the P&P indicated, Policy Statement: A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. Policy Interpretation and Implementation: 1. The interdisciplinary team (IDT), in conjunction with the resident and his/her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident . 3. The care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment . 7. The comprehensive, person-centered care plan: a. includes measurable objectives and timeframes; b. describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being . 8. Services provided for or arranged by the facility and outlined in the comprehensive care plan are a. provided by qualified people b. culturally competent; and c. trauma informed. 9. Care plan interventions are chosen only after data gathering, proper sequencing of events, careful consideration of the relationship between the resident's problem areas and their causes, and relevant clinical decision making. B. During a review of Resident 80's admission Record, the admission Record indicated Resident 80 initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including, schizophrenia (a mental health disorder that is characterized by disturbances in thought) and unspecified osteoarthritis (a progressive disorder of the joints, caused by a gradual loss of cartilage). During a review of Resident 80's Minimum Data Set (MDS, resident assessment tool) dated 3/6/2026, the MDS indicated Resident 80 was severely impaired in cognitive skills for daily decision making (mental processes involved in gaining knowledge and comprehension, includes thinking, knowing, remembering, judging, and problem-solving). The MDS indicated Resident 80 did not have any functional limitations in ROM in the upper extremity (UE, shoulder, elbow, wrist/hand) and had limitations in functional ROM on both sides of the lower extremities (LE, hip, knee, ankle/foot). The MDS indicated Resident 80 used a wheelchair. The MDS indicated Resident 80 required supervision for eating and substantial assistance for oral hygiene, toileting, sit to lying, sit to stand, and required dependent assistance for bed to chair transfers. During a review of Resident 80's Physician Order Report, the Physician Order Report indicated an order dated 2/6/2025 for Restorative Nursing Aide program (RNA, nursing aide program that help residents to maintain their function and joint mobility) program for passive ROM (PROM, movement at a given joint with full assistance from another person) exercises on both lower extremities once a day seven times a week as tolerated. The Physician Order Report indicated an order dated 2/6/2025 for RNA to apply splint (rigid material or apparatus used to support and immobilize a broken bone or impaired joint) on left knee once a day seven times a week up to five hours as tolerated. The Physician Order Report indicated an order dated 2/6/2025 for RNA to apply both ankle splints once a day seven times a week for five hours or as tolerated. During a review of Resident 80's CP dated 12/6/2024, the CP indicated Resident 80 was at risk for new and or development of joint limitations contracture (loss of motion of a joint) secondary to decreased mobility. The CP goal indicated Resident 80 will have no further increase in ROM (continued on next page)

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	06/12/2026

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	limitations/contracture daily in three months. The CP approach plan indicated to provide JMA quarterly and as needed. During a review of Resident 80's CP dated 1/11/2025, the CP indicated Resident 80 had potential for decreased mobility related to use of splint. The CP approach plan indicated to reassess joint mobility quarterly or as needed. During a review of Resident 80's JMA dated 7/4/2024, the JMA indicated Resident 80 shoulders, elbows, wrists, and hand/fingers were within functional limits (variance due to normal aging process allowed). The JMA indicated Resident 80's minimal (75 – 100% available ROM) limitation in left hip, moderate (50-75% available ROM) limitation in right hip, both knees and both ankles. There were no other JMAs completed in Resident 80's medical records. During a review of Resident 80's Physical Therapy (PT, a rehabilitation profession that restores, maintains, and promotes optimal physical function) Evaluation dated 6/10/2026, the PT Evaluation indicated an increase in contracture in both ankles compared to the last PT evaluation on 12/18/2024 and Resident 80 developed a new contracture on the right knee. During an observation on 6/8/2026 at 9:52 a.m., Resident 80 was lying in bed towards the right side. Resident 80's knees were bent and Resident 80 was wearing a splint on the left knee and splint on the left ankle/foot. Resident 80 was not wearing a splint on the right ankle/foot. Resident 80's left and right ankle/foot were pointed down away from the body. During a concurrent interview and record review on 6/10/2026 at 9:55 a.m., with Registered Nurse Supervisor (RNS 1), Resident 80's JMA dated 7/4/2024 and care plans were reviewed. RNS 1 reviewed Resident 80's CP and stated the CPs indicated a JMA should be completed quarterly, but no JMAs were completed since 7/4/2024. RNS 1 stated it was important to monitor Resident 80's joint mobility to prevent any declines or changes. RNS 1 stated it was also important to monitor Resident 80's joint mobility to see if the RNA program was working so that staff could communicate with the physician if a change in the RNA program was needed. RNS 1 stated if a resident had a decline in joint mobility, it could affect their safety because their functional mobility would decline. RNS 1 stated she had not completed any JMA for any resident since she started working at the facility about a month and a half ago. During an interview on 6/10/2026 at 11:28 a.m., with the Physical Therapist (PT 1), PT 1 stated it was important to monitor ROM because ROM could suddenly change and if a resident did not receive intervention right away, the ROM could get worse. PT 1 stated if a resident's ROM worsened, it could cause skin issues, pressure sores and limit a resident's mobility. During an observation and interview on 6/10/2026 at 1:10 p.m., in Resident 80's room, PT 1 evaluated Resident 80's ROM in the legs. PT 1 stated Resident 80's ankles were almost fixed now (could no longer move). PT 1 asked Resident 80 if he had pain when moving the ankle and Resident 80 said yes. PT 1 reviewed Resident 80's PT Evaluation dated 12/18/2024 and compared Resident 80's evaluation today and PT 1 stated Resident 80's ankle ROM worsened from the last time Resident 80 was evaluated. PT 1 assessed Resident 80's right knee and stated there was a new contracture now in Resident 80's right knee when there was no contracture last time on 12/18/2024. PT 1 stated Resident 80 would need a splint for the right knee. PT 1 stated the ankle splints Resident 80 currently had could no longer fit because Resident 80's left ankle was inverted and pointed further down and fixed. PT 1 stated the ankle splints would not help Resident 80 anymore because the ankle could no (continued on next page)

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	06/12/2026

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	longer get better. PT 1 stated both ankles were contracted at 35 degrees (pointed fully down away from the body) and that was the worst the ankle could get and the most severe impairment. PT 1 stated if therapy was notified earlier, then there definitely could have been interventions PT could have done such as get new splints and try to stretch the leg. PT 1 stated if therapy intervened earlier, therapy could have prevented the ankles from getting worse to this point. During an interview on 6/11/2026 at 10:32 AM with the DON, the DON stated JMAs should be completed upon admission and quarterly. The DON stated the therapy staff should complete JMAs instead of nurses, especially for residents with contractures. The DON stated if residents had ROM impairments, then the facility needed therapy staff to monitor the ROM, because therapy staff were more knowledgeable regarding ROM and contractures. The DON stated it was important to monitor a resident's joint mobility, because staff needed to catch any declines right away so that the facility could intervene and provide interventions like a therapy evaluation. During a review of the facility's P&P titled, Care Plans, Comprehensive Person-Centered, revised 3/2022, indicated the interdisciplinary team develops and implements a comprehensive, person-centered care plan for each resident. CROSS-REFERENCE TO F580 AND F688 C. During a review of Resident 13's admission Record, the admission Record indicated Resident 13 was admitted to the facility on [DATE] with diagnoses including, unsteadiness on feet, and left hand contracture (loss of motion of a joint). During a review of Resident 13's Physician Order Report, Physician Order Report indicated an order dated 3/12/2025 for RNA to provide BUE active assistive range of motion (AAROM, movement at a given joint with a person's own effort and assistance from an external force or another person) and left/finger PROM seven times a week or as tolerated. The POR indicated an order dated 6/19/2025 for RNA to apply left hand splint for four to six hours after ROM exercises to maintain joint integrity pre/post skin check once a day seven days a week as tolerated. During a review of Resident 13's MDS dated [DATE], the MDS indicated Resident 13 had moderate cognitive impairments. The MDS indicated Resident 13 had functional limitations in ROM on one side of the upper extremity and no limitations on the lower extremities. The MDS indicated Resident 13 required supervision for eating, oral hygiene, upper body dressing, sit to lying, sit to stand, and bed to chair transfers. The MDS indicated Resident 13 required partial assistance with bathing and lower body dressing. During a review of Resident 13's CP dated 3/21/2025, the CP indicated Resident 13 needed an RNA program related to left hand contracted. The CP goal indicated Resident 13 would have no further loss with joint mobility in the next three months. The CP approach plan indicated to assess joint mobility assessment upon admission, as needed and quarterly. During a review of Resident 13's JMA dated 3/21/2025, the JMA indicated Resident 13's both shoulders, both elbows, both wrists, right hand/fingers, both hips, both knees, and both ankles were within functional limits (variance due to normal aging process allowed) and Resident 13 had severe (0 – 25% available ROM) limitations in left hand/fingers. There were no other JMAs completed. During an observation and interview on 6/8/2026 at 10:22 a.m., in Resident 13's room, Resident 13 (continued on next page)

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	06/12/2026

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	was lying in bed and able to sit up at edge of bed. Resident 13 was wearing a left wrist/hand splint, and the left fingers were bent on top of the splint. During an interview on 6/10/2026 at 9:55 a.m., with the Registered Nurse Supervisor (RNS 1), RNS 1 stated the Registered Nurse supervisor was supposed to complete JMAs on admission, annual, and quarterly. RNS 1 stated it was important to monitor joint mobility to prevent any declines or changes. RNS 1 stated it was important to monitor joint mobility to see of the RNA program was working so that staff could communicate with the physician if a change in the program was needed. RNS 1 stated if a resident had a decline in joint mobility, it could affect their safety because their functional mobility would decline. During an interview on 6/10/2026 at 11:28 a.m., with the Physical Therapist (PT 1), PT 1 stated it was important to monitor ROM because ROM could suddenly change and if a resident did not receive intervention right away, the ROM could get worse. PT 1 stated if a resident's ROM worsens, it could cause skin issues, pressure sores and limit a resident's mobility. During an concurrent interview and record review on 6/10/2026 at 1:50 p.m., with RNS 1, Resident 13's JMA dated 3/21/2025 and care plans were reviewed. RNS 1 stated the last JMA was completed on 3/21/2025 and the JMA indicated Resident 13 had severe ROM limitations in the left hand/fingers. RNS 1 reviewed Resident 13's CP and stated the CP indicated JMAs should be completed upon admission, annually, and quarterly. RNS 1 stated JMAs were not completed quarterly for Resident 13 since 3/21/2025. RNS 1 stated it was important to assess Resident 13's joint mobility quarterly and not annually because annually was too long. RNS 1 stated quarterly was a good time frame to assess if a resident was improving or declining for joint mobility and catch any changes quicker. During an interview on 6/11/2026 at 10:32 a.m., with the DON, the DON stated JMAs should be completed upon admission and quarterly. The DON stated the rehab department should be staff to complete JMAs, especially for residents with contractures. The DON stated if residents had ROM impairments, then the facility needed therapy to monitor the ROM, because therapy staff were more knowledgeable. The DON stated it was important to monitor joint mobility, because staff needed to catch any declines right away so that the facility could intervene and provide interventions like a therapy evaluation. During a review of the facility's P&P titled, Care Plans, Comprehensive Person-Centered, revised 3/2022, indicated the interdisciplinary team develops and implements a comprehensive, person-centered care plan for each resident.

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	06/12/2026

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure residents were free from potential accidents when:1. The facility did not ensure Resident 122 was reevaluated by physical therapy when Resident 122 started to pull their front wheel walker (FWW - type of mobility aid with wide base of support) behind them when walking instead of pushing the FWW in front of their body.2. The facility failed to ensure an electrical panel (the central hub that distributes electricity from the grid into the facility) was secured and not easily accessible to ambulatory residents affecting 78 out 141 residents. 3. One out of one sampled residents (Resident 112) was observed being pushed in the hallway while sitting on a rollator walker (a wheeled mobility aid). 4. The facility failed to identify the potential for Resident safety when one out of two sampled residents (Resident 144) was observed wandering into other resident's room. These deficient practices placed residents in the facility at risk for accidents to occur. Findings: 1. During a review of Resident 122's admission Records undated, the admission Records indicated the facility admitted Resident 122 on 2/13/2020 and was readmitted on [DATE] with diagnoses including history of falling, abnormalities of gait (walking) and mobility (movement), and hemiplegia (complete loss of the ability to move one side of the body) on the left side of the body. During a review of Resident 122's history and physical (H&P) dated 2/14/2026, the H&P indicated Resident 122 did not have the ability to understand and make decisions. During a review of Resident 122's Minimum Data Set (MDS – a resident assessment tool) dated 2/20/2026, the MDS indicated Resident 122 had moderate impairment of the ability to think and make decisions. The MDS indicated Resident 122 used a walker as a mobility device. The MDS indicated Resident 122 needed staff supervision with eating, oral hygiene, toileting hygiene, upper body dressing and needed moderate staff assistance with showering, lower body dressing, putting on or taking off footwear, and personal hygiene. The MDS indicated Resident 122 had an active diagnosis of hemiplegia. During a review of Resident 122's care plan dated 2/21/25, the care plan indicated Resident 122 was at risk for falls or injuries related to abnormalities of gait and mobility and was using a front wheel walker improperly. The care plan indicated goals of decreased significant injury as a result from falls in the next three months. The care plan indicated approach plans of educating Resident 122 about the proper use of front wheel walker, supervising Resident 122 during ambulation (walking) with front wheel walker to prevent falls, and monitor every 1 hour to maintain safety and fall precautions. During an interview on 6/10/2026 at 1 p.m. with Physical Therapist (PT) 1, PT 1 stated they had seen Resident 122 in the hallway the day before pulling the FWW and told Resident 122 to use the FWW correctly and push the FWW in front. PT 1 stated Resident 122 would have benefitted from a physical therapy evaluation to address the FWW use. PT 1 stated continued incorrect use of the FWW placed resident at risk for a fall. During a concurrent observation and interview on 6/10/2026 at 2:53 p.m., with Certified Nurse Assistant (CNA) 1, Resident 122 walked in the hallway with the FWW behind them (Resident 122). (continued on next page)

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	06/12/2026

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	CNA 1 stated Resident 122 always walked with the FWW walker behind them. CNA 1 stated when we try to instruct Resident 122 to properly use the FWW in the front or move the FWW to the front, Resident 122 will raise his fists or move it back. During a concurrent interview and record review on 6/11/2026 at 9:02 a.m., with Licensed Vocational Nurse (LVN) 7, Resident 122's care plan titled Resident at times is resistive to care, may clench fists when upset, refuses medications sometimes and uses FWW in reverse dated 11/21/2025 was reviewed. LVN 7 stated the approach or interventions of the care plan indicated to notify the physician if refusal increases or behavior worsens. LVN 7 stated Resident 122 started pulling the FWW on 11/21/2025. During a concurrent interview and record review on 6/11/2026 at 9:04 a.m., with Licensed Vocational Nurse 7, Resident 122's physical therapy notes dated 6/12/2022, nursing notes, and change of condition documentation were reviewed. LVN 7 stated there is no documentation that indicated Resident 122's physician was notified that Resident 122 was using the FWW improperly. LVN 7 stated the physician should have been notified. LVN 7 stated the physician could have ordered a physical therapy evaluation for Resident 122. During an interview on 6/12/2026 at 3:18 p.m., with the Director of Nursing (DON), the DON stated it was important to notify the physician of a change of condition to get the resident proper treatment such as a physical therapy evaluation if necessary. The DON stated improper use of the FWW placed Resident 122 at risk for falls. During a review of the facility's policy and procedure (P&P), titled Change in a Resident's Condition or Status, revised February 2021, the P&P indicated the nurse will notify the resident's attending physician or [physician on call when there has been a significant change in the resident's physical/emotional/mental condition; need to alter the resident's medical treatment significantly; refusal of treatment or medications two (2) or more consecutive times); and/or when there is specific instruction notify the physician of changes in the resident's condition. During a review of the facility's P&P titled Assistive Devices and Equipment, revised February 2021, the P&P indicated residents, family, and visitors are trained are trained as indicated, on the safe use of equipment and devices. The P&P indicated the following factors are addressed to the extent possible to decrease the risk of avoidable accidents associated with devices and equipment.appropriateness for resident condition-the resident is assessed for lower extremity strength, range of motion, balance and cognitive abilities when determining the safest use of devices and equipment. During a review of the facility's P&P titled Safety and Supervision of Residents, revised July 2017, the P&P indicated implementing interventions to reduce accident risks an hazards shall include communicating specific interventions to all relevant staff, assigning responsibility for carrying out interventions, providing training as necessary, ensuring that interventions are implemented, and documenting interventions. 2.During an observation on 3/9/2026 at 3:01 p.m., in the hallway across from the smoking patio, an electrical panel was on the wall without a lock and unsecured. The electrical panel was able to be opened and the circuit breakers (an electrical switch designed to protect an electrical circuit from damage caused by overcurrent/overload or short circuit) were accessible. (continued on next page)

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	06/12/2026

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 6/10/2026 at 9:31 a.m., the maintenance supervisor (MS) stated the electrical panel did not have a lock and if a resident tried to open it, they could. The MS stated the electrical panel contained circuit breakers for lighting, air conditioner units, and water heaters. The MS stated there was a risk that residents could access the electrical panel, switch off the breaker and turn off the lights. During an interview on 6/12/2026 at 3:18 p.m., the Director of Nursing (DON) stated there was a safety risk to the residents in the facility if the lights abruptly shut off due to a resident tampering with the electrical panel. The DON stated the residents could fall if suddenly there was not good visibility. During a review of the facility's P&P titled Safety and Supervision of Residents dated 7/2017, the P&P indicated the facility was to make the environment as free from accident hazards as possible. 3. During a review of Resident 112's admission Record indicated the facility admitted Resident 112 on 3/26/2021 with diagnoses including schizophrenia (a chronic and severe brain disorder that affects how a person thinks, feels, and acts), dementia (a decline in mental ability—such as memory, thinking, and reasoning—severe enough to interfere with daily life), and depression (a common but serious mood disorder that causes persistent feelings of sadness, emptiness, and a loss of interest in activities). During a review of Resident 112's MDS dated [DATE], the MDS indicated Resident 112 had severe cognitive impairment (a profound decline in mental abilities—such as memory, reasoning, and judgment—that prevents independent living) and used a walker for ambulation. During an observation on 6/9/2026 at 8:30 a.m., Resident 112 was observed being pushed by certified nursing assistant (CNA) 13 while Resident 112 was sitting on the seat of the red rollator walker. During an interview on 6/9/2026 at 8:34 a.m., CNA13 stated Resident 112 had just finished her shower so he pushed her back to her room while she was sitting on her rollator walker. During an observation on 6/10/2026 at 8:37 a.m., Resident 112's red rollator walker was sitting at her bedside, a sticker on the inside of the rollator frame stated Warning: Do Not Move Rollator While Seated. During an interview on 6/10/2026 at 11:20 a.m., Physical Therapist (PT) 1 stated Residents were not to be seated on a rollator walker while it was being pushed. PT 1 stated the seat was to be used for quick breaks when the resident got tired while ambulating. PT 1 stated residents were at risk for falls if the rollator walker was used to push the residents on. During an interview on 6/12/2026 at 3:18 p.m., the DON stated residents were at risk for falls if they were pushed while sitting on the rollator walker. During a review of the manufacturer's specifications for Resident 112's Rollator [NAME] revised 1/7/2016, the manufacturers specifications indicated in bolded all capital letters DO NOT MOVE ROLLATOR WHILE SEATED. During a review of the facility's P&P titled Assistive Devices and Equipment dated 2/2021, the P&P indicated staff were to demonstrate competency on the use of devices and equipment prior to (continued on next page)

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	06/12/2026

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	assisting residents. 4. a. During a review of Resident 150's admission Record, the admission Record indicated the facility admitted Resident 150 on 10/12/2010 with diagnoses including chronic kidney disease (CKD, a long-term condition where the kidneys are damaged and gradually lose their ability to filter waste and excess fluid from the blood), heart failure (a chronic condition where the heart muscle doesn't pump blood as efficiently as it should, preventing it from meeting the body's needs), and urinary retention (the inability to completely empty your bladder, or not being able to urinate at all). During a review of Resident 150's MDS dated [DATE], the MDS indicated Resident 150 rarely or never made decisions. b. During a review of Resident 160's admission Record, the admission Record indicated Resident 160 was admitted to the facility on [DATE] with diagnoses of depression (a common but serious mood disorder that causes persistent feelings of sadness, emptiness, and a loss of interest in activities) and schizophrenia (a chronic and severe brain disorder that affects how a person thinks, feels, and acts). During a review of Resident 160's MDS dated [DATE], the MDS indicated Resident 160 was unable to complete the interview and had memory problems. The MDS indicated Resident 160 rarely or never made decisions. c. During a review of Resident 61's admission Record, the admission Record indicated Resident 61 was admitted to the facility 6/6/2024 with diagnoses of dementia (a decline in mental ability severe enough to interfere with daily life), post-traumatic stress disorder (PTSD, a mental health condition triggered by experiencing or witnessing a terrifying, life-threatening, or deeply stressful event), and anxiety disorder (mental health conditions characterized by persistent, excessive, and disproportionate fear or worry in everyday situations). The Resident admission Record indicated family member (FM) 1 was Resident 61's responsible party (the party responsible to making health care decisions when the principal party is unable to make said health care decisions for him or herself). During a review of Resident 61's MDS dated [DATE], the MDS indicated Resident 61 was unable to complete the interview and had memory problems. The MDS indicated Resident 61 rarely or never made decisions. d. During a review of Resident 144's admission Record, the admission Record indicated Resident 144 was admitted to the facility on [DATE] with diagnoses of schizophrenia and constipation (having fewer than 3 bowel movements a week. During a review of Resident 144's MDS dated [DATE], the MDS indicated Resident 144 had moderate cognitive impairment (noticeable memory or thinking problems—such as losing focus, frequently misplacing items, or struggling with language—but they remain largely independent and can perform daily activities) and was able to walk 150 feet with supervision or touching assistance (helper provides verbal cues and/ or touching/ steadying and/ or contact guard assistance as resident completes activity). e. During a review of Resident 170's Resident admission Record, the admission Record indicated Resident 170 was admitted to the facility on [DATE] with diagnoses including schizoaffective (continued on next page)

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	06/12/2026

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	disorder (a mental health problem where you experience psychosis as well as mood symptoms), diabetes mellitus (high blood sugar), and constipation (fewer than 3 bowel movements per week). During a review of Resident 170's MDS dated [DATE], the MDS indicated Resident 170 had severe cognitive impairment. During an observation on 6/8/2026 at 10:11 a.m., Resident 144 was seen entering a room that was not hers, the room was shared by Resident 150, Resident 160, and Resident 170. Resident 144 proceeded to enter the restroom and after finishing with the restroom she walked back through the resident's room and exited the room. During an interview on 6/12/2026 at 10:32 a.m., with Family Member (FM)1, FM 1 stated she comes to the facility twice a week to visit Resident 61 and while she is visiting, other residents (unknown) walk into Resident 61's room and use the restroom. FM1 stated other residents that do not belong in the room come in and out of Resident 61's room a lot. FM1 stated she was tempted to have Resident 61 moved for this reason, but the facility's location was convenient for her. During an interview on 6/12/2026 at 3:18 p.m., with the DON, the DON stated Residents were to be redirected and not allowed into other resident's rooms. The DON stated when residents enter another resident room, they were invading their privacy, and it should not happen. The DON stated it posed a safety risk if residents were wandering into other residents' rooms. During a review of the facility's P&P titled Safety and Supervision of Residents dated 7/2017, the P&P indicated the facility's priority was resident safety and supervision and assistance to prevent accidents.

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	06/12/2026

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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure [NAME] nursing staff was competent when:1.A new physician's order was not carried out for one of eight sampled residents (Resident 40) 2. Checking residents trays, when Licensed Vocational Nurse (LVN) 7 did not know how to identify residents' ordered diet texture using the facility's color coded diet system affecting 46 of 141 residents on a texture modified diet such as pureed (paste or thick liquid suspension made from finely ground cooked food) or mechanical soft diet (diet for residents who experience chewing or swallowing limitations, food texture is modified by chopping or grinding). These deficient practices had the potential for a delay in care for Resident 40 and facility residents to receive the wrong food texture resulting in malnutrition or choking. 3.CNA 4 spoke to Resident 119 in a disrespectful and stern manner.This deficient practice had the potential to negatively impact Resident 119 and other residents CNA 4 cared for sense of safety, dignity and well-being. Findings: 1. During a review of Resident 40's admission Record, the admission Record indicated Resident 40 was admitted to the facility on [DATE] with diagnoses including glaucoma (a group of eye diseases that damage the optic nerve caused by a buildup of fluid and elevated pressure inside the eye), Type II Diabetes Mellitus (DM, a chronic disease that affects how the body processes sugar), and frontotemporal neurocognitive disorder (rare progressive brain disease caused by the damage and shrinking of the brain's frontal [behind the forehead drives movement and personality] and temporal [near ears that process memory, language, and auditory information] lobes. During a review of Resident 40's Minimum Data Set (MDS, a resident assessment tool), dated 2/7/2026, the MDS indicated Resident 40 was mildly cognitively impaired. The MDS indicated Resident 40 required partial assistance (Helper provides less than half the effort) for bathing and personal hygiene and required supervision for all other aspect of activities of daily living (ADLs, routine tasks/activities such as eating, oral hygiene, toileting, a person performs daily to care for themselves). During a review of Resident 40's history and physical (H&P) dated 4/23/2026, the H&P indicated Resident 40 did not have the capacity to understand and make decisions During a review of Resident 40's Licensed Personnel Weekly Progress Notes dated 5/15/2026, the Licensed Personnel Weekly Progress Notes indicated Resident 40 was seen and examined by the optometrist (physician specializing in treating vision issues)(MD 2) and new orders were obtained for: a Registered Nurse (RN) to monitor the right pupil (black center of eye) daily for the next week to check if the right pupil became fixed (pupils that so not react to light, a critical medical sign) and dilated (occur when the black center of the eye becomes larger than normal) and to call MD 2 if it did. The Licensed Personnel Weekly Progress did not indicate the monitoring was done. During a concurrent interview and record review on 6/11/2026 at 4:17 p.m., with Licensed Vocational Nurse (LVN) 7, LVN 7 stated she reviewed Resident 40's Medication Administration Report (MAR) for 5/2026, Treatment Administration Report (TAR) for 5/2026, Physician's Orders for 5/2026, Licensed Personnel Weekly Progress Notes for 5/2026 and could see MD2's order given on 5/15/2026 RN to monitor the right pupil daily for next a week to check if the right pupil becomes fixed and dilated and (continued on next page)

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	06/12/2026

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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	to call MD 2 if it did but after reviewing the documents the order was not carried out. LVN 7 stated the nurse that took the order (unknown) should have endorsed the order to an RN, completed a change of condition (COC) and started a monitoring task for Resident 40 but it was not done. During an interview on 6/11/2026 at 4:29 p.m., with the Director of Nursing (DON), the DON stated the Physician's Order dated 5/15/2026 to monitor Resident 40's right pupil was not carried out and it was important that nurses carried out Physician's Orders because it ensured the proper treatments for the resident were being done. During an interview on 6/12/2026 at 10:52 a.m., with MD2, MD2 stated he gave the order for monitoring for the right pupil because when he saw Resident 40 on 5/15/2026, Resident 40 was developing a cranial nerve 3 palsy (a condition where damage to the nerve paralyzes specific eye muscles) and a rare but serious finding that can occur when cranial nerve 3 palsy is present is a ruptured aneurysm (a bulge or ballooning in the wall of an artery). MD2 stated the monitoring was ordered for nurses to evaluate if a medical problem had occurred (ruptured aneurysm) and the risk of staff not carrying out the monitoring order was possible missing a fixed and dilated pupil signaling that a ruptured aneurysm had occurred. During a review of the facility's Licensed Vocational Nurse (LVN, Charge Nurse, Treatment Nurse, and Unit Manager) job description undated, the job description indicated the LVN was to report COCs to the RN, communicate pertinent data to the RN, participates in shift-to-shift communication between incoming and outgoing nursing staff, and the LVN was to complete all duties as assigned. 2. During an observation on 6/9/2026 at 12:02 p.m., in the kitchen during lunch service preparation, Dietary Aide (DA) 2 called out chopped, and DA 3 placed whole uncut parsley on the plate. During a concurrent observation and interview on 6/9/2026 at 12:18 p.m., with the Dietary Supervisor (DS), DA 2 called out chopped, and DA 3 placed whole uncut parsley on the plate for another resident. During an interview on 6/9/2026 at 12:17 p.m., with LVN 7 in the resident dining room, LVN 7 stated there was no way to know the physician ordered diet texture unless they look at the diet order in the chart. During a concurrent observation and interview on 6/9/2026 at 12:45 p.m., with the DS, the tray carts were observed with color-coded labels. The DS stated black labels received pureed food, orange labels received chopped foods, and blue labels received regular texture food. During an interview on 6/10/2026 at 2:53 p.m., with the Registered Dietician (RD), the RD stated the facility uses a color-coded system on the tray carts which indicates the residents' ordered diet. The RD stated nursing checks the trays before distribution and should be able to identify resident's ordered food texture based on the color-coded system. During a review of the In-service training attendance sheet titled Dining Room/Regular and Diabetic Residents/Diets Color Code provided on 6/3/2026 by the Director of Staff Development (DSD) and the DS, the In-service indicated only Certified Nurse Assistants (CNA)'s were in-serviced. The In-service did not indicate that the LVN's were in-serviced on the color-coded system. During an interview on 6/12/2026 at 3:18 p.m., with the Director of Nursing (DON), the DON stated it is important for nursing to be able to identify the residents' ordered diet when checking the trays, (continued on next page)

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	06/12/2026

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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	because the nurses are the last safety check before residents receive the tray. The DON stated if the tray is incorrect or does not match the order, the nurse can inform the kitchen. During a review of the facility's policy and procedure (P&P), titled Dining Services Department Inservice Training Meals Quality – Preparation & Evaluation page 109, undated, the P&P indicated during food preparation the facility should pay attention to therapeutic diets preparation and appropriate seasoning and garnishing. During a review of the facility's P&P, titled Competency of Nursing Staff, revised May 2019, the P&P indicated the staff development and training program is created by the nursing leadership, with input from the medical director, and is designed to train nursing staff to deliver individualized, safe, quality care and services for the residents. During a review of the facility's P&P, titled Food and Nutrition Services, revised October 2017, the P&P indicated if an incorrect meal is provided to a resident, or a meal does not appear palatable, nursing staff will report it to the Food Service Manager so that a new food tray can be issued. 3. During a review of Resident 119's admission Record, the admission record indicated the facility admitted Resident 119 on 10/24/2024 with diagnoses including paranoid schizophrenia (a chronic mental health condition characterized by intense, irrational suspicions, mistrust, and false beliefs that others are plotting to harm or harass the individual), anxiety disorder (constantly feeling worried and nervous), and insomnia (trouble falling asleep or staying asleep). During a review of Resident 119's H&P, dated 10/22/2025, the H&P indicated Resident 119 did not have the capacity (ability) to understand information and make decisions. During a review of Resident 119's MDS, dated [DATE], the MDS indicated Resident 119's cognitive skills for daily decision making were moderately impaired (poor decision making and supervision required). The MDS indicated Resident 119 required moderate assistance (helper performs less than half of the effort) from one staff for shower, putting on foot wear, personal hygiene, and required supervision or touching assistance (helper provides verbal cues and/or touching, steadying, or contactˆguard assistance while the resident completes the activity) from one staff for toilet hygiene, dressing, bed mobility , transfer, eating. During an observation on 6/8/2026 at 1:07 p.m., Resident 119 was seen gently stroking another resident's (unknown) hair and face while they sat in a chair in the hallway. Resident 119 then stood up suddenly and asked the other resident to shake their hand. At that time, Certified Nursing Assistant (CNA) 4 approached Resident 119 and sternly stated, Go to your room, now! When Resident 119 entered the room, CNA 4 sternly stated, Sit down, then walked away and told Resident 119 to stay in the room. During a concurrent observation and interview on 6/8/2026 at 1:11 p.m., with Resident 119 in his room, Resident 119 was observed pacing back and forth in his room. Resident 119 stated, CNA 4 did not like him, because of the way CNA 4 spoke to him, he thought he had done something wrong that made CNA 4 mad at him. During an interview on 6/8/2026 at 1:15 p.m., with CNA 4 in a hallway, CNA 4 stated, she was fairly new to the facility. CNA 4 stated, she should have used a respectful tone of voice when she told resident 19 to sit down, and told him to go to his room, to ensure Resident 119 felt safe and respected (continued on next page)

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	06/12/2026

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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a concurrent interview and record review on 6/12/2026 at 9:12 a.m., with the Director of Staff Development (DSD), CNA 4's General Employee Orientation, dated 6/3/2026 was reviewed. The General Employee Orientation indicated the DSD was required to initial each section after completion and demonstrated competency. The General Employee Orientation indicated, there was no initials next to the sections for Resident Rights and Handling Residents with Inappropriate Behavior. The General Employee Orientation indicated there was no trainer's signature and date of evaluation. The DSD stated she could not provide evidence that the orientation training courses for Resident Rights and Handling Residents with Inappropriate Behavior were completed due to the missing initials and trainer's signature. The DSD stated the orientation was not completed and stated that insufficient training could contribute to a lack of competency in interacting with residents respectfully. During a review of the facility's Policy and Procedure (P&P) titled, Orientation Program for Newly Hired Employees, Transfers, Volunteers, revised 5/2019, the P&P indicated, Policy Interpretation and Implementation: 1. All newly hired personnel must attend a 10-hour orientation program within their first five days of hire .3. Our orientation program includes d. (4) A review of Resident rights .5. Our orientation program is an in-depth review of our facility's policies and procedures. A checklist is used to record materials reviewed .7. Orientation records include the date reviewed, participant's initials, subject matter reviewed, and other information deemed necessary or appropriate.

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	06/12/2026

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure medication error rates are not 5 percent or greater. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure that its medication error rate was less than five percent (%). Three medication errors of 31 total opportunities contributed to an overall medication error rate of 9.68 % affecting two of four residents observed for medication administration (Resident 81 and Resident 146). The medication errors noted were as follows:1. Resident 81's prescribed metformin hydrochloride (medication used to control the amount of sugar in the blood) was not administered as ordered at the scheduled time.2. Resident 146's midodrine (medication used to increase blood pressure [[force of blood pushing against the blood vessels walls in the heart]) and esomeprazole (medication used to prevent production of too much acid in the stomach) were not available for administration as ordered by the physician.This failure had the potential to result in ineffective management of Resident 81's diabetes and Resident 146's hypotension and gastrointestinal condition, placing the residents at risk for uncontrolled symptoms, weakness, deterioration in condition, and the need for additional medical interventions. Findings:A. During a review of Resident 81's admission Record, the admission Record indicated the facility admitted Resident 81 on 10/8/2024 with diagnoses including hypertension (high blood pressure), paranoid schizophrenia (a mental illness that affects how a person thinks and understands what is real), and diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing).During a review of Resident 81's history and physical (H&P) dated 10/22/2025, the H&P indicated Resident 81 had the capacity to make needs known but couldnot make medical decisions due to diagnosis of metabolic encephalopathy (a condition where the brain does not work properly because of chemical imbalance or a problem elsewhere in the body).During a review of Resident 81's Minimum Data Set (MDS - a resident assessment tool) dated 1/17/2026, the MDS indicated Resident 81 had moderate impairment of the ability to think or make decisions. The MDS indicated Resident 81 needed staff supervision with eating, oral hygiene and upper body (above the waist) dressing. The MDS indicated Resident 81 needed moderate assistance from staff with toileting hygiene, lower body (below the waist) dressing, putting on or taking off footwear, and personal hygiene, and needed maximum assistance from staff with showering or bathing. The MDS indicated Resident 81 had an active diagnosis of diabetes mellitus.During a medication administration (pass) observation on 6/9/2026 at 8:36 a.m., with Licensed Vocational Nurse (LVN) 2 in Resident 81's room, LVN 2 prepared metformin and other medications. Resident 81 refused medications including metformin.During a review of Resident 81's Physician Order Report dated 6/1/2026 - 6/30/2026, the Physician Order Report indicated Resident 81 was prescribed metformin tablet 850 mg (milligram - a unit of measurement) 1 tablet oral with food for diabetes mellitus twice a day 7:00 a.m. and 5:00 p.m.During a concurrent interview and record review on 6/10/2026 8:05 a.m., with LVN 2, Resident 81's Medication Administration Record (dated 6/1/2026 - 6/30/2026 was reviewed. LVN 2 stated the MAR indicated metformin tablet 850 mg give 1 tablet orally twice a day with food for diabetes at 7:00 a.m. and 5:00 p.m. LVN 2 stated the importance of making sure metformin was given with food was to decrease possible side effects of upset stomach and should have been administered within the two hour window or timed the medication to be administered when Resident 81's breakfast tray was delivered. LVN 2 stated had Resident 81 not refused the metformin, there would be potential for Resident 81 to experience side effects of upset stomach. During an interview on 6/9/2026 at 12:56 p.m., with LVN 2, LVN 2 stated breakfast was served between 7:00 a.m. and 7:30 a.m. LVN 2 stated the importance of administering metformin with meals was to prevent stomach irritation. LVN 2 stated if metformin was not administered with meals, there would be potential for Resident 81's stomach to be irritated. B. During a review of Resident 146's admission Record, the admission Record indicated Resident 146 was admitted to the facility on [DATE] with diagnoses including Alzheimer's disease (a disease characterized by a progressive decline in mental abilities), gastrostomy (a surgical (continued on next page)

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	06/12/2026

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems), and gastro-esophageal reflux disease (GERD - a condition where stomach acid frequently flows backward into the muscular tube connecting the stomach and throat causing a painful burning sensation called heartburn).During a review of Resident 146's H&P dated 6/9/2026, the H&P indicated Resident 146 was unable to make his needs known and was dependent on all activities of daily living (ADLs, routine tasks and activities such as bathing, dressing and toileting a person performs daily to care for themselves).During a review of Resident 146's MDS, dated [DATE], the MDS indicated Resident 146 had moderate impairment of the ability to think or make decisions. The MDS indicated Resident 146 was dependent on staff with all aspects of performing ADLs. The MDS indicated Resident 146 had impairments on one side of both the upper (shoulder and arm) and lower (hip and leg) extremities.During a review of Resident 146's Medication and Treatment Orders dated 6/2/2026, the Medication and Treatment Orders indicated a physician's order for midodrine hydrochloride 5 milligrams (mg - unit of measurement) one tablet via gastrostomy tube every eight hours for hypotension (Blood pressure below the reference range 120/80 millimeters mercury [mm/hg a unit of measure of pressure] - 90/60 mm/hg) hold for Systolic ([SBP] - the pressure caused by heart while contracting) of greater than 130 mm/hg, magnesium 40 mg delayed release one tablet via gastrostomy tube daily for GERD.During a concurrent medication administration (pass) observation and interview on 6/9/2026 at 9:28 a.m., with Licensed Vocational Nurse (LVN) 3 in Resident 146's room, LVN 3 stated Resident 146's midodrine and esomeprazole were unavailable. LVN 3 stated, she would inform the hospice (end of life care focused on comfort and pain control) agency to obtain the medications. LVN 3 stated the importance of having the medication available was to ensure the resident received the medication and to maintain blood pressure and to prevent stomach acid going up to the throat. LVN 3 stated there was potential for Resident 146 to experience adverse effects of hypotension.During an interview on 6/12/2026 at 4:25 p.m. with the Director of Nursing (DON) the DON stated the importance of administering medications as prescribed by the physician was to ensure the resident would be treated for symptoms, illnesses, or disease that warrant medications. The DON stated if medications were not administered as prescribed by the physician, the resident will not be treated for symptoms and medical conditions.During a review of the facility's policy and procedure (P&P) titled Administering Medications revised 4/2019, the P&P indicated .4. Medications are administered in accordance with prescribers orders, including any required time frame.7. Medications are administered within (1) hour of their prescribed time, unless otherwise specified (for example, before and after meal orders).During a review of the facility's P&P titled Medication and Treatment Orders revised 7/2011, the P&P indicated, .11. Drugs and biologicals that are required to be refilled must be reordered from the issuing pharmacy not less than three (3) days prior to the last dosage being administered to ensure that refills are readily available.During a review of the facility's P&P titled Pharmacy Services Overview revised 2007, the P&P indicated The facility shall accurately and safely provide or obtain pharmacy services, including the provision of routine and emergency medications and biologicals, and the services of a licensed Pharmacist.3. The facility shall contract with a licensed Pharmacist to help it obtain and maintain timely and appropriate pharmacy services that support residents' needs, are consistent with current standards of practice, and meet state and federal requirements. This includes, but is not limited to, collaborating with the facility and Medical Director to: . f. Help the facility assure that medications are requested, received, and administered in a timely manner as ordered by authorized prescribers;

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	06/12/2026

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure:1. Resident 50's Humulin R (regular insulin - medication used to lower blood sugar levels) with open date labeled 4/30/2026 was discarded.2. Acidophilus (a supplement used to keep digestive system healthy) opened on 6/4/2026 was stored in the refrigerator according to manufacturer's guidelines.3. Resident 64's used Lantus Solostar (Insulin Glargine - a long-acting insulin used to control blood sugar levels throughout the day and night) was labeled with date opened.4. Resident 7's unused Lantus Solostar was refrigerated as indicated on the pharmacy label.These failures had the potential to compromise the integrity and effectiveness of the medications, placing residents at risk for adverse drug side effects and ineffective treatment.Findings:A. During a review of Resident 50's admission Record undated, the admission Record indicated the facility admitted Resident 50 on 10/24/2022 and was readmitted on [DATE] with diagnoses including diabetes mellitus (a condition where your body has trouble controlling blood sugar levels), dementia (a progressive state of decline in mental abilities), and bipolar disorder (mood swings that range from the emotional lows to elevated periods of emotional highs).During a review of Resident 50's History and Physical (H&P) dated 10/13/2025, the H&P indicated Resident 50 was unable to make healthcare decisions due to underlying psychosis (a collection of symptoms that affect the mind, where there has been some loss of contact with reality) and was able to make needs known.During a review of Resident 50's MDS dated [DATE], the MDS indicated Resident 50 had moderate impairment of the ability to think and make decisions. The MDS indicated Resident 50 needed staff supervision with eating and toileting hygiene, moderate staff assistance with oral hygiene, showering, upper and lower body dressing, putting on or taking off footwear, and personal hygiene. The MDS indicated Resident 50 had an active diagnosis of diabetes mellitus and was receiving insulin.During a concurrent observation and interview on 6/9/2026 at 10:26 a.m., with Licensed Vocational Nurse (LVN) 2, medication cart 1 was observed and checked. LVN 2 stated Resident 50's insulin with opened date on 4/30/2026 should have been discarded on 5/28/2026, and should have been replaced with a new vial. LVN 2 stated the importance of making sure insulin was discarded after 28 days or 31 days after opened date was to ensure the medication was still effective. LVN 2 stated if Resident 50 received the expired insulin, there was potential for Resident 50's blood sugar levels to be uncontrolled and experience adverse effects of high blood sugar levels.B. During a concurrent observation and interview on 6/9/2026 at 10:26 a.m., with LVN 3, medication cart 2 was observed and checked. LVN 3 stated the acidophilus that was opened on 6/4/2026 and stored in the cart, should have been refrigerated in the fridge as indicated on the manufacturer's label. LVN 3 stated if the acidophilus was not refrigerated, the supplement would not work appropriately and would not be effective. C. During a review of Resident 64's admission Record undated, the admission Record indicated the facility admitted Resident 64 on 2/1/2007 and was readmitted on [DATE] with diagnoses including schizoaffective disorder (a mental illness that can affect thoughts, mood, and behavior), hypertension (HTN - high blood pressure), and diabetes mellitus.During a review of Resident 64's H&P dated 9/13/2025, the H&P indicated Resident 64 did not have the capacity to understand or make decisions.During a review of Resident 64's MDS dated [DATE], the MDS indicated Resident 64 had severe impairment of the ability to think and make decisions. The MDS indicated Resident 64 needed setup assistance with oral hygiene, staff supervision with eating, toileting hygiene, upper and lower body dressing, and putting on or taking off footwear, and moderate staff assistance with showering and personal hygiene. The MDS indicated Resident 64 had an active diagnosis of diabetes mellitus and was receiving insulin.During a concurrent observation and interview on 6/9/2026 at 10:26 a.m., with LVN 3, medication cart 2 was (continued on next page)

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	06/12/2026

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	observed and checked. LVN 3 stated Resident 64's Lantus Solostar was opened and used and did not have a date written on the date opened label and the pharmacy label indicated to discard unused portion after 28 days. LVN 3 stated the importance of writing the date when the insulin was first opened and used was to ensure the insulin was only used within 28 days as indicated on the pharmacy label. LVN 3 stated if the open date was not written on the label, there would be potential for Resident 64 to receive insulin that was no longer effective and there would be increased risk for untreated and fluctuating blood sugar levels.D. During a review of Resident 7's admission Record undated, the admission Record indicated the facility admitted Resident 7 on 4/1/2025 with diagnoses including paranoid schizophrenia (a mental illness that affects how a person thinks and understands what is real), hypertension, and type 2 diabetes mellitus.During a review of Resident 7's H&P dated 4/23/2026, the H&P indicated Resident 7 had fluctuating capacity to understand and make decisions due to paranoid schizophrenia.During a review of Resident 7's MDS dated [DATE], the MDS indicated Resident 7 had moderate impairment of the ability to think and make decisions. The MDS indicated Resident 7 needed staff supervision with eating, oral hygiene, toileting hygiene, upper and lower body dressing, and putting on or taking off footwear and moderate staff assistance with showering and personal hygiene. The MDS indicated Resident 7 had an active diagnosis of diabetes mellitus and was receiving insulin.During a concurrent observation and interview on 6/9/2026 at 10:26 a.m., with LVN 3, medication cart 2 was observed and checked. LVN 3 stated Resident 7's Lantus Solostar was filled by the pharmacy on 6/6/2026. LVN 3 stated the insulin had not been opened and used. LVN 3 stated the insulin should have been stored in the refrigerator if not used. LVN 3 stated the importance of storing unused insulin in the refrigerator was to preserve the effectiveness and integrity of the medication. LVN 3 stated if the insulin was not refrigerated there would be potential for Resident 7 to receive insulin that had decreased effectiveness leading to fluctuating blood sugar levels.During an interview on 6/12/2026 at 4:30 p.m., with the Director of Nursing (DON), the DON stated the importance of storing medication according to manufacturer guidelines and pharmacy instructions was to ensure medications would remain effective. The DON stated the importance of writing the date when the insulin was first opened and used was to identify when the insulin needed to be discarded according to pharmacy instructions of 28 days or 31 days. The DON stated if medications were not properly stored and labeled, there would be increased potential for residents to receive medication that were no longer active or effective and would increase the risk of residents experiencing adverse effect low or high blood sugar levels and upset stomach.During a review of the facility's policy and procedure (P&P) titled Administering Medications revised 4/2019, the P&P indicated, .12. The expiration/beyond use date on the medication label is checked prior to administering. When opening a multi-dose container, the date open is recorded on the container.During a review of the facility's P&P titled Medication Labeling and Storage revised 2/2023, the P&P indicated .6. Medications requiring refrigeration are stored in a refrigerator located in the medication room at the nurses' station or other secured location. Medications are stored separately from food and are labeled accordingly.Medication Labeling.5. Multi-dose vials that have been unopened or accessed (e.g., needle punctured are dated and discarded within 28 days unless the manufacturer specifies a shorter or longer date for the open vial.

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	06/12/2026

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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. Based on observation, interview and record review, the facility failed to follow the facility's diet menu instructions when preparing food for 31 of 141 residents on mechanical soft diet (diet for residents who experience chewing or swallowing limitations, food texture is modified by chopping or grinding).This deficient practice had the potential to increase the residents' risk for aspiration (inhalation of foreign materials) or choking.Findings: During an observation on 6/9/2026 at 12:02 p.m., in the kitchen during lunch service preparation, Dietary Aide (DA) 2 called out chopped, and DA 3 placed whole uncut parsley on the plate.During a concurrent observation and interview on 6/9/2026 at 12:18 p.m., with the Dietary Supervisor (DS), DA 2 called out chopped, and DA 3 placed whole uncut parsley on the plate for another resident. During a concurrent interview and record review on 6/9/2026 at 12:20 p.m., with the DS, the menu recipe dated 6/9/2026 was reviewed. The menu recipe indicated no parsley for the mechanical soft diet. The DS stated the staff should have followed the recipe as written. During an interview on 6/10/2026 at 9:51 a.m., with the Registered Dietician (RD), the RD stated a mechanical soft diet consisted of soft foods that are easy to chew and swallow. The RD stated residents on a mechanical soft diet should not receive uncut parsley because it placed the residents at an increased risk of aspiration. During an interview on 6/12/2026 at 3:18 p.m., with the Director of Nursing (DON), the DON stated not following the menu recipe can place residents at risk for aspiration. During a review of the facility's policy and procedure (P&P), titled Dining Services Department Inservice Training Meals Quality - Preparation & Evaluation page 109, undated, the P&P indicated during food preparation the facility should pay attention to therapeutic diets preparation and appropriate seasoning and garnishing.

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	06/12/2026

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview and record review, the facility failed to ensure:One container of shredded coconut labeled 2/2/2025 was disposed ofThe ice machine was free of dirt.These deficient practices had the potential to place the residents at risk for food borne illness or cross-contamination (the unintentional transfer of harmful bacteria, viruses, or allergens from one surface, object, or food to another).Findings:During a concurrent observation and interview on 6/8/2026 at 8:09 a.m., with the Dietary Supervisor (DS), one container of shredded coconut labeled 2/2/2025 was observed in the kitchen dry storage. The DS stated the date should indicate the use by date.During a concurrent observation and interview on 6/9/2026 at 12:51 p.m., with Dietary Aid (DA) 1, black and gray colored matter was observed along the internal wall of the ice machine's ice chute.During an interview on 6/9/2026 at 12:55 p.m., with the DS, the DS stated the ice machine should not look like that. The DS stated when the ice machine is dirty, it increases the risk for contaminated ice and cross contamination.During an interview on 6/12/2026 at 3:18 p.m., with the Director of Nursing (DON), the DON stated when food is expired or used after the use by date, there is a risk for diarrhea or food poisoning. The DON stated that when the ice machine is dirty, it could increase the risk for infection for residents.During a review of the facility's policy and procedure (P&P), titled Food Receiving and Storage, dated July 2014, the P&P indicated foods shall be received and stored in a manner that complies with safe food handling practices.7. Dry foods that are stored in bins will be removed from original packaging, labeled and dated (use by date).During a review of the facility's Ice Machine Maintenance Manual, titled Section 4 Maintenance, dated February 2020, the Manual indicated the facility was responsible for maintaining the ice machine in accordance with the instructions in this manual.an extremely dirty ice machine must be taken apart for descaling and sanitizing.

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	06/12/2026

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on observation, interview, and record review, the facility failed to ensure Certified Nurse Assistant (CNA) 4 spoke to one of seven sampled residents (Resident 119) in a respectful manner.This failure had the potential for Resident 119 to experience loss of dignity and decreased self^esteem.Findings:During a review of Resident 119's admission Record, the admission record indicated the facility admitted Resident 119 on 10/24/2024 with diagnoses including paranoid schizophrenia (a chronic mental health condition characterized by intense, irrational suspicions, mistrust, and false beliefs that others are plotting to harm or harass the individual), anxiety disorder (constantly feeling worried and nervous), and insomnia (trouble falling asleep or staying asleep).During a review of Resident 119's History and Physical (H&P), dated 10/22/2025, the H&P indicated Resident 119 did not have the capacity (ability) to understand information and make decisions.During a review of Resident 119's Minimum Data Set (MDS - a resident assessment tool), dated 2/2/2026, the MDS indicated Resident 119's cognitive skills for daily decision making were moderately impaired (poor decision making and supervision required). The MDS indicated Resident 119 required moderate assistance (helper performs less than half of the effort) from one staff for shower, putting on foot wear, personal hygiene, and required supervision or touching assistance (helper provides verbal cues and/or touching, steadying, or contact^guard assistance while the resident completes the activity) from one staff for toilet hygiene, dressing, bed mobility , transfer, eating.During an observation on 6/8/2026 at 1:07 p.m., Resident 119 was seen gently stroking another resident's (unknown) hair and face while they sat in a chair in the hallway. Resident 119 then stood up suddenly and asked the other resident to shake their hand. At that time, CNA 4 approached Resident 119 and sternly stated, Go to your room, now! When Resident 119 entered the room, CNA 4 sternly stated, Sit down, then walked away and told Resident 119 to stay in the room.During a concurrent observation and interview on 6/8/2026 at 1:11 p.m., with Resident 119 in his room, Resident 119 was observed pacing back and forth in his room. Resident 119 stated, CNA 4 did not like him, because of the way CNA 4 spoke to him, he thought he had done something wrong that made CNA 4 mad at him.During an interview on 6/8/2026 at 1:15 p.m., with CNA 4 in a hallway, CNA 4 stated, she was fairly new to the facility. CNA 4 stated, she should have used a respectful tone of voice when she told resident 19 to sit down, and told him to go to his room, to ensure Resident 119 felt safe and respected. During an interview on 6/10/2026 at 10:32 a.m., with Registered Nurse Supervisor (RNS) 1, RNS 1 stated staff should approach Resident 119 in a calm manner and speak to the resident nicely. RNS 1 stated, the staff should treat residents with respect and promote their dignity. During an interview on 6/12/2026 at 4:04 p.m., with the Director of Nursing (DON), the DON stated that all staff should be trained on how to care for residents with dignity and respect. The DON stated that every resident should be treated with dignity and respect because it is their right.During a review of Resident 119's Care Plan (CP) titled, At risk for decline in psychosocial well being related to anxiety, initiated on 10/24/2024, the CP Goal indicated Resident 119 will have social interaction with staff daily by 7/2026. The CP Approach Plan indicated to validate the resident's feelings, encourage social interaction with staff, and provide empathic listening (the practice of listening to understand another person's emotions and perspective without judgment or the urge to fix the problem) and reassurance (a subsequent action used to provide emotional support, validate the person's feelings, and offer a sense of safety and relief).During a review of the facility's Policy and Procedure (P&P) titled, Quality of Life-Dignity, revised 8/2009, the P&P indicated, Policy Statement: Each resident shall be cared for in a manner that promotes and enhances quality of life, dignity, respect and individuality. Policy Interpretation and Implementation: 1. Residents shall be treated with dignity and respect at all times.2. Treated with dignity means the resident will be assisted in maintaining and enhancing his or her self-esteem and self-worth . 7. Staff shall speak respectfully to residents at all times.During a (continued on next page)

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	06/12/2026

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	review of the facility's Policy and Procedure (P&P) titled, Resident Rights, revised 12/2016, the P&P indicated, Policy Statement: Employees shall treat all residents with kindness, respect, and dignity. Policy Interpretation and Implementation: 1. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: a dignified existence; b. be treated with respect, kindness, and dignity.

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	06/12/2026

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure one of six sampled residents (Resident 130)'s: informed consent for Zyprexa [medication used to treat schizophrenia (a mental illness that is characterized by disturbances in thought) or bipolar disorder (sometimes called manic-depressive disorder; mood swings that range from the lows of depression to elevated periods of emotional highs)] included the manifested behavior for the medication indication useInformed consent for Remeron (medication used to treat major depressive disorder) was renewed every six months. This deficient practice had the potential to violate the residents' right to make an informed decision regarding the use of psychotropic medications. Findings: During a review of Resident 130's admission Records, the admission Records indicated the facility admitted Resident 130 on 2/26/2021 and was readmitted on [DATE] with diagnoses including schizophrenia (a mental illness that is characterized by disturbances in thought) and resting tremor (a rhythmic, involuntary shaking of a body part like a hand or leg that happens when those muscles are completely relaxed and resting) on the right upper extremity.During a review of Resident 130's history and physical (H&P) dated 3/14/2026, the H&P indicated Resident 130 had fluctuating (changing frequently) ability to understand and make decisions.During a review of Resident 130's Minimum Data Set (MDS - a resident assessment tool) dated 3/10/2026, the MDS indicated Resident 130 had severe impairment of the ability to think or make decisions. The MDS indicated Resident 130 had behaviors of delusions (misconceptions or beliefs that are firmly held, contrary to reality). The MDS indicated Resident 130 needed staff supervision with eating, oral hygiene, toileting hygiene, showering, upper and lower body dressing, and taking off or putting on footwear. The MDS indicated Resident 130 needed moderate staff assistance with personal hygiene. During a concurrent interview and record review on 6/11/2026 at 9:31 a.m. with Licensed Vocational Nurse (LVN) 7, Resident 130's informed consent dated 12/31/2025, was reviewed. LVN 7 stated the informed consent indicated Resident 130's legal empowered representative consented for the use of the Zyprexa to treat Resident 130's schizophrenia. The informed consent did not indicate the manifested behavior of schizophrenia. During a concurrent interview and record review on 6/11/2026 at 10:17 a.m. with the Social Services Director (SSD), Resident 130's informed consent dated 7/28/2024, was reviewed. The informed consent indicated Resident 130's legal empowered representative consented for the use of Remeron to treat Resident 130's right hand tremor on 7/28/2025. The SSD stated this is the most recent informed consent for Remeron. The SSD stated the facility has not gotten to this resident's station for consents yet. The SSD stated psychotropic informed consent should have been renewed every six months.During an interview on 6/12/2026 at 3:18 p.m. with the Director of Nursing (DON), the DON stated it is important to renew informed consents every six months to ensure the resident and/or representative is informed of the indications, risks, and benefits of the medication and have the opportunity to agree or refuse with the treatment. During a review of the facility's policy and procedure (P&P), titled Psychotropic Medication Use, revised February 2025, the P&P indicated prior to initiate the use of, increasing the dose of, or switching to a different psychotropic medication, the staff and physician will review the following with the resident/representative prior to obtaining documented consent or refusal: non-pharmacological alternatives; the indications and rationale for the recommendation; the potential risks and benefits (including possible side effects, adverse consequences, and black box warnings); and the resident's/representative's right to accept or decline the treatment.

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	06/12/2026

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to honor and accommodate the resident's food preferences in a timely manner for one of four sampled residents (Resident 106). This deficient practice had the potential to negatively impact the resident's nutritional status, appetite, autonomy, and overall well-being. Findings:During a review of Resident 106's admission Record, the admission Record indicated Resident 106 was readmitted to the facility on [DATE] with diagnoses including paranoid schizophrenia (a mental illness that is characterized by intense irrational suspicions), Type II Diabetes Mellitus (DM, a chronic disease that affects how the body processes sugar), and anemia (a condition where the body does not have enough healthy red blood cells).During a review of Resident 106's history and physical (H&P) dated 4/11/2026, the H&P indicated Resident 106 has fluctuating capacity to understand and make decisions. During a review of Resident 106's Minimum Data Set (MDS, a resident assessment tool), dated 4/3/2026, the MDS indicated Resident 106 was moderately cognitively (mental processes involved in gaining knowledge and comprehension, includes thinking, knowing, remembering, judging, problem-solving) impaired. The MDS indicated Resident 106 required partial assistance (Helper does less than half the effort) from staff for bathing, and required supervision for eating oral hygiene, toileting hygiene upper (above waist) and lower (below waist) dressing, personal hygiene, sit to lying, and chair/bed-to-chair transfer. During an interview on 6/8/2026 at 10:17 a.m., with Resident 106, Resident 106 stated the day before (6/7/2026) she had requested she no longer wanted to have fish every lunch and dinner and wants to eat fish only when everyone else is eating fish. During a concurrent observation and interview on 6/8/2026 at 12:36 p.m., with Certified Nursing Assistant (CNA) 1, CNA 1 stated Resident 106 usually ate fish for lunch and dinner but she no longer wants fish for every lunch and dinner, and wanted to have it changed. Resident 106's lunch plate had fried fish on it. Resident 106's label on the tray cart indicated Requests fish daily at lunch and dinner unless pizza, hot dogs or hamburgers. During an interview on 6/9/2026 at 12:37 p.m., with Resident 106, Resident 106 stated she got fish again and indicated she had told the staff that she did not want fish anymore. During an interview on 6/9/2026 at 1:56 p.m., with the Registered Dietician (RD), the RD stated Resident 106 informed her last week on 6/2/2026 she did not want to have fish daily. The RD stated she did not check on whether Resident 106's preferences were updated. The RD stated she was served fish for lunch and then the fish was replaced with chicken. The RD stated it was important to respect the residents' food preference's as they are people and reserve the right to eat what they want. The RD stated not respecting the resident's food preference may lead to the residents eating less, may experience weight loss and may not be happy. During a concurrent interview and record review on 6/11/2026 at 9:38 a.m., with the Dietary Supervisor (DS), the DS stated on 6/2/2026, the RD informed her Resident 106 did not want fish anymore for lunch and dinner. The Dietary Recommendations documentation presented by the DS signed by the RD indicated on 6/2/2026, Resident 106 wanted to change back to menu items instead of fish, and fish was okay if it was on the menu. The DS stated she was aware Resident 106 received fish on 6/8/2026 and 6/29/2026 for lunch. The DS stated it was important to respect residents' preferences and not respecting their preference could lead to the residents not wanting to eat, lose appetite, and lose weight. During a review of the facility's policy and procedures (P&P) titled, Resident Rights, revised date 12/2016, the P&P indicated federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to exercise his or her rights as a resident of the facility.During a review of the facility's P&P titled, Resident Food Preferences, revised date 7/2017, the P&P indicated individual food preferences will be assessed.modifications to diet will only be ordered with the resident's or representative's consent. When possible, staff will interview the resident directly to determine current food preferences based on history and life patterns related to food and mealtimes. The Food Services Department will offer a (continued on next page)

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	06/12/2026

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	variety of foods at each scheduled meal, as well as access to nourishing snacks throughout the day and night.During a review of the facility's P&P titled, Food and Nutrition Services, revised date 10/2017, the P&P indicated each resident is provided with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into consideration the preferences of each resident. The multidisciplinary staff, including nursing staff, the attending physician and the dietitian will assess each resident's nutritional needs, food likes, dislikes and eating habits, as well as physical, functional, and psychosocial factors that affect eating and nutritional intake and utilization. Reasonable efforts will be made to accommodate resident choices and preferences. Food and nutrition services staff will inspect food trays to ensure that the correct meal is provided to each resident.

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	06/12/2026

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to complete a change of condition and notify the physician when:a. one of 28 sampled residents (Resident 80) had a significant change in physical status identified in 4/2026 when multiple Restorative Nursing Aide (RNA, nursing aide program that help residents to maintain their function and joint mobility) staff reported Resident 80's repeated refusals to wear splints (rigid material or apparatus used to support and immobilize a broken bone or impaired joint) and attempts to take off splints.b. Resident 122 started to pull their front wheel walker (FWW - type of mobility aid with wide base of support) behind them when walking instead of pushing the FWW in front of their body.These deficient practices resulted in Resident 80 experiencing a decline in range of motion (ROM, full movement potential of a joint) in the knees and ankles without facility physician's knowledge and providing alternative interventions and treatments and the potential to result in a delay of treatment or Resident 122 experiencing a fall. Findings: a. During a review of Resident 80's admission Record, the admission Record indicated the facility initially admitted Resident 80 on 4/19/2010 and readmitted on [DATE] with diagnoses including, schizophrenia (a mental health disorder that is characterized by disturbances in thought) and unspecified osteoarthritis (a progressive disorder of the joints, caused by a gradual loss of cartilage). During a review of Resident 80's Minimum Data Set (MDS, resident assessment tool) dated 3/6/2026, the MDS indicated Resident 80 was severely impaired in cognitive skills for daily decision making (mental processes involved in gaining knowledge and comprehension, includes thinking, knowing, remembering, judging, and problem-solving). The MDS indicated Resident 80 did not have any functional limitations in ROM in the upper extremity (UE, shoulder, elbow, wrist/hand) and had limitations in functional ROM on both sides of the lower extremities (LE, hip, knee, ankle/foot). The MDS indicated Resident 80 used a wheelchair. The MDS indicated Resident 80 required supervision for eating and substantial assistance for oral hygiene, toileting, sit to lying, sit to stand, and required dependent assistance for bed to chair transfers. During a review of Resident 80's Joint Mobility Assessment (JMA) dated 7/4/2024, the JMA indicated Resident 80 shoulders, elbows, wrists, and hand/fingers were within functional limits (variance due to normal aging process allowed). The JMA indicated Resident 80's minimal (75 – 100% available ROM) limitation in left hip, moderate (50-75% available ROM) limitation in right hip, both knees and both ankles. There were no other JMAs completed in Resident 80's medical records. During a review of Resident 80's Care Plan (CP) dated 12/6/2024, the CP indicated Resident 80 was at risk for new and or development of joint limitations contracture (loss of motion of a joint) secondary to decreased mobility. The CP goal indicated Resident 80 will have no further increase in ROM limitations/contracture daily in three months. The CP approach plan indicated to provide joint mobility assessment quarterly and as needed, provide restorative activities and exercises per physician order, notify physician or any changes in mobility status or signs of new or further development of joint mobility. During a review of Resident 80's Physical Therapy (PT, a rehabilitation profession that restores, maintains, and promotes optimal physical function) Evaluation and Plan of Treatment dated (continued on next page)

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	06/12/2026

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	12/18/2024, the PT Evaluation indicated Resident 80 was referred to skilled PT due to development of contractures on left knee and both ankles. The PT Evaluation indicated Resident 80 needed splints for both ankles. The PT Evaluation indicated Resident 80 had impairment in ROM in the right ankle at -10 degrees dorsiflexion (mild foot drop and foot cannot move back to a neutral position). The PT Evaluation indicated Resident 80 had impairments in ROM in left knee at -90 degree extension (knee was in a bent position and cannot straighten knee) and the left ankle at -10 degree dorsiflexion. During a review of Resident 80's CP dated 1/11/2025, the CP indicated Resident 80 had potential for decreased mobility related to use of splint. The CP approach plan indicated to apply splint as ordered, reassess joint mobility quarterly or as needed, and to notify physician of any unusual changes. During a review of Resident 80's Physician Order Report, Physician Order Report indicated the following orders: -order dated 2/6/2025 for RNA program for passive range of motion (PROM, movement at a given joint with full assistance from another person) exercises on both lower extremities once a day seven times a week as tolerated. -order dated 2/6/2025 for RNA to apply splint on left knee once a day seven times a week up to five hours as tolerated. -order dated 2/6/2025 for RNA to apply both ankle splints once a day seven times a week for five hours or as tolerated. During a review of Resident 80's 2/2026 Restorative (RNA) Flowsheet, the RNA Flowsheet indicated Resident 80 wore the left knee splint for two hours (seven times), three hours (19 times), and four hours (two times). The RNA Flowsheet did not indicate how long Resident 80 wore both ankle splints. During a review of the Restorative Nursing Weekly Summary Splint dated 2/6/2026, 2/13/2026, 2/20/2026, and 2/27/2026, the RNA Splint Weekly Summaries indicated a NO to refuses to wear (splint) and blank to resident takes off (splint). During a review of Resident 80's 3/2026 Restorative Flowsheet, the RNA Flowsheet indicated Resident 80 wore left knee splint for one hour (five times), two hours (nine times), three hours (16 times). The RNA Flowsheet did not indicate how long Resident 80 wore both ankle splints. During a review of the Restorative Nursing Weekly Summary Splint dated 3/6/2026, the RNA Splint Weekly Summary indicated a YES to resident takes off (splint). During a review of Resident 80's 4/2026 Restorative Flowsheet, the RNA Flowsheet indicated Resident 80 wore left knee splint for one hour (one time), two hours (26 times), three hours (two times) or five hours (one time). The RNA Flowsheet did not indicate how long Resident 80 wore both ankle splints. During a review of the Restorative Nursing Weekly Summary Splint dated 4/3/2026, the RNA Splint Weekly Summary indicated a check mark to resident takes off (splint), and a check mark to refuses to wear. During a review of the Restorative Nursing Weekly Summary Splint dated 4/10/2026, the RNA Splint (continued on next page)

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	06/12/2026

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Weekly Summary indicated a check mark to resident takes off (splint). During a review of the Restorative Nursing Weekly Summary Splint dated 4/17/2026, the RNA Splint Weekly Summary indicated YES to refuses to wear, and YES to charge nurse notified. The RNA Splint Weekly Summary indicated resident removes his splints, charge nurse notified, ankle splints, and knee splints. During a review of the Restorative Nursing Weekly Summary Splint dated 4/24/2026, the RNA Splint Weekly Summary indicated a check mark to resident takes off (splint), and a check mark to refuses to wear. During a review of Resident 80's 5/2026 Restorative Flowsheet, the RNA Flowsheet indicated Resident 80 wore left knee splint for one hour (three times), two hours (22 times), or three hours (six times). The RNA Flowsheet did not indicate how long Resident 80 wore both ankle splints. During a review of the Restorative Nursing Weekly Summary Splint dated 5/8/2026, the RNA Splint Weekly Summary indicated Yes to resident takes off (splint), and Yes to charge nurse notified. During a review of the Restorative Nursing Weekly Summary Splint dated 5/22/2026, the RNA Splint Weekly Summary indicated a check mark to resident takes off (splint). During a review of the Restorative Nursing Weekly Summary Splint dated 5/29/2026, the RNA Splint Weekly Summary indicated Yes to resident takes off (splint), and Yes to charge nurse notified. During a review of Resident 80's 6/2026 Restorative Flowsheet, the RNA Flowsheet indicated Resident 80 wore left knee splint for one hour (two times), two hours (three times), three hours (four times), or four hours (one time). The RNA Flowsheet did not indicate how long Resident 80 wore both ankle splints. During a review of Resident 80's Physical Therapy Evaluation dated 6/10/2026, the PT Evaluation indicated an increase in contracture in both ankles compared to the last PT evaluation on 12/18/2024 and Resident 80 developed a new contracture on the right knee. During an observation and interview on 6/8/2026 at 9:27 a.m.,, Resident 80 was sitting in a wheelchair in the hallway. Resident 80's knees were bent and the left ankle was bent forward and sideways towards the middle of the body. Resident 80 was able to move the left arm up and down and comb his hair. During an observation on 6/8/2026 at 9:52 a.m., Resident 80 was lying in bed towards the right side. Resident 80's knees were bent and Resident 80 was wearing a splint on the left knee and splint on the left ankle/foot. Resident 80 was not wearing a splint on the right ankle/foot. Resident 80's left and right ankle/foot were pointed down away from the body. During an observation and interview on 6/9/2026 at 10:22 a.m., in Resident 80's room, Resident 80 was lying on the back in bed. Restorative Nursing Assistant (RNA 1) and Restorative Nursing Assistant (RNA 2) performed ROM to Resident 80's knees. RNA 1 attempted to straighten and bend the right knee. Resident 80 required slow movements and rest breaks to straighten the right knee and could not straighten the right knee all the way. RNA 2 attempted to straighten Resident 80's left knee, but RNA 2 stated Resident 80 was resisting and did not allow RNA 2 to straighten the left knee from a (continued on next page)

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	06/12/2026

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	fully bent position. Resident 80's right ankle was pointed forward away from the body and the left ankle was pointed fully forward and turned toward the middle of the body. Resident 80 did not want RNA 1 and RNA 2 to do any ROM of the ankle and did not want to put on any splints. RNA 1 stated they will report to the charge nurse that Resident 80 refused ROM and refused to wear splints today and will reattempt later in the day. During an interview on 6/9/2026 at 10:50 a.m.,, RNA 1 and RNA 2 stated Resident 80's left ankle could not move very much and the right ankle could move a little. RNA 2 stated he put on both ankle splints on Resident 80 yesterday (6/8/2026) and if Resident 80 was not wearing the right ankle splint, then it meant Resident 80 took it off himself yesterday. During an interview on 6/10/2026 at 9:28 a.m.,, Certified Nursing Assistant (CNA 11) stated Resident 80 could not fully straighten the left leg and the left ankle was turned inward. CNA 11 stated Resident 80 would try to take off the splints on his foot. During an observation and interview on 6/10/2026 at 9:40 a.m., in Resident 80's room, RNA 2 stated Resident 80 agreed to wear the left knee and both ankles splints today. Resident 80's ankles were pointed down and did not fit the ankle splint. RNA 2 stated Resident 80's ankles were stiffer now and pointed down more and both heels did not fit in the back of the ankle splints. RNA 2 stated Resident 80 was not really used to the splint and was fighting to put on the splints. During an interview on 6/10/2026 at 9:55 a.m., with the Registered Nurse Supervisor (RNS 1), RNS 1 stated if a resident had a change or decline in ROM limitation, the RN had to complete an assessment and a change of condition (COC) and inform the physician how the resident was before and how the resident was now. RNS 1 stated RNA staff did inform nursing staff that Resident 80 would take off the splints or refuse ROM exercises. RNS 1 stated if a resident refused for one day, then nursing staff would monitor, but if the resident refused for multiple days, then it was a COC and staff would need to let the physician know that the resident was refusing the RNA program. RNS 1 stated there should have been a COC completed for Resident 80's behaviors or refusing RNA and taking off the splints early, so that staff could assess what the issue was and inform the physician. RNS 1 reviewed Resident 80's medical records and stated a COC assessment was not completed for Resident 80's refusals of RNA program and repeated removal of the splints. During a concurrent interview and record review on 6/10/2026 at 11:28 a.m., with Physical Therapist (PT 1), Resident 80's PT records were reviewed. PT 1 stated Resident 80 received an PT evaluation on 12/18/2024. PT 1 stated he recommended new ankle splints and to continue the left knee splint. PT 1 stated the PT Evaluation indicated Resident 80's ankles were pointed down just a little at that time and had a mild contracture and the ankle splints he recommended would have fit Resident 80 at that time. PT 1 stated he nor anyone from therapy was informed about any decline in ROM in Resident 80 or any RNA reports of Resident 80 refusing ROM or taking off the splints earlier than five hours recommended. PT 1 stated there could be multiple reasons for Resident 80 refusing RNA and the splints including a change in cognition or pain and Resident 80 would need an PT assessment to find out why Resident 80 was refusing RNA. PT 1 stated if therapy was notified of a change of condition for Resident 80, then PT would have completed an evaluation and Resident 80 would have been put on a therapy treatment program to determine why Resident 80 did not want to wear the splints and see if there were other splints or interventions that could have fit Resident 80 better and increase compliance with wearing the splints. During an observation and interview on 6/10/2026 at 1:10 p.m., in Resident 80's room, PT 1 evaluated (continued on next page)

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	06/12/2026

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident 80's ROM in the legs. PT 1 stated Resident 80's ankles were almost fixed now (could no longer move). PT 1 asked Resident 80 if he had pain when moving the ankle and Resident 80 said yes. PT 1 reviewed Resident 80's PT Evaluation dated 12/18/2024 and compared Resident 80's evaluation today and PT 1 stated Resident 80's ankle ROM worsened from the last time Resident 80 was evaluated. PT 1 assessed Resident 80's right knee and stated there was a new contracture now in Resident 80's right knee when there was no contracture last time on 12/18/2024. PT 1 stated Resident 80 would need a new splint for the right knee. PT 1 stated the ankle splints Resident 80 currently had could no longer fit because Resident 80's left ankle was inverted and pointed further down and fixed. PT 1 stated the ankle splints would not help Resident 80 anymore because the ankle could no longer get better. PT 1 stated both ankles were contracted at 35 degrees (pointed fully down away from the body) and that was the worst the ankle could get and the most severe impairment. PT 1 stated if therapy was notified earlier, then there definitely could have been interventions PT could have done such as get new splints and try to stretch the leg. PT 1 stated if therapy intervened earlier, therapy could have prevented the ankles from getting worse to this point. During an interview on 6/10/2025 at 1:25 p.m.,, RNA 2 stated RNA would always document in the RNA records if Resident 80 refused and inform the charge nurse. RNA 2 stated RNA staff reported all the time when Resident 80 took off his splints early. During a concurrent interview and record review on 6/10/2026 at 2:12 p.m., with RNS 1, Resident 80's medical record was reviewed. RNS 1 reviewed 2/2026 RNA flowsheet and weekly summaries and stated there were no RNA reports of Resident 80 refusing RNA or taking off the splints. RNS 1 reviewed 3/2026 RNA flowsheet and weekly summaries and stated there was one report of Resident 80 taking off the splints. RNS 1 stated this was when nursing should have started monitoring Resident 80's behaviors but not yet considered a COC. RNS 1 reviewed 4/2026 RNA flowsheet and weekly summaries and stated Resident 80 had three reports of taking off the splints and four reports of refusing to wear the splints. RNS 1 stated these multiple reports of taking off and refusing to wear the splints was a COC and a COC should have been completed in April 2026 for Resident 80. RNS 1 stated a COC should have been completed because the behavior was happening multiple times now and it was a red flag. RNS 1 stated the purpose of a COC was to assess and monitor the resident for 72 hours to see if the resident was getting worse or better and to find a solution to the issue and to inform the physician. RNS 1 stated nursing should have called the physician and ordered an PT evaluation because the facility should find another solution if Resident 80 was repeatedly taking off the splints. RNS 1 reviewed Resident 80's medical records from 2025 to 2026 and stated there was no COC completed for Resident 80. RNS 1 stated if staff completed a COC in April 2026, the facility could have changed the RNA program and staff could have found a solution for Resident 80 earlier. RNS 1 stated if the facility had PT intervene earlier then maybe Resident 80 would not have had the decline in ROM. During a phone interview on 6/10/2026 at 3:06 p.m., with Medical Doctor (MD 1), MD 1 stated he would want to be notified if Resident 80 required any orders, such as a physical therapy evaluation order. During an interview on 6/11/2026 at 10:32 AM with the Director of Nursing (DON), DON stated a change of condition should be completed so staff can check what was going on with the resident and not delay any treatment and intervention. DON stated staff had to report to the physician and do whatever the physician ordered. DON stated if staff delayed completing a COC, then a resident could get worse without any intervention. DON stated when RNA reported Resident 80 was repeatedly refusing and taking off splints, this was considered a COC and a COC should have been completed for (continued on next page)

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	06/12/2026

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident 80. During a review of the facility's policies and procedures titled, Change in a Resident's Condition or Status, revised 2/2021, indicated our facility promptly notifies the resident, his or her attending physician, and the resident representative of changes in the resident's medical/mental condition and/or status. CROSS REFERENCE TO F656 and F688 b. During a review of Resident 122's admission Records undated, the admission Records indicated the facility admitted Resident on 2/13/2020 and was readmitted on [DATE] with diagnoses including history of falling, abnormalities of gait (walking) and mobility (movement), and hemiplegia (complete loss of the ability to move one side of the body) on the left side of the body. During a review of Resident 122's history and physical (H&P) dated 2/14/2026, the H&P indicated Resident 122 did not have the ability to understand and make decisions. During a review of Resident 122's Minimum Data Set (MDS – a resident assessment tool) dated 2/20/2026, the MDS indicated Resident 122 had moderate impairment of the ability to think and make decisions. The MDS indicated Resident 122 used a walker as a mobility device. The MDS indicated Resident 122 needed staff supervision with eating, oral hygiene, toileting hygiene, upper body dressing and needed moderate staff assistance with showering, lower body dressing, putting on or taking off footwear, and personal hygiene. The MDS indicated Resident 122 had an active diagnosis of hemiplegia. During a review of Resident 122's care plan dated 2/21/25, the care plan indicated Resident 122 was at risk for falls or injuries related to abnormalities of gait and mobility and was using a front wheel walker improperly. The care plan indicated goals of decreased significant injury as a result from falls in the next three months. The care plan indicated approach plans of educating Resident 122 about the proper use of front wheel walker, supervising Resident 122 during ambulation (walking) with front wheel walker to prevent falls, and monitor every 1 hour to maintain safety and fall precautions. During a concurrent observation and interview with on 6/10/2026 at 2:53 p.m., Certified Nurse Assistant (CNA) 1, Resident 122 walked in the hallway with the FWW behind them (Resident 122). CNA 1 stated Resident 122 always walked with the FWW walker behind them. CNA 1 stated when we try to instruct Resident 122 to properly use the FWW in the front or move the FWW to the front, Resident 122 will raise his fists or move it back. During a concurrent interview and record review on 6/11/2026 at 9:02 a.m., with Licensed Vocational Nurse (LVN) 7, Resident 122's care plan titled Resident at times is resistive to care, may clench fists when upset, refuses medications sometimes and uses FWW in reverse dated 11/21/2025 was reviewed. LVN 7 stated the approach or interventions of the care plan indicated to notify the physician if refusal increases or behavior worsens. LVN 7 stated Resident 122 started pulling the FWW on 11/21/2025. During a concurrent interview and record review on 6/11/2026 at 9:04 a.m. with Licensed Vocational Nurse 7, Resident 122's physical therapy notes dated 6/12/2022, nursing notes, and change of condition documentation were reviewed. LVN 7 stated there is no documentation that indicated Resident 122's physician was notified that Resident 122 was using the FWW improperly. LVN 7 stated (continued on next page)

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	06/12/2026

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the physician should have been notified. LVN 7 stated the physician could have ordered a physical therapy evaluation for Resident 122. During an interview on 6/12/2026 at 3:18 p.m., with the Director of Nursing (DON), the DON stated it was important to notify the physician of a change of condition to get the resident proper treatment such as a physical therapy evaluation if necessary. During a review of the facility's policy and procedure (P&P), titled Change in a Resident's Condition or Status, revised February 2021, the P&P indicated the nurse will notify the resident's attending physician or [physician on call when there has been a significant change in the resident's physical/emotional/mental condition; need to alter the resident's medical treatment significantly; refusal of treatment or medications two (2) or more consecutive times); and/or when there is specific instruction notify the physician of changes in the resident's condition.

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	06/12/2026

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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure three out of three sampled residents (Resident 150, Resident 160, and Resident 170) were provided privacy when Resident 144 was observed going into their room and using the restroom without permission. This deficient practice had the potential to violate the resident's rights and right to privacy. Findings: a. During a review of Resident 150's admission Record, the admission Record indicated Resident 150 was admitted to the facility on [DATE] with diagnoses including chronic kidney disease (CKD, a long-term condition where the kidneys are damaged and gradually lose their ability to filter waste and excess fluid from the blood), heart failure (a chronic condition where the heart muscle doesn't pump blood as efficiently as it should, preventing it from meeting the body's needs), and urinary retention (the inability to completely empty your bladder, or not being able to urinate at all). During a review of Resident 150's minimum data set (MDS, a resident assessment tool) dated 3/19/2026, the MDS indicated Resident 150 was severely cognitively (ability to make decisions of daily living) impaired. The MDS indicated Resident 150 rarely or never made decisions. b. During a review of Resident 160's admission Record, the admission Record indicated Resident 160 was admitted to the facility on [DATE] with diagnoses including depression (a mood disorder that causes persistent feelings of sadness, emptiness, and a loss of interest in activities) and schizophrenia (a chronic and severe brain disorder that affects how a person thinks, feels, and acts). During a review of Resident 160's MDS dated [DATE], the MDS indicated Resident 160 was severely cognitively impaired. The MDS indicated Resident 160 rarely or never made decisions. c. During a review of Resident 61's admission Record, the admission Record indicated Resident 61 was admitted to the facility on [DATE] with diagnoses including dementia (a decline in mental ability severe enough to interfere with daily life), post-traumatic stress disorder (PTSD, a mental health condition triggered by experiencing or witnessing a terrifying, life-threatening, or deeply stressful event), and anxiety disorder (mental health conditions characterized by persistent, excessive, and disproportionate fear or worry in everyday situations). Resident 61's admission Record indicated family member (FM) 1 was Resident 61's responsible party (the party responsible to making health care decisions when the principal party is unable to make said health care decisions for him or herself). During a review of Resident 61's MDS dated [DATE], the MDS indicated Resident 61 was severely cognitively impaired. The MDS indicated Resident 61 rarely or never made decisions. d. During a review of Resident 144's admission Record, the admission Record indicated Resident 144 was admitted to the facility on [DATE] with diagnoses of schizophrenia (a chronic, severe brain disorder that affects how a person interprets reality) and constipation (having fewer than 3 bowel movements a week. During a review of Resident 144's MDS dated [DATE], the MDS indicated Resident 144 had moderate cognitive impairment (noticeable memory or thinking problems-such as losing focus, frequently misplacing items, or struggling with language-but they remain largely independent and can perform daily activities) and was able to walk 150 feet with supervision or touching assistance (helper provides verbal cues and/ or touching/ steadying and/ or contact guard assistance as resident completes activity). e. During a review of Resident 170's admission Record, the admission Record indicated Resident 170 was admitted to the facility on [DATE] with diagnoses including schizoaffective disorder (a mental health problem where you experience psychosis as well as mood symptoms), diabetes mellitus (high blood sugar), and constipation (fewer than 3 bowel movements per week). During a review of Resident 170's MDS dated [DATE], the MDS indicated Resident 170 had severe cognitive impairment. During an observation on 6/8/2026 at 10:11 a.m., Resident 144 was entering a room that was not hers. The room Resident 144 entered was shared by Resident 150, Resident 160, and Resident 170. Resident 144 proceeded to enter the restroom and after she finished with the restroom she walked back through the residents' (Resident 150, Resident 160, and Resident 170)'s room and exited. During an interview on 6/8/2026 at 10:17 a.m., with Licensed (continued on next page)

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	06/12/2026

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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Vocational Nurse (LVN), LVN 1 stated Resident 144's restroom was out of order so she needed to use another restroom. LVN 1 stated they usually have the residents use a room that is not occupied but they did not have any at the moment so Resident 144 had to use another room. During an interview on 6/11/2026 at 8:56 a.m., with the maintenance supervisor (MS), the MS stated on the morning of 6/8/2026, the restroom of Resident 144's room was out of order. The MS stated residents were to use another residents restroom if their restroom was out of order. During an interview on 6/12/2026 at 10:32 a.m., FM1 stated she comes to the facility twice a week to visit Resident 61 and while she is visiting, other residents (unknown) walk into Resident 61's room and use the restroom. FM1 stated other residents that do not belong in the room come in and out of Resident 61's room a lot. FM1 stated she was tempted to have Resident 61 moved to another Skilled Nursing Facility (SNF) for this reason but the facility's location was convenient for her. During an interview on 6/12/2026 at 3:18 p.m., the Director of Nursing (DON) stated Residents were to be redirected and not allowed into other residents rooms. The DON stated when residents enter another residents room they were invading their privacy and it should not happen. During a review of the facility's policy and procedure (P&P) titled Resident Rights revised 12/2016, the P&P indicated the residents had the right to privacy and confidentiality.

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	06/12/2026

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide a safe, comfortable, and homelike environment when the facility failed to:1. Provide Resident 12 with a pillow. 2. Provide Resident 88 with a pillow. 3. Ensure one out of 8 sampled residents (Resident 100) did not have peeling paint in their restroom. These deficient practices placed Residents 12, 88, and 100 at risk of not experiencing the facility as their home, and placed Residents 12 and 88 at risk of discomfort while resting in bed Findings: 1. During a review of Resident 12's admission Record, The admission Record indicated the facility initially admitted Resident 12 on 12/2/2021 and readmitted on [DATE] with diagnoses including metabolic encephalopathy (any damage or disease that affects the brain), muscle wasting and atrophy (decrease in muscle mass). During a review of Resident 12's Minimum Data Set (MDS, resident assessment tool) dated 2/2/2026, the MDS indicated Resident 12 had severe cognitive (mental processes involved in gaining knowledge and comprehension, including thinking, knowing, remembering, judging and problem-solving) impairments. The MDS indicated Resident 12 required partial assistance from others with eating, sit to lying, substantial assistance with oral hygiene, bathing, upper body dressing, sit to stand, and bed to chair transfers and dependent assistance with lower body dressing. During an observation and interview on 6/8/2026 at 9:44 a.m., in Resident 12's room, Resident 12 did not have a pillow on the bed and Resident 12's head rested on the mattress. Resident 12 stated he would like a pillow. During an observation on 6/9/2026 at 9:12 a.m., in Resident 12's room, Resident 12 was lying diagonally in the bed and Resident 12 did not have a pillow on the bed. During a concurrent observation and interview on 6/9/2026 at 2:51 p.m., in Resident 12's room with Certified Nursing Assistant (CNA) 5, CNA 5 stated Resident 12 did not have a pillow on the bed and Resident 12 should have a pillow to rest and sleep on. Resident 12 stated he would like a pillow and asked CNA 5, do you have a pillow for me? 2. During a review of Resident 88's admission Record, the admission Record indicated Resident 88 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including, difficulty in walking and paranoid schizophrenia (a mental health disorder that is characterized by disturbances in thought). During a review of Resident 88's MDS dated [DATE], the MDS indicated Resident 88 was moderately impaired in cognitive skills for daily decision making. The MDS indicated Resident 88 required supervision assistance from others with eating, and substantial assistance with oral hygiene, dressing, sit to stand and bed to chair transfers. During an observation on 6/8/2026 at 9:44 a.m., in Resident 88's room, Resident 88 was asleep in bed and Resident 88's head was resting on the mattress. No pillow was observed on Resident 88's bed. (continued on next page)

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	06/12/2026

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation on 6/9/2026 at 9:12 a.m., in Resident 88's room, Resident 88 was sitting up in a wheelchair. No pillow was observed on Resident 88's bed. During a concurrent observation and interview on 6/9/2026 at 2:51 p.m., with CNA 5, CNA 5 stated Resident 88 did not have a pillow on Resident 88's bed, but Resident 88 should have a pillow. Resident 88 was lying in bed and stated he would like a pillow. During an interview on 6/9/2026 at 3:01 p.m., with Licensed Vocational Nurse (LVN) 10, LVN 10 stated all residents should have pillows for their beds to ensure residents could rest comfortably. LVN 10 stated having a pillow for the bed was a necessity. During an interview on 6/11/2026 at 10:32 a.m., with the Director of Nursing (DON), the DON stated every resident should have a pillow so the resident felt comfortable and have a homelike environment. The DON stated each resident should feel comfortable, because this was the resident's home and everyone should feel comfortable in their own home. During a review of the facility's policies and procedures (P&P) titled, Quality of Life – Homelike Environment, revised 5/2017, the P&P indicated residents are provided with a safe, clean, comfortable and homelike environment.these characteristics include: clean bed and bath linens that are in good condition. 3. During a review of Resident 100's admission Record, the admission Record indicated Resident 100 was admitted to the facility on [DATE] with diagnoses of schizophrenia and constipation (fewer than three bowel movements a week). During a review of Resident 100's MDS dated [DATE], the MDS indicated Resident 100 had severe cognitive impairment. During an observation of Resident 100's bathroom, and concurrent interview with the maintenance supervisor (MS) on 6/11/2026 at 8:56 a.m., MS stated there was peeling paint in Resident 100's restroom under the toilet paper dispenser and stated the peeling paint looked bad. The MS stated the facility was the resident's home so he would put the peeling paint in the restroom on a high priority list to get it fixed. During an interview on 6/11/2026 at 10:07 a.m., with CNA13, CNA 13 stated Resident 100 was ambulatory (walking or the ability to move about unassisted) and used his bathroom daily. During an interview on 6/12/2026 at 3:18 p.m., the DON stated the facility was the resident's home and the facility should look nice and homelike and not have peeling paint. The DON stated that when the facility looks good the residents feel better and more comfortable. During a review of the facility's P&P titled Quality of Life- Homelike Environment dated 5/2017, the P&P indicated the facility was to provide residents with a safe, clean, comfortable and homelike environment.

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	06/12/2026

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 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure one of three sampled residents (Resident 146) by failing to: Ensure there was an informed consent form prior to the abdominal binder (a soft band made of stretchy soft material that wraps around the stomach). being on Resident 146.Completed a physical restraint assessment. Initiated an abdominal binder care plan.Monitor the use of an abdominal binder. These deficient practices had the potential to result in injury and inhibit the residents' freedom of movement or activity.FindingsDuring a review of Resident 146's admission Record, the admission Record indicated Resident 146 was admitted to the facility on [DATE] with diagnoses including Alzheimer's disease (a disease characterized by a progressive decline in mental abilities), gastrostomy (g-tube, a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems), and dementia (a progressive state of decline in mental abilities). During a review of Resident 146's Minimum Data Set (MDS, a resident assessment tool), dated 4/2/2026, the MDS indicated Resident 146 was moderately cognitively impaired. The MDS indicated Resident 146 was dependent on all aspects of performing activities of daily living (ADLs, routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves). The MDS indicated Resident 146 had impairments on one side of both the upper (shoulder/arm) and lower (hip/leg) extremities. During a review of Resident 146's history and physical (H&P) dated 6/9/2026, the H&P indicated Resident 146 was unable to make his needs known. During a review of Resident 146's Medication and Treatment Orders dated 6/2/2026, the medication and treatment order indicated; may apply abdominal binder to prevent Resident 146 from pulling g-tube. During an observation on 6/9/2026 at 9:28 a.m., Resident 146 was observed with an abdominal binder. During a concurrent interview and record review on 6/10/2026 at 9:41 a.m., with Licensed Vocational Nurse (LVN) 3, LVN 3 stated restraints were used for safety and indicated abdominal binders can be considered a restraint. LVN 3 stated a physician's order (for the abdominal binder) and an informed consent (a document ensuring the resident was educated of the risks and benefits of the treatment and agreed or disagreed with continuing with the treatment) were required before using the abdominal binder on Resident 146. LVN 3 stated once the restraint (abdominal binder) is applied, restraint assessments should be conducted to evaluate how the resident was responding to the restraint and to determine whether the restraint was still needed. LVN 3 stated if a resident has an abdominal binder, there should be an order to take off the abdominal binder and assess Resident 146 every two hours for any redness of the skin, ensure the skin was intact, and to place the abdominal binder back on after 20 minutes off. LVN 3 stated the facility does not have any record of monitoring Resident 146 for the use of an abdominal binder. LVN 3 stated there were no care plans for the abdominal binder and indicated a care plan was a guide facility staff use as a guide in how they take care of the resident. During an interview on 6/12/2026 at 4:42 p.m. with the Director of Nursing (DON), the DON stated it was important to monitor restraints for proper positioning and skin integrity. The DON stated informed consents were obtained to ensure the resident and/or responsible party (RP) were agreeable to the treatment as they have the right to refuse and were explained the risks and benefits of the treatment. The DON stated an abdominal binder care plan ensures the proper care was given and not having a care plan; staff would not know if the interventions were effective. The DON stated the restraint assessment was done to identify the appropriate use and whether the least restrictive measures have been implemented. The DON stated abdominal binders were considered restraints. During a review of the facility's policy and procedures (P&P) titled, Resident Rights, revised date 12/2016, the P&P indicated federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to be from corporal punishment or involuntary seclusion, and physical or chemical restraints not (continued on next page)

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	06/12/2026

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 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	required to treat the resident's symptoms. During a review of the facility's P&P titled, Resident Assessments, dated 10/2023, the P&P indicated the resident assessment coordinator is responsible for ensuring the interdisciplinary team conducts timely and appropriate resident assessments. Assessments are completed by staff members who have the skills and qualifications to assess relevant care areas and who are knowledgeable about the resident's strengths and areas of decline. During a review of the facility's P&P titled, Use of Restraints, revised date 4/2017, the P&P indicated physical restraints are defined as any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily, which restricts freedom of movement or restricts normal access to one's body. The definition of a restraint is based on the functional status of the resident and not the device. If the resident cannot remove a device in such a manner in which the staff applied it given that resident's physical condition (i.e , side rails are put back down, rather than climbed over), and this restricts his/her typical ability to change position or place, that device is considered a restraint. Prior to placing a resident in restraints, there shall be a pre-restraining assessment are review to determine the need for restraints. The assessment shall be used to determine possible underlying causes of the problematic medical symptom and determine if there are less restrictive interventions (programs, devices, referrals, etc.) that may improve the symptoms. Treatment restraints may be used for the protection of the resident during treatment and diagnostic procedures if the resident and/or representative as consented to the treatment of procedure and the use of treatment restraints. Treatment restraints shall be applied for no longer than the time required to complete the treatment. Restraints shall only be used upon the written order of a physician and after obtaining consent from the resident and/or representative (sponsor). The order shall include the following:The specific reason for the resident (as it relates to the resident's medical symptoms);How the restraint will be used to benefit the resident's medical symptom); andThe type of restraint, and period of time for the use of the restraint.The following safety guidelines shall be implemented and documented while a resident is in restraints:Restraints shall be used in such a way as not to cause physical injury to the resident and to insure the least possible discomfort of the resident.Physical restraints shall be applied in such a manner that they can be speedily removed in case of fire or other emergency.A resident placed in a restraint will be observed at least every thirty (30) minutes by nursing personnel and an account of the resident's condition shall be recorded in the resident's medical record.The opportunity for motion and exercise is provided for a period of not less than ten (10) minutes during each two (2) hours in which restraints are employed.Residents and/or surrogate/sponsor shall be informed about the potential risks and benefits of all options under consideration, including the use of restraints, not using restraints, and the alternatives to restraint use. Care plans for residents in restraints will reflect interventions that address not only the immediate medical symptom(s), but the underlying problems that may be causing the symptom(s). Care plans shall also include the measures taken to systematically reduce or eliminate the need for restraint use.Documentation regarding the use of restraints shall include:full documentation of the episode leading to the use of the physical restraints. This includes not only the resident symptoms but also the conditions, circumstances, and environment associated with the episode;a description of the resident's medical symptoms (i.e., an indication or a characteristic of a physical or psychological condition) that warranted the use of restraints;how the restraint use benefits the resident by addressing the medical symptom;the type of the physical restraint used;the length of effectiveness of the restraint time; andobservation, range of motion and repositioning flow sheets. During a review of the facility's P&P titled, Care Plans-Baseline, revised date 3/2022, the P&P indicated a baseline plan of care to meet the resident's immediate health and safety needs is developed for each resident within forty-eight (48) hours of admission. The baseline care plan includes instructions needed to provide effective, person-centered care of the resident that meet professional standards of quality care and must include the minimum healthcare information necessary to properly care for the resident including, but not limited to the following: initial goals (continued on next page)

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	06/12/2026

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 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	based on admission orders and discussion with the resident/representative. The baseline care plan is updated as needed to meet the resident's needs until the comprehensive care plan is developed. A comprehensive care plan may be used in place of the baseline care plan providing the comprehensive care plan is developed within 48 hours of the resident's admission and meets the requirements of a comprehensive assessment at 483.21(b). provision of the summary to the resident and/or resident representative is documented in the medical record. During a review of the facility's P&P titled, Care Plans, Comprehensive Person-Centered, revised date 3/2022, the P&P indicated a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. The comprehensive, person-centered care plan is developed within seven (7) days of the completion of the required MDS assessment (Admission, Annual or Significant Change in Status), and no more than 21 days after admission. The care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment.The comprehensive, person-centered care plan:includes measurable objectives and timeframes;describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-beingincludes the resident's stated goals upon admission and desired outcomes;builds on the resident's strengths; andreflects currently recognized standards of practice for problem areas and conditions.Care plan interventions are chosen only after data gathering, proper sequencing of events, careful consideration of the relationship between the resident's problem areas and their causes, and relevant clinical decision making. Assessments of residents are ongoing and care plans are revised as information about the residents and the residents' conditions change. During a review of the facility's P&P titled, Informed Consent Policy, undated, the P&P indicated the purpose of this policy is to ensure that residents, or their legally authorized representatives, and provided with sufficient information regarding medical treatment, procedures, and care options to make informed decisions. The policy upholds resident's rights to autonomy, choice, and self-determination as required by federal and state regulations. It is the policy of Intercommunity Care Center to obtain informed consent prior to initiating any medical treatment, procedure, or intervention that involves risk, alternatives, or potential consequences. Staff must ensure that residents or their representatives understand the nature, purpose, risks, benefits, and alternatives of proposed care before consent is obtained. Informed consent: The process of providing information to a resident or legal representative about a proposed treatment or procedure, ensuring understanding, and obtaining voluntary agreement. The attending physician or licensed healthcare provider is responsible for explaining: the nature and purpose of the proposed treatment/procedure. Potential benefits and risks. A signed informed consent form will be placed in the resident's medical record. Verbal consent (when permitted) must be documented in the resident's chart, including the reason written consent was not obtained. Nursing staff will verify that informed consent is documented before carrying out ordered treatments or procedures requiring consent. During a review of the facility's P&P titled, Charting and Documentation, revised date 7/2017, the P&P indicated all services provided to the resident, progress toward the care plan goals, or any changes in the resident's medical, physical, functional or psychosocial condition, shall be documented in the resident's medical record. The medical record should facilitate communication between the interdisciplinary team regarding the resident's condition and response to care. The following information is to be documented in the resident medical record: objective observations, treatments or services performed.

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	06/12/2026

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 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure the resident's fingernails were kept trimmed and clean to prevent skin excoriation (a scrape or scratch to the skin) caused by scratching for one of seven sampled residents (Resident 115).This failure had the potential to result in further skin injuries and infection for Resident 115.Findings:During a review of Resident 115's admission record, the admission record indicated Resident 115 was initially admitted to the facility on [DATE] and last readmission was on 5/27/2025 with diagnoses including schizophrenia (a mental illness that is characterized by disturbances in thought), bipolar disorder (sometimes called manic-depressive disorder; mood swings that range from the lows of depression to elevated periods of emotional highs), skin-picking disorder(a mental health condition characterized by the repeated, compulsive picking of one's own skin) and dementia (a progressive state of decline in mental abilities).During a review of Resident 115's History and Physical (H&P), dated 7/12/2025, the H&P indicated, Resident 115 did not have the capacity (ability) to understand and make decisions.During a review of Resident 115's Minimum Data Set (MDS-a resident assessment tool), dated 4/10/2026, the MDS indicated Resident 119's cognitive skills for daily decision making were severely impaired (never or rarely able to make decisions). The MDS indicated Resident 115 required maximal assistance (Helper does more than half the effort) from one staff for lower body dressing, personal hygiene, moderate assistance (Helper does less than half the effort) from one staff for shower, upper body dressing, and Supervision or touching assistance (Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity) from one staff for toileting hygiene, oral hygiene, bed mobility, transfer, eating.During a concurrent observation and interview on 6/8/2026 at 3:34 p.m., with Resident 115 in Resident 115's room, Resident 115 was seated in a wheelchair and was observed scratching her head. Bleeding was noted on the top of Resident 115's head, forehead, and left ear. Restorative Nursing Assistant (RNA) 1 intervened to stop Resident 115 from scratching. Resident 115's fingernails were observed to be long, sharp, unmanicured, jagged, and unclean. Resident 115's fingernails and fingers were covered with dried blood mixed with fresh blood. Resident 115 stated that her head, forehead, and ears were extremely itchy, and she could not stop herself from scratching constantly.During an interview on 6/10/2026 at 9:23 a.m., with Certified Nurse Assistant (CNA) 12, CNA 12 stated she was assigned to Resident grooming and could not recall the last time Resident 115's fingernails were trimmed or cut. CNA 12 stated she did not document after completing grooming and could not provide any evidence showing that fingernail trimming had been done for Resident 115. CNA 12 stated Resident 115 refused fingernail trimming, but there was no documentation to support that the resident had refused. CNA 12 stated that good hygiene and grooming were important because they promote good self^esteem. CNA 12 stated she agreed that Resident 115's fingernails were long and sharp and needed to be cut to prevent self^inflicted wounds.During a concurrent interview and record review on 6/10/2026 at 10:32 a.m., with Registered Nurse Supervisor (RNS) 1, Resident 115's Care Plan (CP) titled, Potential for further infection related to Resident 115 exhibits a pattern of picking at skin, scalp, and ears revised 4/2026 was reviewed. The CP Goal indicated Resident 115 would be free of signs and symptoms of infection by 7/2026. The CP Approach Plan indicated keeping fingernails trimmed short to reduce the risk of injury. RNS 1 stated the staff failed to implement the care plan intervention to trim the fingernails short to prevent further injury and infection.During an interview on 6/12/2026 at 4:04 p.m., with the Director of Nursing (DON), the DON stated that residents' fingernails should be kept clean and trimmed to prevent skin injury and infection. The DON stated there should be a system for tracking each resident's grooming status and documentation to indicate whether grooming was completed or overdue. The DON stated multiple staff members were assigned to grooming, making it (continued on next page)

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	06/12/2026

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 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	difficult to know whether a resident actually received the service.During a review of the facility's Policy and Procedure (P&P) titled, Fingernails/Toenails, Care of, revised 2/2018, the P&P indicated, Purpose: The purposes of this procedure are to clean the nail bed, to keep nails trimmed, and to prevent infections. General Guidelines: 1. Nail care includes daily cleaning and regular trimming. 2. Proper nail care can aid in the prevention of skin problems around the nail bed . 4. Trimmed and smooth nails prevent the resident from accidentally scratching and injuring his or her skin . Documentation: The following information should be recorded in the resident's medical record- a. Redness or irritation of skin of hands and feet; b. Breaks or cracks in skin, especially between toes; g. Bleeding; and/or h. Pain. 6. If the resident refused the treatment, the reason(s) why and the intervention taken. 7. The signature and title of the person recording the data.During a review of the facility's P&P titled, Activities of Daily Living (ADL), Supporting, revised 4/2025, the P&P indicated, Policy Statement: Residents who are unable to carry out activities of daily living independently receive the services necessary to maintain good nutrition, grooming, and personal and oral hygiene. Policy Interpretation and Implementation: 3.Unavoidable decline may occur if the resident: c. (1) refuses care and treatment to restore or maintain functional abilities and: (2) the resident has been offered alternative interventions to minimize further decline; and (3) the refusal and details of the interventions refused are documented in the resident's clinical record. 4.If residents with cognitive impairment or dementia resist care, staff will attempt to identify the underlying cause of the problem and not just assume the resident is refusing or declining care. Approaching the resident in a different way, at a different time, or having another staff member speak with the resident may be appropriate.

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	06/12/2026

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 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assist a resident in gaining access to vision and hearing services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to monitor one of three sampled resident's (Resident 40) eyes as ordered by the physician. This deficient practice had the potential for a delay of care to occur for Resident 40. Findings: During a review of Resident 40's admission Record, the admission Record indicated Resident 40 was admitted to the facility on [DATE] with diagnoses including glaucoma (a group of eye diseases that damage the optic nerve caused by a buildup of fluid and elevated pressure inside the eye), Type II Diabetes Mellitus (DM, a chronic disease that affects how the body processes sugar), and frontotemporal neurocognitive disorder (rare progressive brain disease caused by the damage and shrinking of the brain's frontal [behind the forehead drives movement and personality] and temporal [near ears that process memory, language, and auditory information] lobes. During a review of Resident 40's Minimum Data Set (MDS, a resident assessment tool), dated 2/7/2026, the MDS indicated Resident 40 was mildly cognitively (mental processes involved in gaining knowledge and comprehension, includes thinking, knowing, remembering, judging, problem-solving) impaired. The MDS indicated Resident 40 required partial assistance (Helper provides less than half the effort) for bathing and personal hygiene and required supervision for all other activities of of daily living (ADLs, routine tasks/activities such as eating, oral hygiene, toileting, a person performs daily to care for themselves). During a review of Resident 40's history and physical (H&P) dated 4/23/2026, the H&P indicated Resident 40 does not have the capacity to understand and make decisions. During a review of Resident 40's Licensed Personnel Weekly Progress Notes dated 5/15/2026, the Licensed Personnel Weekly Progress Notes indicated Resident 40 was seen and examined by the optometrist (physician specializing in treating vision issues) (MD 2) and new orders were obtained for: Registered Nurse (RN) to monitor the right pupil (black center of eye) daily for next week to check if the right pupil becomes fixed (pupils that so not react to light, a critical medical sign) and dilated (occur when the black center of the eye becomes larger than normal) and to call MD 2 if it did. The Licensed Personnel Weekly Progress notes did not indicate facility staff carried out the order to monitor Resident 40. LVN 7 stated the nurse that took the order (unknown) should have endorsed the order to an RN, completed a change of condition (COC) and started a monitoring task for Resident 40 but it was not done. During a concurrent interview and record review on 6/11/2026 at 4:17 p.m., with Licensed Vocational Nurse (LVN) 7 Resident 40's Medication Administration Report (MAR) for 5/2026, Treatment Administration Report (TAR) for 5/2026, Physician's Orders for 5/2026, and Licensed Personnel Weekly Progress Notes for 5/2026 were reviewed. LVN 7 stated the order MD2 gave for Resident 146 on 5/15/2026 RN to monitor the right pupil daily for next a week to check if the right pupil becomes fixed and dilated and to call MD 2 if it did the order was not carried out. During an interview on 6/11/2026 at 4:29 p.m., with the Director of Nursing (DON), the DON stated the Physician's Order dated 5/15/2026 to monitor Resident 40's right pupil was not carried out and it was important that nurses carried out Physician's Orders because it ensured the proper treatments for the resident were being done. (continued on next page)

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	06/12/2026

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 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 6/12/2026 at 10:52 a.m., MD2 stated he gave the order for monitoring for the right pupil because when he saw Resident 40 on 5/15/2026, Resident 40 was developing cranial nerve 3 palsy (a condition where damage to the nerve paralyzes specific eye muscles) and a rare but serious finding that can occur when cranial nerve 3 palsy is present is a ruptured aneurysm (a bulge or ballooning in the wall of an artery). MD2 stated the monitoring was ordered for nurses to evaluate, and not miss if a medical problem such as a ruptured aneurysm had occurred. During a review of the facility's Licensed Vocational Nurse (LVN, Charge Nurse, Treatment Nurse, and Unit Manager) job description undated, the job description indicated the LVN was to report COCs to the RN, communicate pertinent data to the RN, participates in shift-to-shift communication between incoming and outgoing nursing staff, and the LVN was to complete all duties as assigned.

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	06/12/2026

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide services and treatments to maintain or prevent further decline in joint range of motion (ROM, full movement potential in a joint) in two of 28 sampled residents (Residents 80 and 36) when the facility failed to:1. Provide Resident 80 Physical Therapy (PT, a rehabilitation profession that restores, maintains, and promotes optimal physical function) treatments to assess and establish a safe wear time for new ankle splints (rigid material or apparatus used to support and immobilize a broken bone or impaired joint).2a. Objectively measure Resident 36's ROM impairments in the left hand during an Occupational Therapy (OT, rehabilitative profession that provides services to increase and/or maintain a person's capability to participate in everyday life activities) evaluation dated 12/8/2025.2b. Assess Resident 36 and establish a safe wear time for a new left hand splint during occupational therapy treatments.2c. Document a safe wear time parameters for a new left hand splint in a Restorative Nursing Aide program (RNA, nursing aide program that help residents to maintain their function and joint mobility) treatment order dated 12/27/2025. These deficient practices contributed to Resident 80's lack of tolerance and refusals to wear the new ankle splints during RNA treatment and had the potential to cause pain, pressure injuries, and decline in ROM to Residents 80 and 36 when wearing new splints. The deficient practice had the potential to prevent accurate monitoring of Resident 36's ROM impairments in the left hand and assessment of any declines or improvements in ROM. Findings: 1. During a review of Resident 80's admission Record, the admission Record indicated Resident 80 the facility initially admitted Resident 80 on 4/19/2010 and readmitted on [DATE] with diagnoses including schizophrenia (a mental health disorder that is characterized by disturbances in thought) and unspecified osteoarthritis (a progressive disorder of the joints, caused by a gradual loss of cartilage).During a review of Resident 80's Minimum Data Set (MDS, resident assessment tool) dated 3/6/2026, the MDS indicated Resident 80 was severely impaired in cognitive skills for daily decision making (mental processes involved in gaining knowledge and comprehension, includes thinking, knowing, remembering, judging, and problem-solving). The MDS indicated Resident 80 did not have any functional limitations in ROM in the upper extremity (UE, shoulder, elbow, wrist/hand) and had limitations in functional ROM on both sides of the lower extremities (LE, hip, knee, ankle/foot). The MDS indicated Resident 80 used a wheelchair. The MDS indicated Resident 80 required supervision for eating and substantial assistance for oral hygiene, toileting, sit to lying, sit to stand, and required dependent assistance for bed to chair transfers.During a review of Resident 80's JMA dated 7/4/2024, the JMA indicated Resident 80 shoulders, elbows, wrists, and hand/fingers were within functional limits (variance due to normal aging process allowed). The JMA indicated Resident 80's minimal (75 - 100% available ROM) limitation in left hip, moderate (50-75% available ROM) limitation in right hip, both knees and both ankles. There were no other JMAs completed in Resident 80's medical records.During a review of Resident 80's Physical Therapy Evaluation and Plan of Treatment dated 12/18/2024, the PT Evaluation indicated Resident 80 was referred to skilled PT due to development of contractures on left knee and both ankles. The PT Evaluation indicated Resident 80 needed splints for both ankles. The PT Evaluation indicated Resident 80 had impairment in ROM in the right ankle at -10 degrees dorsiflexion (mild foot drop and foot cannot be move to a neutral position). The PT Evaluation indicated Resident 80 had impairments in ROM in left knee at -90 degree extension (knee was in a bent position and cannot straighten knee) and the left ankle at -10 degree dorsiflexion. No further PT treatment was provided.During a review of Resident 80's Physician Order Report, the Physician Order Report indicated the following orders:-order dated 2/6/2025 for RNA program for passive range of motion (PROM, movement at a given joint with full assistance from another person) exercises on both lower extremities once a day seven times a week as tolerated.-order dated (continued on next page)

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	06/12/2026

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2/6/2025 for RNA to apply splint on left knee once a day seven times a week up to five hours as tolerated.-order dated 2/6/2025 for RNA to apply both ankle splints once a day seven times a week for five hours or as tolerated. During an observation and interview on 6/9/2026 at 10:22 a.m., in Resident 80's room, Resident 80 was lying on the back in bed. Restorative Nursing Assistant (RNA 1) and Restorative Nursing Assistant (RNA 2) performed ROM to Resident 80's knees. RNA 1 attempted to straighten and bend the right knee. Resident 80 required slow movements and rest breaks to straighten the right knee and could not straighten the right knee all the way. RNA 2 attempted to straighten Resident 80's left knee, but RNA 2 stated Resident 80 was resisting and did not allow RNA 2 to straighten the left knee from a fully bent position. Resident 80's right ankle was pointed forward away from the body and the left ankle was pointed fully forward and turned toward the middle of the body. Resident 80 did not want RNA 1 and RNA 2 to do any ROM of the ankle and did not want to put on any splints. RNA 1 stated they will report to the charge nurse that Resident 80 refused ROM and refused to wear splints today and will reattempt later in the day. During an observation and interview on 6/10/2026 at 9:40 a.m., in Resident 80's room, RNA 2 stated Resident 80 agreed to wear the left knee and both ankles splints today. Resident 80's ankles were pointed down and did not fit the ankle splint. RNA 2 stated Resident 80's ankles were stiffer now and pointed down more and both heels did not fit in the back of the ankle splints. RNA 2 stated Resident 80 was not really used to the splint and was fighting to put on the splints. During a concurrent interview and record review on 6/10/2026 at 11:28 a.m., with Physical Therapist (PT 1), Resident 80's PT records were reviewed. PT 1 stated Resident 80 received a PT evaluation on 12/18/2024. PT 1 stated PT 1 recommended new ankle splints and to continue the left knee splint and requested the facility to order new ankle splints. PT 1 stated an order was written on 2/6/2025 to apply both ankle splints and a left knee splint for up to five hours. PT 1 reviewed Resident 80's therapy records and stated no PT treatment was provided to Resident 80 after new ankle splints were received. PT 1 stated it was PT's role and standard of care to assess the fit of a new splint and establish a safe wear time for a splint, because there could be precautions or complications when applying a new splint. PT 1 stated PT treatment should have been provided for Resident 80 after the ankle splints arrived before starting a new RNA program for splinting.During a review of the facility's policies and procedures (P&P) titled, Assistive Devices and Equipment, revised 2/2021, indicated recommendations for the use of devices and equipment are based on the comprehensive assessment. The following factors are addressed to the extent possible to decrease the risk of avoidable accidents associated with devices and equipment: a. appropriateness for resident condition, personal fit.CROSS REFERENCE TO F580 AND F656 2. During a review of Resident 36's admission Record, the admission Record indicated the facility initially admitted Resident 36 on 9/15/2023 and readmitted on [DATE] with diagnoses including, schizoaffective disorder (a mental health disorder that can affect thoughts, mood, and behavior), bipolar type (mood swings that range from the lows of depression to elevated periods of emotional highs) and vascular dementia (a progressive state of decline in mental abilities). During a review of Resident 36's MDS dated [DATE], the MDS indicated Resident 36 was severely impaired in cognitive skills (mental processes involved in gaining knowledge and comprehension, includes thinking, knowing, remembering, judging, problem-solving) for daily decision making. The MDS indicated Resident 36 had functional impairments in ROM on one side of the upper extremity and on both sides of the lower extremity. The MDS indicated Resident 36 required substantial assistance with eating, oral hygiene, upper body dressing, and bed to chair transfers. The MDS indicated Resident 36 required dependent assistance with toileting, bathing, lower body dressing. During a review of Resident 36's Physician Order Report, the Physician Order Report indicated an order dated 12/27/2025 for RNA program for splinting on left hand, once a day, seven days a week or as tolerated. During an observation on 6/8/2026 at 9:35 a.m., Resident 36 was sitting in a wheelchair in the hallway. Resident 36 was wearing a left wrist splint with a hand roll (device to keep fingers open) inside the palm. During a concurrent interview and record review on 6/9/2026 at 10:50 a.m., with Restorative Nursing (continued on next page)

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	06/12/2026

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assistant (RNA 1), Resident 36's RNA orders were reviewed. RNA 1 stated Resident 36's RNA order dated 12/27/2025 for RNA program for splinting on left hand did not indicate how long to put on the splint. RNA 1 stated usually all the RNA orders indicate how long to put on a splint. RNA 1 stated RNA staff had been putting the left hand splint on Resident 36 for about four to six hours. RNA 1 stated she was not sure how long to put on the left hand splint, because the wear time was not in the RNA order. RNA 1 stated RNA staff should have reported the RNA order did not have a wear time so nursing could adjust the order. RNA 1 stated maybe RNA staff were putting on the hand splint for too long, but RNA staff would not know because the wear time was not on the RNA order.During a concurrent interview and record review on 6/10/2026 at 11:00 a.m., with Occupational Therapist (OT 1), Resident 36's Occupational Therapy Evaluation dated 12/8/2025 was reviewed. OT 1 stated the OT Evaluation indicated Resident 36 had ROM impairments in the left hand and the OT Evaluation did not indicate what joints were impaired or what kind of impairments Resident 36 had. OT 1 stated the OT Evaluation did not indicate any objective measurements of ROM impairments in the left hand. OT 1 stated anyone reading the OT Evaluation would not know where the ROM impairments were or how severe Resident 36's ROM impairments in the left hand were. OT 1 stated all OT evaluations should include objective documentation especially if there were existing ROM impairments, because the information assisted with monitoring the impairment to see if the impairment was getting worse or better. During the same concurrent interview and record review on 6/10/2026 at 11:00 a.m., with OT 1, Resident 36's orders and OT records were reviewed. OT 1 stated OT's role in splinting was to assess the resident to find the appropriate splint, create a tolerance for the splint, and establish an RNA program for the splint if needed. OT 1 stated it was important for OT to create a tolerance time for residents to wear the splint to make sure the splint did not cause any redness or skin issues and safe for the resident. OT 1 reviewed Resident 36's OT treatment notes and discharge summary and stated the splinting trials for the left hand splint and wear time were not documented. OT 1 stated based on the OT records, OT could not confirm OT staff established a safe wear time for the left hand splint. OT 1 reviewed Resident 36's RNA orders and stated the RNA order to put on the left hand splint did not have any parameters for wear time. OT 1 stated an RNA order for splinting should always have a time frame for the splint, because it was important for OT to give RNAs parameters so RNA staff could know whether a splint was being tolerated. OT 1 stated if RNA staff did not monitor a splint wear time, there was a potential for worsening contractures if RNA staff did not put on the splint long enough, or the splints could cause pressure sores if the splint was worn for too long. During a review of the facility's P&P titled, Charting and Documentation, revised 7/2017, indicated documentation in the medical record will be objective, complete and accurate. During a review of the facility's P&P titled, Assistive Devices and Equipment, revised 2/2021, indicated recommendations for the use of devices and equipment are based on the comprehensive assessment. The following factors are addressed to the extent possible to decrease the risk of avoidable accidents associated with devices and equipment: a. appropriateness for resident condition, personal fit.

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	06/12/2026

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 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care or services that was trauma informed and/or culturally competent. Based on interview, and record review, the facility failed to Identify and to intervene on events in one of three sampled residents (Resident 59)' history of trauma and triggers which may cause re-traumatization (a person encounters a new event or stimulus that triggers them to re-experience the intense stress, emotional distress, and even flashbacks of a previous traumatic event as if it were happening again).This failure had the potential to result in Resident 59 experiencing re-traumatization, and a declining quality of life.Findings:A. During a review of Resident 59's admission record, the admission record indicated Resident 59 was admitted initially to the facility on 9/25/2023 and last readmission was on 1/27/2025 with diagnoses including PTSD, depression (a mental health condition marked by a prolonged low mood and a loss of interest or pleasure in everyday activities), insomnia (trouble falling asleep or staying asleep), and left eye blindness.During a review of Resident 59's History and Physical (H&P), dated 10/11/2025, the H&P indicated, Resident 59 had the capacity (ability) to understand and make decisions.During a review of Resident 59's Minimum Data Set (MDS-a resident assessment tool), dated 4/4/2026, the MDS indicated Resident 59 required moderate assistance (Helper does less than half the effort) from one staff for oral hygiene, shower, dressing, and Supervision or touching assistance (Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity) from one staff for toileting hygiene, bed mobility, transfer, eating.During a concurrent observation and interview on 6/8/2026 at 2:43 p.m., with Resident 59 in his room, Resident 59's door was closed and all lights were off. Resident 59's room was dark because the curtains were drawn. Resident 59 stated he wanted the door closed and the lights off because he was sensitive to bright lights and loud noises. Resident 59 stated, when he was exposed to bright lights and loud noises, he experienced nightmares about the war. Resident 59 stated he was a veteran and suffered from traumatic war experiences. Resident 59 stated he was taking a sleeping pill due to insomnia.During an interview on 6/8/2026 at 2:49 p.m., with Restorative Nursing Assistant (RNA) 1 in a hallway near Resident 59's room, RNA 1 stated that Resident 59's door was closed most of the time and the lights were off. RNA 1 stated that Resident 59 preferred his room to remain dark and the door to stay closed most of the time. RNA 1 stated she did not know about his PTSD triggers.During a concurrent interview and record review on 6/10/2026 at 10:32 a.m., with Registered Nurse Supervisor (RNS) 1, Resident 59's Care Plan (CP) titled, Risk for ineffective coping due to diagnosis of PTSD, dated 5/23/2025 was reviewed. The CP Goal indicated Resident 59 would remain free of PTSD symptoms by 2/2026. The CP Approach Plan indicated staff should monitor for early signs of PTSD symptoms during each interaction and encourage Resident 59 to identify and avoid known triggers. RNS 1 stated the CP did not identify Resident 59's specific triggers and the interventions were very generic rather than residentˆspecific. RNS 1 stated that without a residentˆcentered care plan for PTSD, Resident 59 was at risk of experiencing reˆtraumatization due to the lack of individualized interventions.During a concurrent interview and record review on 6/10/2026 at 2:45 p.m., with the Social Service Director (SSD), Resident 59's Brief Trauma Questionnaire (BTQ), dated 9/29/2023 (completed upon admission) was reviewed. The BTQ indicated Resident 59 responded No to war experience and Yes to experiencing a serious accident, lifeˆthreatening illness, or being attacked, beaten, or mugged by someone. The SSD stated she was not aware of Resident 59's PTSD triggers, such as bright lights and loud noises, because Resident 59 did not mention them to her. The SSD stated it was important to identify PTSD triggers and the potential severity of reˆtraumatization in order to prevent recurrent events.During an interview on 6/11/2026 at 11:58 a.m., with the Director of Staff Development (DSD), the DSD stated she could not provide evidence that traumaˆinformed care (an approach to delivering care that involves understanding, recognizing and responding to the effects of all types of trauma) in-service (a professional training or continuing education session conducted directly in the workplace) had been completed. The DSD stated that proper traumaˆinformed care inˆservice training should equip staff to (continued on next page)

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	06/12/2026

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 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	recognize the root causes of a resident's distress, prevent secondary trauma, and effectively deˆescalate situations.During an interview on 6/12/2026 at 4:04 p.m., with the Director of Nursing (DON), the DON stated when a resident with PTSD as part of their diagnosis was admitted to the facility, the SSD should assess the resident for triggers and past history to prevent reˆtraumatization. The DON stated that reˆtraumatization would harm the resident's psychosocial wellˆbeing.During a review of the facility's Facility Assessment Tool (a facility generated report assessing the services they would provide to their residents, and staff and materials they need to provide those services), dated 5/1/2026, the Facility Assessment Tool indicated Staff training/education and competencies: Caring for residents with mental and psychosocial disorders, as well as residents with a history of trauma and/or post-traumatic stress disorder, and implementing nonpharmacological interventions . The facility must have sufficient staff who provide direct services to residents with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident. These competencies and skills sets include, but are not limited to, knowledge of and appropriate training and supervision for: 483.40(a)(l) Caring for residents with mental and psychosocial disorders, as well as residents with a history of trauma and/or post-traumatic stress disorder, that have been identified in the facility assessment conducted.During a review of the facility's Policy and Procedure (P&P) titled, Trauma Informed and Culturally Competent Care, revised on 8/2022, the P&P indicated, Purpose: To guide staff in providing care that is culturally competent and trauma-informed in accordance with professional standards of practice. To address the needs of trauma survivors by minimizing triggers and/or re-traumatization. Preparation: 2. Nursing staff are trained on trauma screening and assessment tools. 3. All staff are guided in evidence-based organizational and interpersonal strategies that support trauma-informed and culturally competent care. 4. All staff receive orientation and in-service training regarding cultural competency as an aspect of resident centered care . General Guidelines: 3. For trauma survivors, the transition to living in an institutional setting (and the associated loss of independence) can trigger profound re-traumatization. 4. Triggers are highly individualized. Some common triggers may include b. exposure to loud noises, or bright/flashing lights .Resident Assessment: 1. Assessment involves an in-depth process of evaluating the presence of symptoms, their relationship to trauma, as well as the identification of triggers. 2. Utilize licensed and trained clinicians who have been designated by the facility to conduct trauma assessments .Resident Care Planning: 1. Develop individualized care plans that address past trauma 2. Identify and decrease exposure to triggers that may re-traumatize the residents. 3. Recognize the relationship between past trauma and current health concerns. 4. Develop individualized care plans that incorporate language needs, culture, cultural preferences, norms and values.

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	06/12/2026

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 0730 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observe each nurse aide's job performance and give regular training. Based on interview and record review, the facility failed to ensure two of five Certified Nursing Assistants (CNA) had an annual performance evaluation. This failure had the potential to result in staff performing duties without adequate assessment of their competency, knowledge, and job performance leading to errors in resident care, failure to identify training needs, and decreased quality of care.Findings:During a concurrent interview and record review on 6/11/2026 at 9:12 a.m., with the Director of Staff Development (DSD), CNA 9 and CNA 10's employee files were reviewed. The DSD stated CNA 9 and CNA 10 did not have annual performance evaluations. During an interview on 6/12/2026 at 8:59 a.m., with the DSD, the DSD stated the importance of making sure annual performance evaluations were conducted was to ensure staff were evaluated on their knowledge and skills to care for the facility's resident population. The DSD stated if annual performance evaluations were not conducted, the facility would be unable to determine whether the staff was competent and has the knowledge regarding the care of the facility's resident population. During an interview on 6/12/2026 at 4:33 p.m., with the Director of Nursing (DON), the DON stated the importance of conducting staff annual performance evaluations was to ensure staff's knowledge and skills were assessed and to re-educate the staff regarding the skills needed to take care of the facility's resident population. The DON stated if annual performance evaluations were not conducted there would be potential for staff providing lesser quality of care. During a review of the facility's policy and procedure (P&P) titled Performance Evaluations dated 2001, the P&P indicated 1. A performance evaluation will be completed on each employee at the conclusion of his/her 90-day probationary period, and at least annually thereafter.3. Performance evaluations may be used. to improve the quality of the employee's work performance.

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	06/12/2026

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure one of four sampled residents (Resident 146)'s prescribed midodrine (medication used to treat low blood pressure) was available to administer, after the last dose was administered on 6/7/2026.This failure resulted in Resident 146 not receiving the prescribed midodrine and had the potential to result in delayed treatment of hypotension (low blood pressure), decreased perfusion (blood flow) to vital organs, and the need for additional medical interventions.Findings:During a review of Resident 146's admission Record, the admission Record indicated Resident 146 was admitted to the facility on [DATE] with diagnoses including Alzheimer's disease (a disease characterized by a progressive decline in mental abilities), gastrostomy (a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems), and dementia (a progressive state of decline in mental abilities).During a review of Resident 146's history and physical (H&P) dated 6/9/2026, the H&P indicated Resident 146 was unable to make his needs known and was dependent on all activities of daily living (ADLs, routine tasks and activities such as bathing, dressing and toileting a person performs daily to care for themselves).During a review of Resident 146's Minimum Data Set (MDS, a resident assessment tool), dated 4/2/2026, the MDS indicated Resident 146 had moderate impairment of the ability to think or make decisions. The MDS indicated Resident 146 was dependent on staff with all aspects of performing ADLs. The MDS indicated Resident 146 had impairments on one side of both the upper (shoulder and arm) and lower (hip and leg) extremities.During a review of Resident 146's Medication and Treatment Orders dated 6/2/2026, the Medication and Treatment Orders indicated a physician's order for midodrine hydrochloride 5 mg (milligrams - unit of measurement of mass) one tablet via gastrostomy tube every 8 hours for hypotension.During a concurrent medication administration (pass) observation and interview on 6/9/2026 at 9:28 a.m., with Licensed Vocational Nurse (LVN) 3 in Resident 146's room, LVN 3 stated Resident 146's midodrine was unavailable. LVN 3 stated, she would inform the hospice agency to obtain the medications. LVN 3 stated the importance of having the medication available was to ensure the resident received the medication and to maintain blood pressure. LVN 3 stated there was potential for Resident 146 to experience adverse effects of hypotension.During an interview on 6/12/2026 at 4:33 p.m., with the Director of Nursing (DON), the DON stated the importance of making sure residents' medications were available to be administered as ordered by the physician was to ensure residents were receiving treatment and prevent interruptions in care. The DON stated if medications were not readily available there was a delay in treatment and residents would experience potential adverse side effects from not receiving the medications.During a review of the facility's policy and procedure (P&P) titled Pharmacy Services Overview revised 2007, the P&P indicated The facility shall accurately and safely provide or obtain pharmacy services, including the provision of routine and emergency medications and biologicals, and the services of a licensed Pharmacist.3. The facility shall contract with a licensed Pharmacist to help it obtain and maintain timely and appropriate pharmacy services that support residents' needs, are consistent with current standards of practice, and meet state and federal requirements. This includes, but is not limited to, collaborating with the facility and Medical Director to: . f. Help the facility assure that medications are requested, received, and administered in a timely manner as ordered by authorized prescribers;During a review of the facility's P&P titled Medication and Treatment Orders revised 7/2016, the P&P indicated .11. Drugs and biologicals that are required to be refilled must be reordered from the issuing pharmacy not less than three (3) days prior to the last dosage being administered to ensure that refills are readily available.

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	06/12/2026

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure one of four residents (Resident 146) was free from significant medication error (any preventable error in medication administration that can result in resident discomfort, jeopardizing health and safety, or requiring medical intervention) by failing to:1. Ensure the physician was notified when Resident 146's prescribed midodrine (medication used to treat low blood pressure) was unavailable for administration 2. Ensure the physician was notified when Resident 146 subsequently experienced an episode of low blood pressure.This failure resulted in a significant medication error by not administering the medication as ordered by the physician and had the potential for Resident 146's increased risk for adverse effects of low blood pressure.Findings:During a review of Resident 146's admission Record, the admission Record indicated Resident 146 was admitted to the facility on [DATE] with diagnoses including Alzheimer's disease (a disease characterized by a progressive decline in mental abilities), and gastrostomy (a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems).During a review of Resident 146's history and physical (H&P) dated 6/9/2026, the H&P indicated Resident 146 was unable to make his needs known and was dependent on all activities of daily living (ADLs, routine tasks and activities such as bathing, dressing and toileting a person performs daily to care for themselves).During a review of Resident 146's Minimum Data Set (MDS, a resident assessment tool), dated 4/2/2026, the MDS indicated Resident 146 had moderate impairment of the ability to think or make decisions. The MDS indicated Resident 146 was dependent on staff with all aspects of performing ADLs. The MDS indicated Resident 146 had impairments on one side of both the upper (shoulder and arm) and lower (hip and leg) extremities.During a review of Resident 146's Medication and Treatment Orders dated 6/2/2026, the Medication and Treatment Orders indicated a physician's order for midodrine hydrochloride 5 mg (milligrams - unit of measurement) 1 tablet via gastrostomy tube every 8 hours for hypotension (low blood pressure).During a concurrent medication administration (pass) observation and interview on 6/9/2026 at 9:28 a.m., with Licensed Vocational Nurse (LVN) 3 in Resident 146's room, LVN 3 stated Resident 146's midodrine was unavailable. LVN 3 stated, she would inform the hospice agency to obtain the medications. LVN 3 stated the importance of having the medication available was to ensure the resident received the medication and to maintain blood pressure. LVN 3 stated there was potential for Resident 146 to experience adverse effects of hypotension.During a concurrent interview and record review on 6/12/2026 at 8:02 a.m., with LVN 1, Resident 146's Electronic Medical Records (EMR) including the Medication Administration Record (MAR) dated 6/1/2026 - 6/30/2026, and nursing progress notes were reviewed. LVN 1 stated the MAR indicated the last dose was during her shift on 6/7/2026. LVN 1 stated there was no COC documentation in Resident 146's EMR and stated there should have been a COC documentation, and the physician should have been notified when Resident 146's midodrine was unavailable for administration. LVN 1 stated the importance of starting a COC was to notify the physician Resident 146's did not receive the midodrine as the medication was unavailable and to receive further physician recommendations and to monitor the resident for other side effects of not receiving the medication. LVN 1 stated if the physician was not notified of Resident 146 not receiving the prescribed midodrine, there would be potential for Resident 146 would not to be monitored for low blood pressure and its side effects and Resident 146 would potentially experience episodes of low blood pressure and further complications of low blood pressure.During a concurrent interview and record review on 6/12/2026 at 3:26 p.m., with LVN 8, Resident 146's MAR dated 6/1/2026 - 6/30/2026 was reviewed. LVN 8 stated the MAR indicated Resident 146's blood pressure on 6/7/2026 at 4:00 p.m. was 100/60 mm Hg (millimeters of mercury - a special unit that measures pressure in the blood) and on 6/8/2026 at 4:00 p.m. was 90/60 mm Hg. LVN 1 stated she should have notified the physician when Resident 146's midodrine did not (continued on next page)

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	06/12/2026

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	arrive on her shift on 6/7/2026.During an interview on 6/12/2026 at 4:33 p.m. with the Director of Nursing (DON), the DON stated the importance of notifying the physician when a medication was not available, was to ensure the resident was being monitored for any side effects of low blood pressure. The DON stated if the resident did not receive the medication and the physician was not notified there would be a potential for further decrease in blood pressure that may cause significant adverse effects of low blood pressure.During a review of the facility's policy and procedure (P&P) titled Charting and Documentation revised 2017, the P&P indicated .2. The following information is to be documented in the resident medical record: .d. Changes in the resident's condition;.During a review of the facility's P&P titled Changes in a Resident's Condition or Status revised 2/2021, the P&P indicated, 1. The nurse will notify the resident's attending physician or physician on call when there has been a(an): c. adverse reaction to medication; .2. A significant change of condition is a major decline or improvement in the resident's status that: .b. impacts more than one area of the resident's health status; .3. Prior to notifying the physician or healthcare provider, the nurse will make detailed observations and gather relevant and pertinent information for the provider, including information prompted by the Interact SBAR Communication Form.During a review of the facility's P&P titled Medication and Treatment Orders revised 7/2011, the P&P indicated, .11. Drugs and biologicals that are required to be refilled must be reordered from the issuing pharmacy not less than three (3) days prior to the last dosage being administered to ensure that refills are readily available.

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	06/12/2026

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to maintain accurate and complete medical records for two of 28 sampled residents (Resident 36 and 146) when the facility failed to:1. Sign Resident 36's Joint Mobility Assessments (JMA, assessment of joint range of motion [ROM, full movement potential of a joint] to monitor changes) dated 9/25/2025 and 12/22/2025.2. Ensure accurate medication administration and documentation by signing the Medication Administration Record (MAR) to reflect Resident 146 did not receive the prescribed midodrine (medication used to treat low blood pressure) when the medication was not available and was not administered.These deficient practices resulted in inaccurate and incomplete medical records for Residents 36 and 146. Findings: 1. During a review of Resident 36's admission Record, the admission Record indicated the facility initially admitted Resident 36 to the facility on 9/15/2023 and readmitted on [DATE] with diagnoses including, schizoaffective disorder (a mental health disorder that can affect thoughts, mood, and behavior), bipolar type (mood swings that range from the lows of depression to elevated periods of emotional highs) and vascular dementia (a progressive state of decline in mental abilities). During a review of Resident 36's Minimum Data Set (MDS, resident assessment tool) dated 3/22/2026, the MDS indicated Resident 36 was severely impaired in cognitive skills (mental processes involved in gaining knowledge and comprehension, includes thinking, knowing, remembering, judging, problem-solving) for daily decision making. The MDS indicated Resident 36 had functional impairments in range of motion (ROM, full movement potential of a joint) on one side of the upper extremity (shoulder, elbow, wrist/hand) and on both sides of the lower extremity (hip, knee, ankle/foot). The MDS indicated Resident 36 required substantial assistance with eating, oral hygiene, upper body dressing, and bed to chair transfers. The MDS indicated Resident 36 required dependent assistance with toileting, bathing, lower body dressing. During a concurrent interview and record review on 6/10/2026 at 1:58 p.m., with Registered Nurse Supervisor (RNS 1), Resident 36's JMA dated 9/25/2025 and 12/22/2025 were reviewed. RNS 1 stated an annual JMA was completed on 9/25/2025, but the signature was missing. RNS 1 stated a change of condition JMA was completed on 12/22/2025, but the signature was missing. RNS 1 stated staff could not identify who completed the JMAs dated 9/25/2025 and 12/22/2025 because there were no signatures indicating who completed the document. RNS 1 stated for documentation it was standard that if staff completed a note or assessment, staff also signed their name on the document. RNS 1 stated if the document was not signed, it was considered an incomplete document. During an interview on 6/11/2026 at 10:32 AM with the Director of Nursing (DON), DON stated staff need to sign any medical records and documentation to show that staff completed the assessment or their job duties. DON stated if the document was not signed, then staff cannot know who completed the medical record. During a review of the facility's policies and procedures (P&P) titled, Charting and Documentation, revised 7/2017, indicated documentation in the medical record will be objective, complete and accurate. The P&P indicated documentation of procedures and treatments will include the signature and title of the individual documenting. (continued on next page)

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	06/12/2026

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. During a review of Resident 146's admission Record, the admission Record indicated Resident 146 was admitted to the facility on [DATE] with diagnoses including Alzheimer's disease (a disease characterized by a progressive decline in mental abilities), and gastrostomy (a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems). During a review of Resident 146's history and physical (H&P) dated 6/9/2026, the H&P indicated Resident 146 was unable to make his needs known and was dependent on all activities of daily living (ADLs, routine tasks and activities such as bathing, dressing and toileting a person performs daily to care for themselves). During a review of Resident 146's Minimum Data Set (MDS, a resident assessment tool), dated 4/2/2026, the MDS indicated Resident 146 had moderate impairment of the ability to think or make decisions. The MDS indicated Resident 146 was dependent on staff with all aspects of performing ADLs. The MDS indicated Resident 146 had impairments on one side of both the upper (shoulder and arm) and lower (hip and leg) extremities. During a review of Resident 146's Medication and Treatment Orders dated 6/2/2026, the Medication and Treatment Orders indicated a physician's order for midodrine hydrochloride 5 mg (milligrams – unit of measurement) 1 tablet via gastrostomy tube every 8 hours for hypotension (low blood pressure). During an interview on 6/10/2026 at 11:08 a.m., with Hospice (compassionate care for people who are near the end of life) Nurse (HN), the HN stated the facility called the hospice provider's office to request refills for Resident 146's midodrine on 6/7/2026 some time in the morning. The HN stated the refill for Resident 146's midodrine had not been processed through the hospice providers pharmacy. During a concurrent interview and record review on 6/12/2026 at 10:57 a.m., with Licensed Vocational Nurse (LVN) 9, the empty midodrine medication package and endorsement book and were reviewed. LVN 9 stated she wrote the note on the empty medication package indicating she called Resident 146's hospice provider to request refills for Resident 146's prescribed midodrine. LVN 9 stated she wrote on the endorsement book on 6/7/2026 indicating she called Resident 146's hospice provider to follow up on Resident 146's medication refills. LVN 9 stated she also verbalized the follow up call placed to Resident 146's hospice provider regarding medication refills to the incoming nurse for the afternoon shift on 6/7/2026. During a concurrent interview and record review on 6/12/2026 at 3:26 p.m. with Licensed Vocational Nurse (LVN) 8, Resident 146's MAR dated 6/1/2026 – 6/30/2026 and empty midodrine medication package were reviewed. LVN 8 stated the empty midodrine medication package indicated LVN 9 placed a follow up call to Resident 146's hospice provider to refill the medication on 6/7/2026. LVN 8 stated she placed a follow up call to Resident 146's hospice provider during her afternoon shift on 6/8/2026. LVN 8 stated she should have notified Resident 146's physician and started a change of condition monitoring when Resident 146's midodrine did not arrive during her shift on 6/7/2026. LVN 8 stated the MAR indicated Resident 146's prescribed midodrine was given on 6/7/2026 and 6/8/2026 during her shift. During a review of LVN 8 signed declaration dated 6/12/2026, the signed declaration indicated that on the 8th of June as I do my med pass (medication administration) for Resident 146 for 3-11 shift, I noticed his midodrine 5 mg (milligrams – unit of measurement) was already out. 2 days prior to (continued on next page)

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	06/12/2026

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	that I informed the pharmacy supplying his hospice agency and the hospice agency nurse to send the refill. Upon checking his blood pressure on the said day, it was on 90/60 I signed and recorded it on the MAR (I signed the MAR on June 8 3-11 shift so it means I gave it), I did not write on the back of the MAR that the medicine was not there. During an interview on 6/12/2026 at 4:33 p.m. with the Director of Nursing (DON), the DON stated initials on the MAR indicated the prescribed medication was administered to the resident. The DON stated if a nurse signed his or her initial with a circle around the initials it indicated the prescribed medication was not administered and the reason for not administering the prescribed medication should be explained on the back of the MAR. The DON stated the importance of accurate documentation on the MAR was to ensure the facility was aware if Resident 146 received his prescribed medications. The DON stated inaccurate documentation of medication administration on the MAR, had potential for Resident 146's to experience adverse side effects of low blood pressure. During a review of the facility's policy and procedure (P&P) titled Charting and Documentation revised 2017, the P&P indicated .2. The following information is to be documented in the resident medical record: .b. Medication administered; .d. Changes in the resident's condition;. During a review of the facility's P&P titled Administering Medications revised 4/2019, the P&P indicated .21. If a drug is withheld, refused, or given at a time other than the scheduled time, the individual administering the medication shall initial and circle the MAR space provided for that drug and dose. 22. The individual administering the medication initials the resident's MAR on the appropriate line after giving each medication and before administering the next ones.

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	06/12/2026

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to implement infection control measures by not ensuring that the padded side rails and bed frames wrapped with porous (having minute spaces or holes through which liquid or air may pass) foam were properly disinfected for one of seven sampled residents (Resident 49).This failure had the potential to result in compromised infection control measures to prevent the spread of infection among residents, staff, and visitors.Findings:During a review of Resident 49's admission record, the admission record indicated Resident 49 initially admitted Resident 49 on 4/9/2024 and last re-admission was on 2/15/2026 with diagnoses including schizophrenia (a mental illness that is characterized by disturbances in thought), anxiety disorder (constantly feeling worried and nervous), and bradycardia (a resting heart rate that is abnormally slow, typically falling below 60 beats per minute).During a review of Resident 49's History and Physical (H&P), dated 4/23/2026, the H&P indicated, Resident 49 did not have the capacity (ability) to understand and make decisions.During a review of Resident 49's Minimum Data Set (MDS-a resident assessment tool), dated 4/16/2026, the MDS indicated Resident 49's cognitive skills for daily decision making were moderately impaired (poor decision making and supervision required). The MDS indicated, Resident 49 required maximal assistance (Helper does more than half the effort) from one staff for toilet hygiene, shower, personal hygiene, moderate assistance (Helper does less than half the effort) from one staff for oral hygiene, dressing, transfer, and supervision or touching assistance (Helper provides verbal cues and/or touching/steadying and/or contact guard assistance) from one staff for bed mobility, eating.During a concurrent observation and interview on 6/10/2026 at 8:56 a.m., with Housekeeper (HK) 1 in Resident 49's room, Resident 49's side rails and bed frames were observed to be wrapped with porous foam and electrical tape (a pressureˆsensitive, nonˆconductive tape). HK 1 sprayed a solution from a spray bottle onto a small towel and used it to clean the padded side rails and bed frames. HK 1 stated there was diluted bleach solution in the spray bottle. HK 1 stated she cleaned all equipment, including the sideˆrail and bedˆframe foam, with the diluted bleach solution. HK 1 stated she did not realize that the manufacturer's guidelines indicated bleach should not be used to clean porous surfaces.During an interview on 6/10/2026 at 9:08 a.m., with the Maintenance Supervisor (MS), the MS stated that bleach should not be used to disinfect the foam because the foam on Resident 49's bed was a porous material. The MS stated there were foam pieces on the head of the bed, side rails, and foot of the bed. The MS stated he realized the foam had pores and that residue would remain on the surface. The MS stated bleach should not be used on porous surfaces because it cannot penetrate the material to disinfect, it degrades and breaks down the foam, and it leaves behind moisture and residue that can encourage mold and bacteria growth.During an interview on 6/11/2026, at 10:20 a.m., with the Infection Preventionist Nurse (IPN), the IPN stated that the manufacturer's guideline for the bleach indicated it was to be used only on hard, nonˆporous surfaces. The IPN stated that the porous foam wrapped around the side rails and bed frames was not appropriate because the material was porous, could prevent the surface from being cleaned properly, and could cause the foam to break down. The IPN stated this practice would place vulnerable residents at risk for infection.During a review of Resident 49's Care Plan (CP) titled, History of fall: Tried to stretch and needed wider space and bumped herself, initiated 2/15/2026, the CP Goals indicated Resident 49 would minimize potential episodes of fall incidents by 7/2026. The CP Approach Plan indicated, to place extra foam padding on head and foot of board and side of bed to minimize risk of injury.During a review of the facility's Policy and Procedure (P&P) titled, Cleaning and Disinfection of Resident-Care Items and Equipment, revised 10/2018, the P&P indicated, Policy Interpretation and Implementation: 1. The following categories are used to distinguish the levels of sterilization/ disinfection necessary for items used in resident care: b. Semi-critical items consist of items that may come in contact with mucous membranes or non-intact skin. Such devices should be free from all microorganisms, although small numbers of bacterial spores are permissible. (Note: (continued on next page)

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	06/12/2026

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Some items that may come in contact with non-intact skin for a brief period of time (e.g. bed side rails) are usually considered non-critical surfaces and are disinfected with intermediate-level disinfectants.).During a review of the facility's Policy and Procedure (P&P) titled, Safety Data Sheet: Bleach Cleaner, dated 1/31/2022, the P&P indicated, Toxicological information: May cause irritation on skin contact . Regulatory Information: US federal regulations -may irritating to eyes, lungs and mucous membranes.During a review of Manufacture's Guideline for Beach Cleaner, undated, the Manufacture's Guideline for Beach Cleaner indicated, Only use it to clean hard, nonporous surfaces.

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	06/12/2026

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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement a program that monitors antibiotic use. Based on observation, interview, and record review, the facility failed to implement its antibiotic stewardship program [the effort to ensure that antibiotics (medicines that fight bacterial infections in people) are used only when necessary and appropriate] for one of three sampled residents (Resident 115) by not identifying the indication and duration of the prescribed antibiotic and not assessing the resident using Loeb's Minimum Criteria (a set of standardized guidelines designed primarily for long-term care facilities to prevent the overuse of antibiotics).This failure had the potential to result in Resident 115 developing antibiotic resistance (the ability of bacteria to change and survive the effects of antibiotics designed to kill or stop them), increasing the risk that Resident 115 could receive unnecessary or inappropriate antibiotic therapy.Findings:During a review of Resident 115's admission record, the admission record indicated the facility initially admitted Resident 115 to the facility on 7/1/2024 and last readmission was on 5/27/2025 with diagnoses including schizophrenia (a mental illness that is characterized by disturbances in thought), bipolar disorder (mood swings that range from emotional lows to elevated periods of emotional highs), skin-picking disorder(a mental health condition characterized by the repeated, compulsive picking of one's own skin) and dementia (a progressive state of decline in mental abilities).During a review of Resident 115's History and Physical (H&P), dated 7/12/2025, the H&P indicated, Resident 115 did not have the capacity (ability) to understand and make decisions.During a review of Resident 115's Minimum Data Set (MDS-a resident assessment tool), dated 4/10/2026, the MDS indicated Resident 119's cognitive skills for daily decision making were severely impaired (never or rarely able to make decisions). The MDS indicated Resident 115 required maximal assistance (Helper does more than half the effort) from one staff for lower body dressing, personal hygiene, moderate assistance (Helper does less than half the effort) from one staff for shower, upper body dressing, and Supervision or touching assistance (Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity) from one staff for toileting hygiene, oral hygiene, bed mobility, transfer, eating.During a concurrent observation and interview on 6/8/2026 at 3:34 p.m., with Resident 115 in Resident 115's room, Resident 115 was seated in a wheelchair and was observed scratching her head. Resident 115 had bright red liquid substance appearing to be fresh blood was noted on the top of Resident 115's head, forehead, and left ear. Restorative Nursing Assistant (RNA) 1 intervened to stop Resident 115 from scratching. Resident 115's fingernails were observed to be long, sharp, unmanicured, jagged, and unclean. Resident 115's fingernails and fingers were covered dark red dried substance that appeared to be dried blood mixed with bright red liquid substance that appeared to be fresh blood. Resident 115 stated that her head, forehead, and ears were extremely itchy, and she could not stop herself from scratching constantly.During a concurrent interview and record review on 6/10/2026 at 9:40 a.m., with Treatment Nurse (TXN) 1, Resident 115's Treatments Flowsheet, dated from 5/1/2026 to 5/31/2026 was reviewed. The Treatments Flowsheet indicated Clindamycin Phosphate one percent (%) Lotion (a prescription-strength topical antibiotic) was administered daily for self-inflicted excoriation (a scrape or scratch to the skin) on face, scalp and both ears were administrated daily. The Treatments Flowsheet indicated Clindamycin Phosphate Lotion was originally ordered on 1/16/2025. TXN 1 stated that he was not aware the Clindamycin Phosphate Lotion was an antibiotic and stated that antibiotic medications should have a defined duration and be evaluated before continuation. TXN 1 stated he was unsure of the indication for using the Clindamycin Phosphate Lotion and believed the medication was being used prophylactically (taking action to prevent a disease, infection, or harm before it happens) to prevent infection from scratching. TXN 1 stated they should have contacted the prescriber to clarify the order.During a concurrent interview and record review on 6/11/2026 at 2:11 p.m., with the Infection Preventionist Nurse (IPN), the facility's Antibiotic Stewardship Program Binder, dated from 6/2025 to 6/2026 was reviewed. The Antibiotic Stewardship Program Binder indicated there was no completed Loeb's Minimum Criteria (continued on next page)

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	06/12/2026

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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	assessment for Resident 115's Clindamycin Phosphate lotion. The IPN stated she was not aware of the order and had not completed Loeb's Minimum Criteria to identify the indication. The IPN stated the physician's order did not specify an indication, and that Resident 115 had been receiving Clindamycin lotion since 1/16/2025 with no end date. The IPN stated, she should not have missed this because unnecessary antibiotic use could lead to antibiotic resistance.During a review of Resident 115's Aerobic Bacterial Culture Report (a laboratory process used to grow, isolate, and identify bacteria that require oxygen to survive and multiply), dated on 1/12/2025, the Aerobic Bacterial Culture Report indicated methicillin-resistant staphylococcus aureus (MRSA - bacteria that does not respond to antibiotics) found on left ear culture and susceptible (the specific medication is highly effective at stopping the bacteria's growth or killing it altogether) to Clindamycin.During a review of Resident 115's Dermatology (the branch of medicine focused on the diagnosis, treatment, and prevention of conditions affecting the skin, hair, nails, and mucous membranes) Progress Note, dated on 1/9/2025, the Dermatology Progress Note indicated several excoriations on self-inflicted wounds on scalp, ears, and face. The Dermatology Progress Note indicated that the culture resulted on 1/12/2025 indicated MRSA.During a review of Resident 115's Aerobic Bacterial Culture Report, dated on 4/27/2025, the Aerobic Bacterial Culture Report indicated heavy growth of Corynebacterium (as opportunistic pathogens, frequently causing skin issues, wound infections) on left ear.During a review of Resident 115's Physician Order Report, dated 5/2026, the Physician Order Report indicated Clindamycin Phosphate one percent lotion, to be applied topically once a day to the face, ears, and scalp, was ordered on 1/16/2025.During a phone interview on 6/12/2026 at 2:22 p.m., with the Facility Pharmacy Consultant (FPC), the FPC stated he was not aware of Resident 115's skin culture result or Clindamycin lotion order, which had been in place since 1/16/2025 without an end date. The FPC stated this should have been addressed but was missed.During an interview on 6/12/2026 at 4:04 p.m., with the Director of Nursing (DON), the DON stated that all antibiotics should be assessed, monitored, and evaluated for indication and duration to prevent unnecessary use, which could lead to antibiotic resistance and place residents at risk for adverse reactions and side effects.During a review of the facility's Policy and Procedure (P&P) titled, Antibiotic Stewardship, revised 12/2016, the P&P indicated, Policy Statement: Antibiotics will be prescribed and administered to residents under the guidance of the facility's antibiotic stewardship program. Policy Interpretation and Implementation: 4. If an antibiotic is indicated, prescribers will provide complete antibiotic orders including the following elements: a. Drug name, b. Dose, c. Frequency of administration, d. Duration of treatment-start and stop date or number of days of therapy, e. route of administration, f. Indications for use.

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	06/12/2026

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 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep all essential equipment working safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide two of 28 sampled residents (Residents 12 and 80) with safe resident care equipment when:1. Resident 12's floor mat was torn and did not extend the full length of Resident 12's bed.2. Resident 80's wheelchair armrests were torn, and the padding underneath was exposed and Resident 80's pommel cushion (wheelchair cushion with raised middle portion for positioning) had duct tape taped around the middle raised portion and the foam inside was exposed.These failures had the potential to cause injury if Resident 12 fell off the bed and cause Resident 80 skin irritation and excoriation (scrape or scratch to the skin) when the skin rubbed against the duct tape and torn wheelchair cushion materials. Findings:1. During a review of Resident 12's admission Record, the admission Record indicated the facility initially admitted Resident 12 on 12/2/2021 and readmitted on [DATE] with diagnoses including, but not limited to metabolic encephalopathy (any damage or disease that affects the brain), muscle wasting and atrophy (muscles slowly getting smaller and weaker).During a review of Resident 12's Minimum Data Set (MDS, resident assessment tool) dated 2/2/2026, the MDS indicated Resident 12 had severe cognitive impairment (mental processes involved in gaining knowledge and comprehension, includes thinking, knowing, remembering, judging, problem-solving). The MDS indicated Resident 12 required partial assistance from others with eating, sit to lying, substantial assistance with oral hygiene, bathing, upper body dressing, sit to stand, and bed to chair transfers and dependent assistance with lower body dressing.During a review of Resident 12's Physician Order Report, the Physician Order Report indicated an order dated 4/7/2023 for floor mats at bedside for fall precaution.During a review of Resident 12's Care Plan (CP) revised 11/3/2025, the CP indicated Resident 12 had an actual fall with injury. The CP goal indicated to minimize potential incidents of falls within the next review period. The CP approach plan indicated floor mat at bedside.During an observation on 6/8/2026 at 3:29 p.m., in Resident 12's room, Resident 12 was sitting at the edge of the bed. Resident 12 had a torn floor mat next to bed on the floor and the mat extended from foot of bed to about half to three quarters length of bed.During a concurrent observation and interview on 6/9/2026 at 2:51 p.m., in Resident 12's room with Certified Nursing Assistant (CNA 5), CNA 5 stated there was a mat on the floor. CNA 5 stated the purpose of the floor mat was to make the floor less slippery when Resident 12 tried to sit up and transfer to the wheelchair. CNA 5 stated the floor mat was ripped and the floor mat should not be ripped because it was not safe for the resident.During a concurrent observation, interview, and record review on 6/9/2026 at 3:01 p.m., in Resident 12's room with Licensed Vocational Nurse (LVN 10), LVN 10 stated there was a landing mat next to Resident 12's bed. LVN 10 stated the mat was ripped and did not cover the full length of the bed. LVN 10 proceeded to walk to the nurse's station and reviewed Resident 12's medical records. LVN 10 stated Resident 12's care plan indicated to provide a floor mat for a history of fall and for fall safety. LVN 10 stated the landing mat should not be ripped and should be the full length of the resident's bed, because Resident 12 could fall at the head of the bed and if Resident 12 fell at the head of the bed, Resident 12 would hit the floor and not the mat because the mat was ripped.During an interview on 6/11/2026 at 10:32 a.m., with the Director of Nursing (DON), the DON stated the floor mat should not be torn and should be the length of the resident's bed, because if the resident fell off the bed and Resident 12 fell off on the torn side of the mat, then there would be nothing on the floor to protect Resident 12's fall. During a review of the facility's policies and procedures (P&P) titled, Assistive Devices and Equipment, revised 2/2021, indicated, our facility maintains and supervises the use of assistive devices and equipment for residents.devices and equipment are maintained on schedule and according to manufacturer's instructions. Defective or worn devices are discarded or repaired. 2. During a review of Resident 80's admission Record, the admission Record indicated the facility initially admitted Resident 80 on 4/19/2010 and readmitted on [DATE] with diagnoses including, but not limited to schizophrenia (a (continued on next page)

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	06/12/2026

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 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	mental health disorder that is characterized by disturbances in thought) and unspecified osteoarthritis (a progressive disorder of the joints, caused by a gradual loss of cartilage).During a review of Resident 80's Physician Order Report, the Physician Order Report indicated an order dated 2/14/2025 for pommel cushion when up in wheelchair (WC) for proper body alignment and prevent forward sliding.During a review of Resident 80's MDS dated [DATE], the MDS indicated Resident 80 was severely impaired in cognitive skills for daily decision making. The MDS indicated Resident 80 did not have any functional limitations in range of motion (ROM, full movement potential of a joint) in the upper extremity (UE, shoulder, elbow, wrist/hand) and had limitations in functional ROM on both sides of the lower extremities (LE, hip, knee, ankle/foot). The MDS indicated Resident 80 used a wheelchair. The MDS indicated Resident 80 required supervision for eating and substantial assistance for oral hygiene, toileting, sit to lying, sit to stand, and required dependent assistance for bed to chair transfers. During a review of Resident 80's care plan (CP) dated 3/15/2025, the CP indicated Resident 80 had potential risk for fall. The CP approach plan indicated Resident 80 used a wheelchair with pommel cushion. During an observation on 6/8/2026 at 9:52 a.m., in Resident 80's room, Resident 80 was lying in bed. Resident 80's WC was next to the bed and both armrests were torn and the underlying foam was exposed. There was a pommel cushion on the WC and the cover was ripped and open exposing the foam inside the cushion. There was black tape observed around the middle portion to tape the torn cover. During a concurrent observation and interview on 6/9/2026 at 10:22 a.m., in Resident 80's room, Restorative Nursing Assistant (RNA 1) and Restorative Nursing Assistant (RNA 2) observed Resident 80's WC at the foot of the bed and RNA 2 stated the WC and the WC cushion were old. RNA 2 stated the middle portion of the pommel cushion had duct tape around the middle but the front and back portions were open and torn and the foam could be seen underneath. RNA 2 stated the duct tape and the torn material could scratch Resident 80's skin when Resident 80 was sitting on the cushion and cause skin issues. RNA 1 stated the WC cushion was old and should no longer be used, because the cushion may not be comfortable or do what it was supposed to do.During an interview on 6/10/2026 at 9:55 a.m., with Registered Nurse Supervisor (RNS 1), RNS 1 stated the purpose of the pommel cushion was to help resident prevent pressure sores. RNS 1 stated a WC cushion should be intact and not ripped, because the resident's skin could be irritated by the torn material and the duct tape.During an interview on 6/11/2026 at 10:32 AM with the Director of Nursing (DON), DON stated WCs and WC cushions should be in good condition and decent, because residents should feel comfortable. DON stated if the WC and WC cushions were not in good condition, then it could cause skin irritation and excoriation for the residents.During a review of the facility's policies and procedures titled, Assistive Devices and Equipment, revised 2/2021, indicated, our facility maintains and supervises the use of assistive devices and equipment for residents.devices and equipment are maintained on schedule and according to manufacturer's instructions. Defective or worn devices are discarded or repaired.