

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055364	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/20/2020
NAME OF PROVIDER OF SUPPLIER LONG BEACH HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 3401 CEDAR AVENUE LONG BEACH, CA 90807	
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 0609 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to implement its policy and procedure of reporting unusual occurrences to the Department of Public Health (DPH) for one of three sampled residents (Resident 1). Resident 1 was missing from the facility for more than 24 hours. Findings: A review of Resident 1's Face Sheet (Admission Record) indicate the resident was admitted to the facility on [DATE]. Resident 1's [DIAGNOSES REDACTED]. A review of Resident 1's History and Physical (H/P), dated 11/27/19 indicated Resident 1 had the capacity to understand and make decisions. The H/P indicated Resident 1 had history of polysubstance (dependency of three or more drugs) abuse. A review of the physician's orders [REDACTED]. A review of the Nurses Progress Notes dated [DATE] and timed 9:30 p.m., the licensed vocational nurse 1 (LVN) documented Resident 1 was going out of the facility. LVN 1 instructed the resident to wait until the morning, however, Resident 1 insisted and called a taxi. On 12/16/19 and timed 8:37 a.m., the registered nurse 4 (RN) documented Resident 1 was OOP and did not return to the facility, the physician and family was informed of the resident not returning back to the facility A review of the Release of Responsibility for Leave of Absent (OOP) for 12/19, indicated Resident 1 signed out on 12/15 at 9:15 p.m. On 12/17/19 at 8:30 a.m., during an interview, the Director of Nurses (DON) stated a police report was filled on 12/16/19 for Resident 1 being missing, however, the DON did not report the resident missing to DPH. On 12/17/19 at 11:35 a.m., during an interview Resident 1 stated while OOP on [DATE] the resident had to be hospitalized due to being assaulted by a stranger that kick the resident's legs. On 1/9/20 at 1:05 p.m., during an interview the DON stated she was not aware that missing residents needed to be reported to DPH. The DON stated the GACH called the facility on 12/16/19 to report Resident 1 was hospitalized. The DON stated Resident 1 had a four (4) hour OOP order. The DON stated it was the facility's staff to ensure Resident 1 was signing in and out and return safe to the facility within the four hours as indicted in the physician orders. A review of the facility's policy and procedures titled, Unusual Occurrence Reporting, revised 12/2007 indicated the facility was to report unusual occurrences or other reportable events which affect the health, safety, or welfare of the residents. Unusual occurrences should be reported via telephone to the appropriate agencies as required within 24 hours of such incident.		
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.