

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/08/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WINDSOR GARDENS CONVALESCENT CENTER OF LONG BEACH</b>		STREET ADDRESS, CITY, STATE, ZIP <b>3232 E. ARTESIA BLVD. LONG BEACH, CA 90805</b>	
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 0657  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview and record review, the facility failed to revise the comprehensive care plan for one of one resident (1) who was not utilizing the call light to communicate needs and concerns to the facility staff. This deficient practice had the potential for Resident 1 to have unaddressed needs and concerns not being met. Findings: A review of the Admission Record indicated Resident 1 was admitted on [DATE] and readmitted on [DATE] with [DIAGNOSES REDACTED]. A review of the Minimum Data Set ((MDS), a comprehensive standardized assessment and care screening tool) dated 5/12/20 indicated Resident 1 had no cognitive (ability to learn, reason, remember, understand and make decisions) impairment, had the ability to make self understood (ability to express ideas and wants), had the ability to understand others (understanding verbal content) and required supervision (oversight, encouragement or cueing) and set up help for meals. A review of the resident's interview dated 7/10/20 at 4:45 p.m. indicated Resident 1 had spilled milk on her side and did not use the call light to ask to be changed and was changed by staff after resident spoke with her daughter about the issue. On 9/4/20 at 3:46 p.m., during an interview, Certified Nurse Assistant (CNA 1) stated, Resident 1 is alert, oriented and able to make needs known, however would not inform facility staff sometimes when there was an issue but would notify her daughter. On 9/4/20 at 3:54 p.m., during an interview, Licensed Vocational nurse (LVN 1) stated, she would do routinely rounds and check on Resident 1 because the resident does not use her call light to indicate her needs. On 9/4/20 at 4:15 p.m. during an interview and concurrent record review, Registered Nurse (RN 1) stated, Resident 1 did not like to ask for assistance and would often receive calls from the residents' daughter about issues or if something was not done. RN 1 stated, there is a call light and phone by the bedside, however they would find out about a complaint through the daughter instead of being informed by the resident. RN 1 stated, the staff tried to educate the resident about the call light. RN1 also said, the CNA's would go to the room as often as they could because the resident usually said, she was okay and did not tell them that she needed anything. RN 1 stated, there was no care plan to address the resident not using the call light to indicate her needs. On 9/4/20 at 4:26 p.m. during an interview and concurrent record review, the Minimum Data Set Coordinator (MDS 1) stated, there was no care plan revised for Resident 1 to address the issue of not using the call light and resident not verbalizing her needs to staff. The MDS 1 nurse stated, the resident may verbalize needs to the daughter only because she is more comfortable telling her family and may feel like a burden to staff if she asks for help. MDS 1 said, we may need to establish a rapport so the resident will be comfortable saying her needs, a care plan is important to make sure everyone is aware of this issue and to make sure the staff knows what the resident's needs, goals and interventions are. A review of facility's policy and procedure titled, Care Plan, Baseline and Comprehensive last revised on 11/2017, indicated a comprehensive care plan consistent with residents rights will include measureable objectives and time frames to meet a resident's medical, nursing, mental and psychosocial needs.</p>		
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.