

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

PRINTED: 06/05/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>055894</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/21/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROADWAY BY THE SEA</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2725 E. BROADWAY</b> <b>LONG BEACH, CA 90803</b>		
(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 000	<p><b>INITIAL COMMENTS</b></p> <p>The following reflects the findings of the California Department of Public Health during an abbreviated standard survey for three complaints.</p> <p>Complaint Numbers: CA00960896, CA00961849, and CA00962076.</p> <p>The inspection was limited to the specific complaints investigated and does not represent the findings of a full inspection of the facility.</p> <p>No deficiencies were issued for the complaint numbers: CA00961849 and CA00962076.</p> <p>One deficiency was issued for the complaint number: CA00960896 (Refer to F839).</p>	F 000	<p><i>Preparation and/or execution of this response and Plan of Correction (POC) do not constitute an admission or agreement by the provider of truth or accuracy of alleged facts or conclusions set forth in this Statement of Deficiencies. This POC is prepared and/or executed solely for provisions of Federal and State required regulations. This POC is not an admission of noncompliance with cited regulation(s)</i></p>		
F 839 SS=E	<p><b>Staff Qualifications</b> CFR(s): 483.70(e)(1)(2)</p> <p>§483.70(e) Staff qualifications. §483.70(e)(1) The facility must employ on a full-time, part-time or consultant basis those professionals necessary to carry out the provisions of these requirements.</p> <p>§483.70(e)(2) Professional staff must be licensed, certified, or registered in accordance with applicable State laws. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure one of three Licensed Vocational Nurses (LVN 2) license was active. This deficient practice resulted in LVN 2 working 61 shifts with an inactive license.</p> <p>Findings:</p>	F 839	<p><b>F 839</b> <b>Corrective Action</b> LVN 2: LVN license was updated to active on 05/08/2025. <b>Identification of Others at Risk</b> All residents of this facility have the potential to be affected by this deficiency. A review of 25 RN and LVN licenses status has been done by the DON on 05/06/2025. All licenses were active.</p> <p><b>Process to Prevent Recurrence</b> The DON has inserviced the licensed nurses between 05/7/2025 and 5/10/2025 on the importance of keeping their nursing license active. The DON/designee will check the status of the licensed nurses' licenses monthly X3 months and annually thereafter. Results of monthly review will be reported to QA&amp;A committee.</p> <p><b>Monitoring Process</b> The DON will report the results of the nursing license reviews to the QA&amp;A committee monthly. Quality Assessment &amp; Assurance and Continuous Quality Improvement Committee will monitor compliance by review of findings and actions/resolutions taken during the monthly meeting x3 months.</p> <p><b>Complete Date:</b> <b>06/11/2025</b></p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE  
 ADMINISTRATOR 6/16/25

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.

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F 839	Continued From page 1  During a review of a letter from the California Department of Consumer Affairs Board of Vocational Nursing and Psychiatric Technicians (BVNPT) dated 5/6/2025, the letter indicated as of 2/1/2025 LVN 2's license was inactive due to failure to renew, and as of 5/6/2025, LVN 2's license was currently inactive.  During a review of LVN 2's Employee Time Details (Timecard) dated 2/2025, the Timecard indicated LVN 2 worked a total of 18 shifts from 2/1/2025 to 2/28/2025.  During a review of LVN 2's Timecard dated 3/2025, the Timecard indicated LVN 2 worked a total of 20 shifts from 3/1/2025 to 3/31/2025.  During a review of LVN 2's Timecard dated 4/2025, the Timesheet indicated LVN 2 worked a total of 20 shifts from 4/1/2025 to 4/30/2025.  During a review of LVN 2's Timecard dated 5/2025, the Timecard indicated LVN 2 worked a total of three shifts from 5/1/2025 to 5/31/2025. LVN 2 worked a total of 61 shifts with an inactive license from 2/1/2025 to 5/3/2025.  During a review of the facility's License Nursing Staff Schedule dated 5/2025, LVN 2 was take off the schedule on 5/6/2025.  During an interview on 5/21/2025 at 12:47 p.m. with the DON, the DON stated that she received a phone call by the Enforcement Analyst (EA) at the BVNPT on 5/6/2025, notifying her that LVN 2's license was inactive. The DON stated that the facility's Human Resources (HR) department is to verify employee licenses upon hiring and monthly.	F 839			

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F 839	<p>Continued From page 2</p> <p>HR is supposed to notify the facility of when a license is nearing the expiration date or if an employee has an inactive license. The DON stated she not to be aware of what happened with the untimely verification of LVN 2's license. The DON stated LVN 2 was taken off the schedule on 5/6/2025 after being notified by the EA that LVN 2 was working with an inactive license. The DON stated that when she spoke to LVN 2, LVN 2 stated she accidentally clicked on the inactive button instead of clicking on the renewal button. The DON stated that LVN 2 should not have worked in the facility with an inactive license.</p> <p>During an interview on 5/21/2025 at 1:21 p.m. with LVN 2, LVN 2 stated she was unaware of her license being inactive and was notified of by the facility's DON on 5/6/2025. LVN 2 stated when she renewed her license in 1/2025, she accidentally clicked on the inactive button instead of clicking on the renewal button. LVN 2 stated she did not bother to follow up to make sure her license was renewed or active was because her payment went through. LVN 2 confirmed that she worked as an LVN from 2/1/2025 to 5/3/2025. LVN 2 stated she was immediately taken off the schedule on 5/6/2025 and was not able to return to work until her license was active.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, "Verification of Licenses," revised 4/2004. The P&amp;P indicated that it is the policy of the company to verify that all employees in positions which require licensure of certification have a current license or the authorization to practice in the state(s) in which they work. The purpose of this policy is to ensure that the company is in compliance with all licensing and certification requirements. The scope of this</p>	F 839			

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F 839	<p>Continued From page 3</p> <p>policy applies to all company employees in licensed and certified positions. The department manger or designee should monitor expiration dates of all licenses and credentials and notify employees in advance of such dates. The department of manager or designee should contact the appropriate agency to verify the license or certification. When renewed, the copy of the valid license/certification and/or a verification form will be added to the personnel filed by the department manager or a designee.</p> <p>During a review of the facility's LVN Job Description, dated 12/17/2021, the Job Description indicated the LVN must possess an active license to practice as an LVN or a Licensed Practical Nurse valid in this state.</p>	F 839		