Printed: 11/28/2024 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 03/31/2022	
NAME OF PROVIDER OR SUPPLIER Coral Cove Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1730 Grand Ave Long Beach, CA 90804		
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 0689 Level of Harm - Actual harm Residents Affected - Few	accidents. **NOTE- TERMS IN BRACKETS IN Based on observation, interview, a to get out of bed unsupervised and falls and injury for one of two samp. The facility failed to ensure: 1. Resident 1's care plan (CP) titled fall, on 11/24/2021 to evaluate the intervention to safeguard the resident commented on Bed Rail Assessm as indicated in the resident's short-procedure) unwitnessed fall. 3. Resident 1 had upper side rails seizure disorder as indicated in the seizure disorder as indicated in the 4. An Interdisciplinary Team ([IDT] conducted Resident 1's assessment policy and procedure titled 'Fall President 1 had severely impaired of quadriplegia (paralysis of all four drain excess fluid from the brain) in the blood and treat/prevent blood of	d, 'The resident is high risk for falls' was effectiveness of care plan intervention	ONFIDENTIALITY** 34180 rovide the resident, who attempted and interventions to prevent from s reviewed after Resident 1's first and implement different o ensure the resident was safe as all monitoring for staff to follow and condition after a treatment and/or from injury due to diagnosis of a plan of care for residents) 2021 as outline in the facility's illy decision-making, had diagnosis of opening with a catheter placed to edications (medications used to thin at 1 at risk for falls, injuries, and	

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.

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

TITLE

(X6) DATE

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 055077

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AND PLAN OF CORRECTION DENTIFICAT 055077 NAME OF PROVIDER OR SUPPLIER Coral Cove Post Acute For information on the nursing home's plan to correct th (X4) ID PREFIX TAG SUMMARY S (Each deficien Centimeter ([imidline) subor Residents Affected - Few This deficien centimeter ([imidline) subor Resident 1 w blunt head to for five days. Findings: During a reviadmission to	TION NUMBER: A. B. STI 17 Lo Dis deficiency, please contact the STATEMENT OF DEFICIENCY and provided the proceeded by full recent practice resulted in Reside [cm] unit of measurement) ridural hematoma (a collection)	CIES egulatory or LSC identifying informa ent 1 falling twice from the bed or ight parietal (the area at the post	y agency. Ition)
Coral Cove Post Acute For information on the nursing home's plan to correct the (X4) ID PREFIX TAG SUMMARY S (Each deficien centimeter (Each deficien centimeter (Imidline) subcassident 1 was blunt head to for five days. Findings: During a reviadmission to	nis deficiency, please contact the STATEMENT OF DEFICIENCY must be preceded by full rent practice resulted in Reside [cm] unit of measurement) ridural hematoma (a collection	730 Grand Ave ong Beach, CA 90804 the nursing home or the state survey compared to the state survey co	y agency. Ition)
(X4) ID PREFIX TAG SUMMARY S (Each deficien F 0689 Level of Harm - Actual harm Residents Affected - Few This deficien centimeter ([imidline] subtraction Resident 1 with blunt head to for five days. Findings: During a revial admission to	STATEMENT OF DEFICIENCE of the preceded by full research practice resulted in Reside [cm] unit of measurement) ridural hematoma (a collection	CIES egulatory or LSC identifying informa ent 1 falling twice from the bed or ight parietal (the area at the post	ition)
F 0689 Level of Harm - Actual harm Residents Affected - Few Residents Affected - Few This deficien centimeter ([midline) subcentimeter (I midli	ncy must be preceded by full re nt practice resulted in Reside [cm] unit of measurement) ri dural hematoma (a collection	egulatory or LSC identifying informa ent 1 falling twice from the bed or ight parietal (the area at the post	
Level of Harm - Actual harm Residents Affected - Few Residents Affected - Few Centimeter ([midline) subt Resident 1 w blunt head tr for five days. Findings: During a revi admission to	[cm] unit of measurement) ridural hematoma (a collection	ight parietal (the area at the post	ata tha flavorand anata's a CO
quadriplegic H/P indicated two months. During a revi admitted to ti does not hav tracheostomy cognitive (the the brain sur episodes of ti grade oxygei During a revi care-screeni for daily deci mobility, tran upper and lo During a revi m., the CAE impaired cog During a revi FRA indicate a high risk fo During a revi deconditionir status, contir incontinence	rauma ([BHT] head injury) are reasonable. riew of Resident 1's history as to the facility, the H/P indicated in injury requiring a ventricule (permanent immobility of bod Resident 1 underwent multiple of Resident 1's Admissional of Resident 1's Admissional of Resident 1 underwent multiple of Resident 1 underwent multiple of Resident 1 underwent multiple of Resident 1's Minimum of Resident 1's Minimum of Resident 1 underwent 1 underwent en side of Resident 1 underwent 1 underwen	and physical (H/P) from the GAC ed Resident 1 had a traumatic (sostomy placement. The H/P indicated rama and both legs) after a trultiple major surgeries and proceding respiratory fail to much carbon dioxide [resulting e windpipe), muscle weakness, distinct deficit, traumatic subdural heral quadriplegic and epilepsy (abind loss of mental awareness). Reference over the trach with huminal had been decided by the modern of the MDS indicated Resident 1 had a total assistance with one-personal hygiene. The MDS indicated Fait utilize any mobility devices. Admission Evaluation (CAE), data and impairment to upper and low k Assessment (FRA), dated 11/1 are of 12. According to the FRA, and the MDS indicated fait in the modern of the MDS indicated fait utilize and impairment to upper and low k Assessment (FRA), dated 11/1 are of 12. According to the FRA, and the MDS indicated fait in the modern of the MDS indicated fait utilize and impairment to upper and low k Assessment (FRA), dated 11/1 are of 12. According to the FRA, and the MDS indicated fait in the modern of the MDS indicated fait in the modern of the MDS indicated fait utilize and impairment to upper and low k Assessment (FRA), dated 11/1 are of 12. According to the FRA, and the MDS indicated fait in the modern of the MDS in the MDS indicated fait in the modern of the MDS indicated fait in the modern of the MDS indicated fait in the mo	derior end of the skull near the jury or trauma). On 11/28/2021, were the resident was diagnosed with care unit ([ICU] higher level of care) H dated 9/17/2021, prior to tressful, frightening or distressing cated Resident 1 became a raumatic motor vehicle accident. The dures and remained hospitalized for the second of the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055077	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/31/2022	
NAME OF PROVIDER OR SUPPLIER Coral Cove Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1730 Grand Ave Long Beach, CA 90804		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)	
F 0689	Management Program.'			
Level of Harm - Actual harm	Place the resident on a low bed.			
Residents Affected - Few	3. Place a call light within the resident	ent's reach.		
	4. Place bilateral (both) floor mats on the floor.			
	During a review of Resident 1's Ber following:	w of Resident 1's Bed Rail Assessment (BRA), dated 11/10/2021 the BRA indicated the		
	1. Resident 1 was non-ambulatory.			
	2. Resident 1 had fluctuating consciousness.			
	3. Resident 1 had alteration in safety awareness due to cognitive decline.			
	4. Resident 1 displayed poor bed mobility/difficulty moving in bed.			
	5. Resident 1 ad difficulty with balance and poor trunk control.			
	The interventions included:			
	1. Lower bed to the floor.			
	2. Provided frequent staff monitoring at night.			
	Side Rail Placement:			
	None recommended and side rail assist bar not indicated at this time. During a review of an article last updated on 9/2/2021 and titled, Seizure Precautions, the artic under Ensuring Safety Precautions, to make sure the resident is in a bed with padded side rail https://www.ncbi.[NAME].nih.gov/books/NBK536958/			
	used to thin blood) therapy related staff's interventions: Resident/famil each day, use soft toothbrush use	, dated 11/11/2021 and titled, the resid to disease process and post-surgery, t y/caregiver teaching to include take/giv electric razor, avoid activities that could ding, avoid foods high in Vitamin K.	he care plan indicated the following /e medication at the same time	
	•	d physician's orders ([recap] order sum s receiving the following medications:	nmary) for the month of 11/2021,	
		eat and prevent blood clots) 5,000 unit f medication into the fatty tissue under clot that forms in a deep vein).		
	(continued on next page)			

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NAME OF PROVIDER OR SUPPLIER		CTREET ADDRESS CITY STATE ZID CODE	
		STREET ADDRESS, CITY, STATE, ZI	PCODE
Coral Cove Post Acute 1730 Grand Ave Long Beach, CA 90804			
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0689	Levetiracetam (medication to pre	event and control seizures) 1,500 millig	rams ([mg] unit of measurement),
Level of Harm - Actual harm	through the gastrostomy ([G-tube] hydration), twice daily for seizures.	a tube surgically placed into the stoma	ch for feeding, medication, and
Residents Affected - Few	Clobazam (medication used to tr	reat seizures) 10 mg, through the G-tul	pe. twice daily for seizure.
	,	, 6.	•
	4. Eliquis (medication used to prevent serious blood clots) 5 mg, through the G-tube, twice daily for DVT. During a telephone interview on 3/24/2022 at 5:13 p.m., the Director of Nursing (DON) stated residents taking blood thinners and/or anticoagulants are prone to bleeding and any impact from injury, such as from fall, would cause them to bleed. The DON stated a fall could cause the resident to bleed. During a review of Resident 1's Skilled Evaluation Note (SEN), dated 11/23/2021 and timed at 10:48 a.m., the SEN indicated Resident 1 had mild cognitive impairment, was inattentive and required cues (signals, reminders). According to the SEN, Resident 1 was bedfast with an unsteady gait (to walk) and had poor balance (functional quadriplegic).		
	the COC note indicated at 4:30 a.m the floor lying on his right side next	ange of Condition (COC) note, dated 1 n., on 11/24/2021, Resident 1 had an u to his bed with his legs still on the bed essed by a licensed nurse. Resident 1	nwitnessed fall, and was found on l. The COC indicated Resident 1
	PFE indicated Resident 1 had an u	st Fall Evaluation (PFE), dated 11/24/2 inwitnessed fall from his bed on 11/24/ ed due to repositioning himself. The Pf th legs still on the bed.	2021 at 12 a.m. [sic]. The PFE
	bed and fell on to the floor but was	12:06 p.m., the DON stated on 11/24/2 able to stand. The DON stated when F bedside prior to 11/24/2021. The DON id not use bed rails.	Resident 1 fell on [DATE], there
	indicated for Resident 1 to have a	ysician's order dated 11/24/2021 and ti STAT (immediate) x-ray (a test that pro teral (both) shoulder, and a bilateral hip	duces images of the structures
		ysician's order dated 11/24/2021 and ti ding pads (floor mats) on the floor for p	
	(continued on next page)		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055077	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/31/2022
NAME OF PROVIDER OR SUPPLIER Coral Cove Post Acute		STREET ADDRESS, CITY, STATE, ZI 1730 Grand Ave Long Beach, CA 90804	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	on)
F 0689 Level of Harm - Actual harm Residents Affected - Few	During a review of Resident 1's she fall, the care plan indicated the staf (r/o) any fractures (broken bones) is frequency for visual checks), floor in alarm. This care plan had no new in During a review of the facility's Incit asked what happened after he fell. During a review of the facility's Invented IIR indicated the Respiratory TI care and treatment to individuals with treatments on 11/24/2021, found Riccording to the IIR, RT 1 immediated 1). During a review of Resident 1's SE 1 made three attempts to get out on conducted. During a review of Resident 1 conducted. During a review of Resident 1 conducted. During a feet out on conducted. During a review of Resident 1 conducted. The DON stated staff us residents. The DON stated staff us residents. The DON stated the only The DON was asked how often the minutes, but the staff did not docur During a review of Resident 1's SE resident was confused and did not bed. During a review of Resident 1's CO Resident 1 had a second unwitnes left side of the bed. The COC note happened. The COC indicated Resident 1 had an unwitnessed fall from the his bed due to repositioning himsel with both legs still on the bed. A review of Resident 1's physician'	ort-term CP, dated 11/24/2021 and title iffs interventions included to obtain ordesecondary to the fall, frequent visual chants as ordered, low bed at all times, anterventions to prevent Resident 1 from dent Report (IR), dated 11/24/2021, the at 4:30 a.m., Resident 1 mouthed he westigative Interview Report (IIR), dated herapist 1 ([RT 1] a healthcare practitio ith lung conditions and diseases) while tesident 1 lying on the floor on his right ately reported Resident 1's fall to the Resident 1's SENs there was no document onducted by the staff. 24/2022 at 5:20 p.m., the DON was asked. 24/2022 at 5:20 p.m., the DON was asked.	d, Status Post (S/P) unwitnessed ers for diagnostics x-ray to rule out leck (the CP did not indicate a and to access the need for a bed in falling. Be IR indicated when Resident 1 was lanted to go to the bathroom. 11/24/2021 and timed at 5:30 a.m., ner trained to provide respiratory econducting routine morning side with his legs still on the bed. Egistered Nurse Supervisor 1 (RNS) Ta.m., the SEN indicated Resident of frequent visual checks was led evidence of frequent visual the frequency of monitoring frequency for visually monitoring in the CNAs documented ADL care. O21, the DON then stated every 15 Ta.m., the SEN indicated the licated Resident 1 tried to get out of the 19:34 a.m., the COC note indicated added mattress, on the floor, on the indicated Resident 1 tried to get out of the 19:34 a.m., the PFE indicated Resident FE indicated Resident 1 fell from bound on the floor next to his bed
	(continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055077 (X3) MURICIPAL COMPLETED 03/31/2022 STREET ADDRESS, CITY, STATE, ZIP CODE 1730 Grand Ave Long Beach, CA 90804 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) During a review of Resident 1's Nurse's Progress Note (NPN), dated 11/28/2021 and timed at 12/24 p.m., the NPN indicated because of Resident 1's fall, the resident was transferred to another room closer to the nursies station after the second fall, for frequent visual mominishing. The NPN indicated a private ambulance company was called and the estimated time de place to the GACH by a private ambulance company was called and the estimated time de Resident 1 was transported to the ED after being found on the floor by the facility survival as a proper time of the destinated time destinated time destinated time destinated time to the CEU destinate of the destinated time destinated time to the CEU destinate of the destinated time destinated time to the CEU destinate of the destinated time destinated time to the CEU destinate of the destinated time destinated to the CEU destinate of the destinated time destinated to the required cue				NO. 0936-0391
Coral Cove Post Acute 1730 Grand Ave Long Beach, CA 90804 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) During a review of Resident 1's Nurse's Progress Note (NPN), dated 11/28/2021 and timed at 12:24 p.m., the NPN indicated because of Resident 1's fall, the resident was transferred to another room closer to the nurses' station after the second fall, for frequent visual monitoring. The NPN indicated at 8:40 a.m., a physician's order was obtained to transfer Resident 1 to the hospital for further evaluation. The NPN indicated a private ambulance company was called and the estimated time of arrival to pick up Resident 1 was one to two hours. The NPN indicated at 11:15 a.m., Resident 1 was transported to the GACH by a private ambulance company. During a review of Resident 1's GACH Emergency Department (ED) H/P, dated 11/28/2021 and timed at 12:08 p.m., the H/P indicated Resident 1 was transported to the ED after being found on the floor by the facility's nursing staff. According to the H/P, he facility's nursing staff indicated Resident 1 was non-verbal and could not follow verbal commands. According to the H/P, Resident 1 thad a computerized tomography ([CT scan] detailed pictures of parts of the body and the structures inside the body) of the brain due to trauma which resulted in a 6.0 cm right parietal subdural hematoma. The H/P indicated Resident 1 was admitted into the ICU unit for close monitoring for a total of five days and required treatment by a neurosurgeon (a physician that specializes in surgically treat disorders of the nervous system [brain and spinal cord] including trauma, tumors). During a review of Resident 1's Clinical Admission Evaluation (CAE), dated 12/2/2021 and timed at 6:30 p.m., the CAE indicated Resident 1 was readmitted to the facility, was assessed as being c		IDENTIFICATION NUMBER:	A. Building	COMPLETED
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) During a review of Resident 1's Nurse's Progress Note (NPN), dated 11/28/2021 and timed at 12:24 p.m., the NPN indicated because of Resident 1's fall, the resident was transferred to another room closer to the nurses' station after the second fall, for frequent visual monitoring. The NPN indicated at 8:40 a.m., a physician's order was obtained to transfer Resident 1 to the hospital for further evaluation. The NPN indicated a private ambulance company was called and the estimated time of arrival to pick up Resident 1 was one to two hours. The NPN indicated at 11:15 a.m., Resident 1 was transported to the GACH by a private ambulance company. During a review of Resident 1's GACH Emergency Department (ED) H/P, dated 11/28/2021 and timed at 12:08 p.m., the H/P indicated Resident 1 was transported to the ED after being found on the floor by the facility's nursing staff indicated Resident 1 was non-verbal and could not follow verbal commands. According to the H/P, Resident 1 had a computerized tomography ([CT scan] detailed pictures of parts of the body and the strucer sinside the body) of the brain due to trauma which resulted in a 6.0 cm right parietal subdural hematoma. The H/P indicated Resident 1 was admitted into the ICU unit for close monitoring for a total of five days and required treatment by a neurosurgeon (a physician that specializes in surgically treat disorders of the nervous system [brain and spinal cord] including trauma, tumors). During a review of Resident 1's Clinical Admission Evaluation (CAE), dated 12/2/2021 and timed at 6:30 p.m., the CAE indicated Resident 1 was readmitted to the facility, was assessed as being confused, disoriented, required cues, due to severe impaired cognition with incoherent (unclear) speech and weakness and impairment to upper and lower extremities. During an interview on 3/3/2022 at 12:06 p.m., DON stated after Resident 1's secon			1730 Grand Ave	
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the NPN indicated because of Resident 1's fall, the resident was transferred to another room closer to the nurses' station after the second fall, for frequent visual monitoring. The NPN indicated at 8:40 a.m., a physician's order was obtained to transfer Resident 1 to the hospital for further evaluation. The NPN indicated a private ambulance company was called and the estimated time of arrival to pick up Resident 1 was one to two hours. The NPN indicated at 11:15 a.m., Resident 1 was transported to the GACH by a private ambulance company. During a review of Resident 1's GACH Emergency Department (ED) H/P, dated 11/28/2021 and timed at 12:08 p.m., the H/P indicated Resident 1 was transported to the ED after being found on the floor by the facility's nursing staff. According to the H/P, Resident 1 had a computerized tomography ([CT scan] detailed pictures of parts of the body and the structures inside the body) of the brain due to trauma which resulted in a 6.0 cm right parietal subdural hematoma. The H/P indicated Resident 1 was admitted into the ICU unit for close monitoring for a total of five days and required treatment by a neurosurgeon (a physician that specializes in surgically treat disorders of the nervous system [brain and spinal cord] including trauma, tumors). During a review of Resident 1's Clinical Admission Evaluation (CAE), dated 12/2/2021 and timed at 6:30 p.m., the CAE indicated Resident 1 was readmitted to the facility, was assessed as being confused, disoriented, required cues, due to severe impaired cognition with incoherent (unclear) speech and weakness and impairment to upper and lower extremities. During an interview on 12/15/2021 at 6:30 p.m., BoN stated she did not investigate Resident 1's fall occurred on 11/28/2021 but did document a post-fall note for Resident 1. During an interview on 3/3/2022 at 12:06 p.m., DON stated after Resident 1's second fall on 11/28/2021, Resident 1 was transferred to the hospital because he was receiving blood thinners (medications), sustained a hematom	(X4) ID PREFIX TAG			
During a concurrent interview and review of Residents 1's SEN with the DON on 3/3/2022 at 1:29 p.m., the DON was asked about Resident 1's SEN, dated 11/25/2021 and timed at 9:47 a.m., indicating Resident 1 made three attempts to get out of bed and received frequent visual checks. The DON was asked did the staff prevent Resident 1 from attempting to get out of bed and falling. The DON stated Resident 1 was moved to a room closer to the nursing station on 11/28/2021 and after Resident 1's second fall. The DON stated the nurses were not always sitting at the station. The DON was asked how often the staff performed frequent visual checks and did the staff document the visual checks, the DON stated the staff checked Resident 1 as often as they could. (continued on next page)	Level of Harm - Actual harm	the NPN indicated because of Res nurses' station after the second fall physician's order was obtained to t indicated a private ambulance comwas one to two hours. The NPN interview ambulance company. During a review of Resident 1's GA 12:08 p.m., the H/P indicated Resideality's nursing staff. According to and could not follow verbal comma ([CT scan] detailed pictures of part trauma which resulted in a 6.0 cm admitted into the ICU unit for close neurosurgeon (a physician that spespinal cord] including trauma, tumo During a review of Resident 1's Clit, the CAE indicated Resident 1 was required cues, due to severe impai impairment to upper and lower extra During an interview on 12/15/2021 occurred on 11/28/2021 but did dod During an observation on 12/15/20 tracheostomy in place and with interview and was hospitalized the facility as being at risk for falls. from recurrent falls. The DON state closer to the nursing station so the During a concurrent interview and the DON was asked about Resident 1's made three attempts to get out of the prevent Resident 1 from attempting room closer to the nursing station on nurses were not always sitting at the visual checks and did the staff doctoften as they could.	ident 1's fall, the resident was transferred, for frequent visual monitoring. The Naransfer Resident 1 to the hospital for furpany was called and the estimated time dicated at 11:15 a.m., Resident 1 was to ACH Emergency Department (ED) H/P, dent 1 was transported to the ED after the H/P, the facility's nursing staff indicated. According to the H/P, Resident 1 is of the body and the structures insideright parietal subdural hematoma. The monitoring for a total of five days and exializes in surgically treat disorders of ors). Inical Admission Evaluation (CAE), date is readmitted to the facility, was assessed as readmitted to the facility, was assessed red cognition with incoherent (unclear) remities. at 6:17 p.m., DON stated she did not incument a post-fall note for Resident 1. 21 at 6:30 p.m., Resident 1 was sitting act bandage to forehead. 12:06 p.m., DON stated after Resident nospital because he was receiving bloo. The DON stated Resident 1 was assorthe DON was asked how the facility's adafter the second fall on 11/28/21 Resources could visually monitor Resident review of Residents 1's SEN with the Desident and received frequent visual check and and received frequent visual check and and received frequent visual check and and received frequent visual check are station. The DON was asked how of the station.	ed to another room closer to the PN indicated at 8:40 a.m., a anther evaluation. The NPN e of arrival to pick up Resident 1 ransported to the GACH by a dated 11/28/2021 and timed at being found on the floor by the cated Resident 1 was non-verbal had a computerized tomography the body) of the brain due to H/P indicated Resident 1 was required treatment by a the nervous system [brain and ed 12/2/2021 and timed at 6:30 p.m. ed as being confused, disoriented, speech and weakness and havestigate Resident 1's fall in bed watching television with esseed upon the initial admission to staff would prevent Resident 1 sident 1 was moved to a room to 1.

/SUPPLIER/CLIA N NUMBER: A. Building B. Wing	ONSTRUCTION (X3) DATE SURVEY COMPLETED 03/31/2022
STREET ADDRESS 1730 Grand Ave Long Beach, CA 9	5, CITY, STATE, ZIP CODE
leficiency, please contact the nursing home of	or the state survey agency.
TEMENT OF DEFICIENCIES must be preceded by full regulatory or LSC ic	dentifying information)
an unwitnessed fall and was found on the initially admitted to the facility he was welle his legs. RN 2 stated he was unsure if straint. RN 2 stated Resident 1 was movine hospital due to the second fall. One interview on 3/9/2022 at 4:02 p.m., Consident 1 on 11/28/2021. CNA 1 stated Resident 1 ditter and she was instructed to check on dicheck on Resident 1 whenever she paracted visual checks. One interview on 3/24/2022 at 4:48 p.m., and on 11/10/2021 and timed at 4:50 p.m. are bed rails caused entrapment. The DON at caught in the side rail. The DON stated the goal was to prevent Resident 1 from mats and pillows on the side of the bed. dent 1's bed rail assessment indicated Resident 1's bed rail assessment indicated 1's bed rail assessment indic	dure (P/P), dated 8/1/2014 and titled, Fall Prevention lity to provide a safe environment that minimizes are IDT would initiate, review, and update fall risks and rly, annually, upon significant change of condition ed Nurses would evaluate the resident's response to update the resident's care plan as necessary. DON stated there was no IDT conducted on
the crossing the contract of t	ed on 11/10/2021 and timed at 4:50 p.m. bed rails caused entrapment. The DON caught in the side rail. The DON stated the goal was to prevent Resident 1 from mats and pillows on the side of the bed. dent 1's bed rail assessment indicated Resident and a G-tube. The DON stated Resident 1's bed rail assessment indicated Resident 1's bed rail assessment indicated Resident 1 the DON stated Resident 1 the DON stated Resident 1 the DON stated regizered disorders. The DON stated Resident and seizure disorders. The DON stated Resident and seizure activity, his seizures where the properties of the seizure stated the staff would attend at checks for at least every 15 to 30 minimof the facility's revised policy and proceent Program the P/P indicated for the facilisesociated with falls. The P/P indicated the doors fall. The P/P indicated the Licensiduring weekly summary evaluation and one interview on 3/28/2022 at 2:25 p.m.,

			NO. 0930-0391
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NAME OF PROVIDER OR SUPPLIER Coral Cove Post Acute		STREET ADDRESS, CITY, STATE, Z 1730 Grand Ave Long Beach, CA 90804	IP CODE
For information on the nursing home's	plan to correct this deficiency, please con	Lact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informat	ion)
F 0689 Level of Harm - Actual harm Residents Affected - Few	During a review of the facility's revifacility will adequately evaluate the The P/P indicated a bed rail is an asymptoms. The P/P indicated a particular particular of the facility's reviduring admission, residents will be	sed P/P, dated 12/4/2021 and titled, B use of bed rails and prevent potential ssistive device and must be used in or dded bed rails will be used to prevent i	ed Rails the P/P indicated the entrapment or other safety hazards. In the treat a resident's medical injury to the resident in case of sizure Precautions the P/P indicated wity and findings will be documented