

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

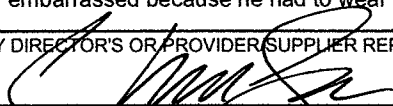
PRINTED: 06/27/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555805	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/18/2025
NAME OF PROVIDER OR SUPPLIER BEL VISTA HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 5001 EAST ANAHEIM STREET EAST 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	
F000	The following reflects the findings of the California Department of Public Health during an abbreviated standard survey. Complaint Number: CA00965849 The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. One deficiency was issued for the complaint number: CA00965849 (Refer to F557).	F000	Bel Vista Healthcare Center makes every effort to operate in substantial compliance with Federal and State laws and regulations. Nothing in this Plan of Correction is an admission otherwise. Bel Vista Healthcare Center is submitting this Plan of Correction in compliance with its regulatory obligations and does not waive any objections it may have as to the merit or form of any allegations contained herein. Please note that the facility may contest the merits or form of any of the alleged deficient findings and may take reasonable steps to appeal them. This Plan of Correction constitutes Bel Vista Healthcare Center's written credible allegation of compliance for the deficiencies noted.		
F557 SS=D	Respect, Dignity/Right to have Prsnl Property CFR(s): 483.10(e)(2) §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including: §483.10(e)(2) The right to retain and use personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to treat one of four sampled residents (Resident 1) with respect and dignity by failing to ensure Resident 1 was assisted with getting dressed prior to him leaving for his appointment. This deficient practice resulted in Resident 1 to feel embarrassed because he had to wear a hospital gown (a	F557	This plan of correction constitutes the facility's written credible allegation of compliance. Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged, or the conclusion set forth on the Statement of Deficiencies. This plan of correction is prepared and/or executed solely because required by the provisions of the health and safety code section 1280 and 42 CFR 483. F-tag 557 I: Corrective Action for residents found to have been affected: · Resident 1 was discharged from the facility and admitted to Long Beach Memorial Medical Center on 5/30/2025. Resident did not return to the facility. · DSD held a 1:1 verbal counseling with	07/07/2025	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



ADMINISTRATOR

7/7/2025

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.

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

PRINTED: 06/27/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555805	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/18/2025
NAME OF PROVIDER OR SUPPLIER BEL VISTA HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 5001 EAST ANAHEIM STREET EAST 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	
F557	<p>loose-fitting garment, typically open in the back, that patients wear in medical facilities) to his appointment. This deficient practice had the potential for Resident 1 to be exposed causing unworthiness and psychosocial harm to Resident 1.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record (Face Sheet), the Face Sheet indicated Resident 1 was admitted to the facility on 5/25/2025 with diagnoses including acute kidney failure ([AKI] also called acute kidney injury - when the kidneys suddenly can't filter waste products from the blood), type 2 diabetes ([DM] a disorder characterized by difficulty in blood sugar control and poor wound healing), and colostomy (a surgical procedure that brings one end of the large intestine out through the abdominal wall to allow waste to leave the body).</p> <p>During a review of Resident 1's Minimum Data Set ([MDS] a resident assessment tool), dated 5/30/2025, the MDS indicated Resident 1's cognition was intact.</p> <p>During a telephone interview on 6/17/2025 at 1:56 p.m., with Resident 1's Family Member (FM 1), FM 1 stated on 5/30/2025 at 7:30 a.m., she brought Resident 1 "street clothes (ordinary clothes that people wear in public)" to wear to his appointment. FM 1 stated when Resident 1 arrived at his appointment, he was still wearing a hospital gown and not the "street clothes" she brought for him to be changed into. FM 1 stated she was upset because Resident 1 expressed to her that he was embarrassed because he had to wear a hospital gown in public.</p> <p>During an interview on 6/18/2025 at 11:46 a.m., with the</p>	F557	<p>responsible CNA on 05/30/2025.</p> <ul style="list-style-type: none"> The DSD started an in-service to staff including licensed vocational nurses and certified nurse assistants regarding the importance of maintaining resident respect and dignity by ensuring they are dressed in their own personal clothing when going out for an appointment started on 05/30/2025. <p>II: Facility's identification of other residents having the potential to be affected by the same affected by the deficient practice and corrective action taken:</p> <ul style="list-style-type: none"> On 6/18/2025, the DON conducted a visual audit of residents who went out for appointments to ensure they were dressed in their own personal clothing. On 6/18/2025, one resident went out for an appointment, and she was wearing her own personal clothing when she went to the appointment. No findings were identified. The DSD started an in-service to staff including licensed vocational nurses and certified nurse assistants regarding the importance of maintaining resident respect and dignity by ensuring they are dressed in their own personal clothing when going out for an appointment started on 05/30/2025. The DSD conducted additional in-service to certified nurse assistants regarding the importance of maintaining resident respect and dignity by ensuring they are dressed in their own personal clothing when going out for an appointment on 7/2/2025. DON conducted an additional in-service to licensed vocational nurses on 7/1/2025 		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.

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

PRINTED: 06/27/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555805	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/18/2025
NAME OF PROVIDER OR SUPPLIER BEL VISTA HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 5001 EAST ANAHEIM STREET EAST 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	
F557	Case Manager (CM), the CM stated she received a phone call (after Resident 1's appointment on 5/30/2025) from Resident 1's FM 1 complaining that Resident 1 arrived at his appointment wearing a hospital gown. The CM stated CNA 1 reported to her that Resident 1 had refused to change into his clothes. During a concurrent interview and record review on 6/18/2025 at 3:26 p.m., with the Case Manager (CM), Resident 1's Clinical Records dated 5/2025 were reviewed. The Clinical Records indicated, there were no documentation indicating on 5/30/2025 that Resident 1 refused to change into his street clothes prior to him leaving for his appointment. The CM indicated she did not find any documentation on Resident 1's refusal to change into his street clothes nor that the facility staff notified his RP 1 of his refusal to change into his clothes. During a telephone interview on 6/18/2025 at 4:19 p.m., with CNA 1, CNA 1 stated on 5/30/2025, she offered Resident 1 only once if he wanted to change into his clothes prior to leaving to his appointment. CNA 1 stated Resident 1 refused to be changed because he was hot. CNA 1 admitted to not reporting Resident 1's refusal to change into his clothes. CNA 1 stated she should have offered Resident 1 to be changed at least three times and if he still refused, she would notify the charge nurse immediately. During an interview on 6/18/2025 at 4:51 p.m., with the Director of Nursing (DON), the DON stated CNA 1 should have changed Resident 1 into his clothes prior to leaving for his appointment. The DON stated if a resident refused to be changed into their clothes, it should be documented in the medical record and the licensed nurses should have notified of his refusal. During a review of the facility's policy and procedure (P&P) titled, "Dignity," revised 2/2021, the P&P indicated each resident shall be cared	F557	regarding the importance of maintaining resident respect and dignity by ensuring they are dressed in their own personal clothing when going out for an appointment. III: Facility measures and systemic changes to ensure the deficient practice does not recur: · The DSD started an in-service to staff including licensed vocational nurses and certified nurse assistants regarding the importance of maintaining resident respect and dignity by ensuring they are dressed in their own personal clothing when going out for an appointment started on 05/30/2025. The DSD conducted additional in-service to certified nurse assistants regarding the importance of maintaining resident respect and dignity by ensuring they are dressed in their own personal clothing when going out for an appointment on 7/2/2025. · DON conducted an additional in-service to licensed vocational nurses on 7/1/2025 regarding the importance of maintaining resident respect and dignity by ensuring they are dressed in their own personal clothing when going out for an appointment. · The DSD/designee will conduct audits that residents will go to their appointment wearing their own personal clothing/appropriate clothing by providing a visual check on random day of the week, weekly x 1 month, then monthly x 90 days. The DSD will be notified of the scheduled appointments by reviewing residents' orders on the computer system. If the residents are not		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.

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

PRINTED: 06/27/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555805	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/18/2025
NAME OF PROVIDER OR SUPPLIER BEL VISTA HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 5001 EAST ANAHEIM STREET EAST 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	
F557	for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, and feelings of self-worth and self-esteem. Residents are treated with dignity and respect at all times. When assisting with care, residents are supported in exercising their rights. For example, residents are encouraged to dress in clothing that they prefer. During a review of the facility's P&P titled "Resident Rights, " dated 2/2021, the P/P indicated employees shall treat all resident with kindness, respect and dignity. 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 and be treated with respect, kindness and dignity.	F557	dressed appropriately during visual check on random day of the week/monthly, the DSD/designee will report on the findings to the DON and the DON/designee will provide an in-service to staff including certified nursing assistants and licensed vocational nurses. IV. Facility's plan to monitor corrective actions are achieve & sustain compliance; Integrate the POC to QA Process. · The DSD/designee will conduct audits that residents will go to their appointment wearing their own personal clothing/appropriate clothing by providing a visual check on random day of the week, weekly x 1 month, then monthly x 90 days. The DSD will be notified of the scheduled appointments by reviewing residents' orders on the computer system. If the residents are not dressed appropriately during visual check on random day of the week/monthly, the DSD/designee will report on the findings to the DON immediately. Thereafter, the DON/designee will provide an immediate re-education through an in-service to staff including certified nursing assistants and licensed vocational nurses and progressive discipline if repeated to ensure compliance. · The DSD/designee will report findings from the conducted weekly/monthly audits that residents will go to their appointment wearing their own personal clothing/appropriate clothing during the monthly QAA meeting x 3 months. Compliance Date: 07/07/2025		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.