

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/20/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055077	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/09/2025
NAME OF PROVIDER OR SUPPLIER CORAL COVE POST ACUTE			STREET ADDRESS, CITY, STATE, ZIP CODE 1730 GRAND AVE LONG BEACH, CA 90804		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 726	<p>Continued From page 1 assessments, and described in the plan of care.</p> <p>§483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs.</p> <p>§483.35(d) Proficiency of nurse aides.</p> <p>The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure two Certified Nursing Assistants (CNAs 1 and 2) were provided training and orientation to work in the Subacute Unit (a specialized unit in a Skilled Nursing Facility [SNF] which offers more intensive care than standard long-term care but less than acute hospital care).</p> <p>The deficient practice had the potential for the lack of appropriate care to residents in the Subacute Unit.</p> <p>Findings:</p> <p>During an interview on 5/9/2025 at 6:48 a.m., CNA 1 stated she did not receive any training to float to the Subacute Unit. CNA 1 stated she does not feel safe providing care for the residents in the Subacute Unit.</p> <p>During an interview on 5/9/2025 at 6:49 a.m., CNA 2 stated she did not receive any training prior to floating to the Subacute Unit. CNA 2</p>	F 726	<p>On 05/22/2025, CNA 2 was provided training and orientation to work in the Subacute Unit. Competencies were completed and filed on the employee's file.</p> <p>On 05/22/2025, The Administrator/DON provided a 1 on 1 education to the new DSD and DSD Assistant on ensuring that all licensed and certified staff assigned to the Subacute Unit shall receive orientation, training and competencies prior to any assignment on the floor and a retraining shall be provided as needed.</p> <p>On 05/22/2025, residents identified to be under the care of CNA 1 in the Subacute Unit on 05/09/2025 were assessed and no negative findings were noted.</p> <p>On 05/22/2025, residents identified to be under the care of CNA 2 in the Subacute Unit on 05/09/2025 were assessed and no negative findings were noted.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:</p>		

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F 726	<p>Continued From page 2</p> <p>stated when she worked in the Subacute Unit, she was scared and afraid that if she did something wrong, it would have negative effects on the residents.</p> <p>During a review of the facility 's Staffing Assignment sheet dated 4/14/2025, the Staffing Assignment sheet indicated CNA 2 was assigned to the Subacute Unit on 4/14/2025.</p> <p>During an interview on 5/9/2025 at 7:09 a.m., the Registered Nurse Supervisor (RNS) stated CNAs should be trained prior to floating to the Subacute Unit because the residents require more care, and they have ventilators. The RNS stated the CNAs need to be trained regarding the alarms and what their significance is.</p> <p>During an interview on 5/9/2025 at 8:12 a.m., the Director of Staff Development (DSD) stated CNAs who float to the Subacute Unit should be oriented and trained prior to floating to the Subacute Unit. The DSD stated he has not provided any training to CNAs 1 and 2 in the last two weeks he has been in the role as DSD nor was there any documentation indicating CNAs 1 and 2 received orientation and trainings prior to them working in the Subacute Unit.</p> <p>During an interview on 5/9/2025 at 11:50 a.m., the Director of Nursing (DON) stated there is no documentation CNA 1 and CNA 2 received training for the Subacute Unit. The DON stated CNAs do require additional training and orientation and should shadow another CNA or licensed nurse before they are assigned residents in the Subacute Unit. The DON stated if they do not have the training, the CNAs would not know what changes to look for or what needs to be</p>	F 726	<p>On 05/22/2025 and 05/23/2025, DON/DSD/Designee reviewed the employee files of licensed and certified staff assigned to work for the Subacute Unit in the past 30 days and found no other licensed or certified staff were scheduled without orientation, training and competencies for the unit; hence, no other residents were affected by the deficient practice.</p> <p>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur:</p> <p>On 05/22/2025, The Administrator/ DON provided a 1 on 1 education to the new DSD and DSD Assistant on ensuring that all licensed and certified staff assigned to the Subacute Unit shall receive orientation, training and competencies prior to any assignment on the floor and retraining shall be provided as needed.</p> <p>On 05/22/2025 and 05/23/2025, Administrator, DON/Designee initiated an in-service education to Licensed Nurses, Certified Nursing Assistants, and Restorative Nursing Assistants on assuring that they</p>		

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F 726	<p>Continued From page 2</p> <p>stated when she worked in the Subacute Unit, she was scared and afraid that if she did something wrong, it would have negative effects on the residents.</p> <p>During a review of the facility ' s Staffing Assignment sheet dated 4/14/2025, the Staffing Assignment sheet indicated CNA 2 was assigned to the Subacute Unit on 4/14/2025.</p> <p>During an interview on 5/9/2025 at 7:09 a.m., the Registered Nurse Supervisor (RNS) stated CNAs should be trained prior to floating to the Subacute Unit because the residents require more care, and they have ventilators. The RNS stated the CNAs need to be trained regarding the alarms and what their significance is.</p> <p>During an interview on 5/9/2025 at 8:12 a.m., the Director of Staff Development (DSD) stated CNAs who float to the Subacute Unit should be oriented and trained prior to floating to the Subacute Unit. The DSD stated he has not provided any training to CNAs 1 and 2 in the last two weeks he has been in the role as DSD nor was there any documentation indicating CNAs 1 and 2 received orientation and trainings prior to them working in the Subacute Unit.</p> <p>During an interview on 5/9/2025 at 11:50 a.m., the Director of Nursing (DON) stated there is no documentation CNA 1 and CNA 2 received training for the Subacute Unit. The DON stated CNAs do require additional training and orientation and should shadow another CNA or licensed nurse before they are assigned residents in the Subacute Unit. The DON stated if they do not have the training, the CNAs would not know what changes to look for or what needs to be</p>	F 726	<p>receive the necessary orientation, training and competency to ensure that residents under their care will receive the appropriate care.</p> <p>A tracking log was created to ensure that all staff orientation, training, re-training and competencies are documented and filed in each respective employee file. This file will be kept by the DSD and will be updated accordingly.</p> <p>All licensed and certified staff members who do not have any documented Subacute orientation, training, retraining or competencies will not be scheduled in the Subacute Unit.</p> <p>How the facility plans to monitor its performance to make sure that solutions are sustained:</p> <p>The Administrator/Designee will conduct an audit of the DSD's tracking log for 4 weeks then bi-weekly for 3 months, to ensure that staff assigned to the Subacute Unit have the proper orientation, training, retraining and competencies needed prior to being assigned in the unit.</p>	

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F 726	<p>Continued From page 2</p> <p>stated when she worked in the Subacute Unit, she was scared and afraid that if she did something wrong, it would have negative effects on the residents.</p> <p>During a review of the facility ' s Staffing Assignment sheet dated 4/14/2025, the Staffing Assignment sheet indicated CNA 2 was assigned to the Subacute Unit on 4/14/2025.</p> <p>During an interview on 5/9/2025 at 7:09 a.m., the Registered Nurse Supervisor (RNS) stated CNAs should be trained prior to floating to the Subacute Unit because the residents require more care, and they have ventilators. The RNS stated the CNAs need to be trained regarding the alarms and what their significance is.</p> <p>During an interview on 5/9/2025 at 8:12 a.m., the Director of Staff Development (DSD) stated CNAs who float to the Subacute Unit should be oriented and trained prior to floating to the Subacute Unit. The DSD stated he has not provided any training to CNAs 1 and 2 in the last two weeks he has been in the role as DSD nor was there any documentation indicating CNAs 1 and 2 received orientation and trainings prior to them working in the Subacute Unit.</p> <p>During an interview on 5/9/2025 at 11:50 a.m., the Director of Nursing (DON) stated there is no documentation CNA 1 and CNA 2 received training for the Subacute Unit. The DON stated CNAs do require additional training and orientation and should shadow another CNA or licensed nurse before they are assigned residents in the Subacute Unit. The DON stated if they do not have the training, the CNAs would not know what changes to look for or what needs to be</p>	F 726	<p>Any issues identified will be addressed immediately.</p> <p>The Administrator will present the results of the above reviews to the Quality Assurance and Performance Improvement Committee for review and recommendations monthly for 3 months then quarterly thereafter. The plan will be reevaluated monthly by the QA Committee and make necessary changes as warranted to ensure that safety of the residents.</p> <p>Completion Date: 05/30/2025</p>	

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F 726	Continued From page 3 reported to the Respiratory Therapist or Licensed Nurse. During a review of the facility ' s undated Director of Staff Development ' s (DSD) Job Description, the Job Description indicated the DSD coordinates and conducts an effective on-going in-service plan to all employees. The job description indicated that the DSD will check CNA documentation per facility policy and provide in-service class as needed.	F 726			
F 729 SS=E	Nurse Aide Registry Verification, Retraining CFR(s): 483.35(e)(4)-(6) §483.35(e)(4) Registry verification. Before allowing an individual to serve as a nurse aide, a facility must receive registry verification that the individual has met competency evaluation requirements unless- (i) The individual is a full-time employee in a training and competency evaluation program approved by the State; or (ii)The individual can prove that he or she has recently successfully completed a training and competency evaluation program or competency evaluation program approved by the State and has not yet been included in the registry. Facilities must follow up to ensure that such an individual actually becomes registered. §483.35(e)(5) Multi-State registry verification. Before allowing an individual to serve as a nurse aide, a facility must seek information from every State registry established under sections 1819(e)(2)(A) or 1919(e)(2)(A) of the Act that the facility believes will include information on the individual.	F 729	F729 Nurse Aide Registry Verification, Retraining How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: On 05/08/2025, CNA 1 was immediately taken off the floor schedule and was reassigned to backdoor monitor, hall monitor, sitter, or to any other assignments that do not involve direct patient care.		

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F 729	<p>Continued From page 4</p> <p>§483.35(e)(6) Required retraining. If, since an individual's most recent completion of a training and competency evaluation program, there has been a continuous period of 24 consecutive months during none of which the individual provided nursing or nursing-related services for monetary compensation, the individual must complete a new training and competency evaluation program or a new competency evaluation program. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure one of three sampled Certified Nursing Assistants (CNA 1) had an active license and/or certificate.</p> <p>The deficient practice resulted in CNA 1 working as a CNA without an active license and/or certificate.</p> <p>Findings:</p> <p>During a review of the California Department of Public Health (CDPH) License and Certification (L&C) Verification Detail Page obtained from https://cvl.cdph.ca.gov/SearchPage.aspx, the L&C website indicated there was no active certification for CNA 1.</p> <p>During a review of CNA 1 's California Nurse Aide Assessment Program (NNAAP) Examination Results Report dated 5/20/2024, the California NNAAP Examination Results indicated CNA 1 passed the California Nurse Assistant Skills Evaluation on 5/20/2024. The California NNAAP Results indicated once CNA 1 passed both written (or oral) and skills portion of the NNAAP examination, the results will be reported to the</p>	F 729	<p>On 05/22/2025, The Administrator/ DON provided a 1 on 1 education to the new DSD and DSD Assistant on assuring that all Certified Nurse Assistants have active and not expired certification.</p> <p>On 05/22/2025, residents identified to be under the care of CNA 1 on 05/09/2025 were assessed and no negative findings were noted.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:</p> <p>On 05/22/2025 and 05/23/2025, DON/DSD/Designee reviewed the employee files of all other CNAs and found no others with expired certification on the floor schedule with direct patient care. Other CNAs with expired certifications were already reassigned to backdoor monitor, hall monitor, sitter, or to any other assignments that do not involve direct patient care; hence, no other residents were affected by the deficient practice.</p>		

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F 729	<p>Continued From page 5</p> <p>CDPH, and CNA 1 ' s name would be placed on the California Nurse Assistant Registry. The California NNAAP further indicated that the results will appear on the California Nurse Assistant Registry and CNA 1 will receive the certificate up to 60 days after submission.</p> <p>During a review of CNA 1 ' s California Certified Nurse Aide Exam Results report dated 4/16/2025, the California Certified Nurse Aide Results report indicated CNA 1 passed the knowledge portion of the Certified Nurse Aide Exam. The California Certified Nurse Aid Exam Results report indicated that a passing score does not imply certification, and the certification must be verified on the registry.</p> <p>During an interview on 5/8/2025 at 3:48 p.m., the Director of Staff Development (DSD) stated he could not find an active certificate on the CDPH website for CNA 1.</p> <p>During an interview on 5/8/2025 at 3:51 p.m., the Assistant Director of Nursing (ADON) stated CNA 1 was allowed to work after CNA 1 showed the ADON the California Certified Nurse Aide Exam Results. The ADON stated from her previous experience when she was a CNA, she was allowed to work after she provided a copy of her exam results. The ADON stated she did not validate on the registry whether CNA 1 had an active certificate prior to CNA 1 working on 4/23/2025 nor did she follow up thereafter.</p> <p>During an interview on 5/9/2025 at 11:50 a.m., the Director of Nursing (DON) stated CNAs should have an active certificate prior to working as a CNA at the facility. The DON stated CNA 1 ' s certificate should have been verified either online or via the phone to ensure CNA 1 had an active</p>	F 729	<p>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur:</p> <p>On 05/22/2025 and 05/23/2025, Administrator, DON/Designee initiated an in-service education to Certified Nursing Assistants, Restorative Nursing Assistants and Licensed Nurses on assuring that their licenses are current and coordinating with the facility regarding their renewal notices as soon it is received for swift and proper processing.</p> <p>The tracking log, created to ensure that all staff licenses and certifications are current, and all expiring licenses will be processed for renewal timely, was reviewed for accuracy and updated accordingly.</p> <p>All licensed and certified staff members whose licenses have expired will be removed from the schedule until their licenses are renewed or reinstated. If required by the facility, licensed or certified staff members with expired licenses may be assigned modified duties, such as backdoor monitor, hall monitor, sitter, or any</p>		

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F 729	Continued From page 6 license prior to working as a CNA. During a review of the facility ' s undated Certified Nursing Assistant job description, the Job Description indicated the employee should have a license as a certified nursing assistant.	F 729	other assignments that do not involve direct patient care. How the facility plans to monitor its performance to make sure that solutions are sustained: The Administrator/Designee will conduct an audit of the DSD's license and certification tracking log for 4 weeks then bi-weekly for 3 months, to ensure that all licenses are current and any expiring licenses are renewed timely. Any issues identified will be addressed immediately. The Administrator will present the results of the above reviews to the Quality Assurance and Performance Improvement Committee for review and recommendations monthly for 3 months then quarterly thereafter. The plan will be reevaluated monthly by the QA Committee and make necessary changes as warranted to ensure that safety of the residents. Completion Date: 05/30/2025		

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