

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  03/30/2023
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)
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44958</b></p> <p>Cross referenced to F688</p> <p>Based on interview and record review, the facility failed to develop and implement comprehensive person-centered care plans for two out of two sampled residents (Resident 1 and 2) who could benefit from a Restorative Nursing Program (RNA- program that actively focuses on achieving and maintaining resident ' s optimal physical, mental and psychosocial functioning).</p> <p>This deficient practice resulted in Residents 1 and 2 not receiving RNA therapy in a timely manner causing potential declines in their mobility and their ability to perform activities of daily living [ADLs-activities required to meet basic needs].</p> <p>Findings:</p> <p>During a review of Resident 1 ' s the Admission Record (face sheet-FS), the FS indicated Resident 1 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including dementia (impaired ability to remember, think, or make decisions that interferes with doing everyday activities), muscle atrophy (thinning) or loss of muscle tissue, and anemia (the amount of red blood cells which carry oxygen [gas required for life]) in the body gets too low.</p> <p>During a review of Resident 1 ' s History and Physical (H/P), dated 3/13/2023, the H/P indicated that Resident 1 does not have the ability to understand and make decisions.</p> <p>During a review of Resident 1's Minimum Data Set (MDS), a standardized assessment and care-screening tool, dated 2/28/2023, the MDS indicated Resident 1 could not always understand and be understood by others. According to the MDS, Resident 1 required limited assistance (resident highly involved in activity, staff provide non- weight-bearing [body weight] support) and one person to assist her in transferring (how resident moves between surfaces such as bed, chair, wheelchair, standing position).</p> <p>During a review of Resident 1's Order Summary Report (OSR) dated 3/29/23, the OSR indicated Restorative Nurse Aide(RN)/ Rehabilitation aide (RA) to perform active range of motion (AROM- moving a part of the body by using muscles) exercise to upper and lower extremities at least 15 minutes a day four times a week beginning 2/16/23.</p> <p>(continued on next page)</p>

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
---	-------	-----------

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  03/30/2023
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)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 3/29/2023, at 11:00 a.m., with the RA, the RA stated she was not aware that Resident 1 was to receive AROM, she was not notified by the nursing or rehabilitation departments. RA stated she did not provide care or exercises to Resident 1.</p> <p>During an interview on 3/29/2023, at 2:28 p.m., with the Director of Rehabilitation (DOR -supervises the Occupational, Speech, and Physical Therapy staff who, under physician prescription, evaluates and treat residents), the DOR reassessed Resident 1 ' s Range of motion (the totality of movement a joint is able to move) on Resident 1 ' s bilateral (both) upper extremities and concluded that since Resident ' s 1 last evaluation on 5/10/22, Resident 1 demonstrated declines in both her upper extremities.</p> <p>During a concurrent interview and record review on 3/29/2023, at 2:46 p.m., with the Director of Nursing (DON), Resident 1 ' s care plans and OSR were reviewed. The DON stated the OSR indicated that Resident 1 was to receive RNA exercises. The DON further stated from the care plans reviewed, Resident 1 did not have any care plans reflecting the need for RNA services. The DON stated Resident 1 ' s care plan should have been updated to reflect RNA exercises after the physician ' s order was placed on 2/16/22. The DON stated by not revising the care plan, there is a possibility that services are not being provided to the resident which could cause a decline in her overall health.</p> <p>During a review of Resident 2 ' s FS, the FS indicated Resident 2 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including urinary tract infection, type 2 diabetes (disease that affects how the body uses blood sugar) and Parkinson ' s Disease.</p> <p>During a review of Resident 2 ' s H/P dated 3/13/2023, the H/P did not indicate Resident 2 ' s ability to understand and make decisions.</p> <p>During a review of Resident 2's MDS dated [DATE], the MDS indicated Resident 2 could always understand and be understood by others. According to the MDS, Resident 2 required extensive assistance (resident involved in activity, staff provide weight-bearing [body weight] support) and at least two people to assist her in transferring (how resident moves between surfaces such as bed, chair, wheelchair, standing position).</p> <p>During a review of Resident 2's Physical Therapy Discharge Summary, (PTDS) dated 9/19/22, the PTDS indicated the following discharge recommendations: Range of Motion Program to maintain current level of function (CLOF) with good consistent staff follow through. The PTDS further indicated no RNA available in the facility.</p> <p>During a review of Resident 2's Occupational Therapy Discharge Summary, (OTDS) dated 10/31/22, the OTDS indicated the following discharge recommendations: Restorative Range of Motion Program performed by the Restorative Nurse Aide.</p> <p>During a review of Resident 2's OTSD dated 3/8/23, the OTDS indicated the resident was referred to skilled rehabilitation services for a decline in ADLS.</p> <p>During a concurrent observation and interview on 3/28/2023, at 9:45 a.m., with Resident 2 in her room, Resident 2 was observed to be sitting in bed with bandages to both of her knees. Resident 2 stated she does not get out of bed and does not receive exercises. Resident 2 stated she would like to do exercises even in bed.</p> <p>(continued on next page)</p>		

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  03/30/2023
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)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 3/28/2023, at 12:50 p.m., with the DOR, the DOR stated Resident 2 should have received RNA therapy however there was no RNAs in the facility to provide the care. The DOR stated there should have been an Interdisciplinary team meeting (IDT health care professionals such as nursing, therapists, and social work, working together to coordinate and deliver resident centered care) to discuss Resident ' s 2 mobility status and a care plan should have been developed and created to address Resident ' s RNA needs. The DOR stated the purpose of an IDT meeting and the care plan is to communicate the services a residents need to maintain her highest level of function. The DOR stated without RNA services, the resident is at high risk for declines in her mobility .</p> <p>During a concurrent interview and record review on 3/29/2023, at 12:30 p.m., with the DOR, Resident 2 ' s document OTDS, dated 3/8/23 was reviewed. The DON stated the OTDS indicated that Resident 2 was referred back to skilled rehabilitation services due to a decline in her ADLs.</p> <p>During a concurrent interview and record review on 3/29/2023, at 2:46 p.m., with the DON, Resident 2 ' s documents were reviewed. The DON stated the documents indicated Resident 2 does not have any care plans reflecting the need for RNA services. The DON stated she was not informed from rehabilitation therapists that Resident 2 required RNA services. The DON stated there should have been an IDT following her OT Discharge Evaluation on 10/31/22 and her PT Discharge on 9/19/22. The DON stated due to the lack of IDT meeting, Resident 2 ' s care plans were not revised to reflect the services she needed to maintain her current and highest level of functioning, the resident would start to show physical declines.</p> <p>During a review of the facility ' s policy and procedure (P&amp;P) titled, Comprehensive Person -Centered Care Planning, revised November 2018, the P&amp;P indicated it is the policy of the facility to provide person-centered, comprehensive, and interdisciplinary care that reflects best practice standards for meeting health, safety, psychosocial, behavioral and environmental needs or residents in order to maintain the highest, mental, and psychosocial well-being. The policy further indicates the comprehensive care plan will be periodically reviewed and revised by IDT after each MDS assessment, during an onset of new problems, change of condition, in preparation for discharge to address changes in behavior and care and other times as appropriate or necessary.</p>		

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  03/30/2023
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)		
<p>F 0688</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 44958</p> <p>Based on observation, interview, and record review, the facility failed to provide appropriate treatment and services to maintain, increase, or to prevent further decrease in range of motion [(ROM) a condition of shortening and hardening of muscles, tendons, or other tissue, often leading to deformity and rigidity of joints, that over time becomes irreversible] for five of six sampled residents (Residents 1, 7, 15, 26, and 32).</p> <p>The facility failed to:</p> <ol style="list-style-type: none"> <li>1. Ensure a Restorative Nursing Aide [(RNA) nursing aide program that helps residents maintain their function and joint mobility] services were provided by a certified restorative nursing aides to all eligible residents in the facility from 3/11/2022 to 3/31/2023.</li> <li>2. Ensure there was an effective system to monitor the residents' joint mobility to identify possible declines in ROM.</li> <li>3. Ensure an uncertified rehabilitation aide (RA) provided RNA services to residents under the supervision of a licensed therapist.</li> <li>4. Ensure Resident 1 was provided with ambulation (walking) exercises in accordance with Physical Therapy [(PT) a profession specializing in the restoration, maintenance, and promotion of optimal physical function] recommendations dated 3/11/2022.</li> <li>5. Ensure Resident 1 was provided with active range of motion [(AROM) movement at a given joint when the person moves voluntarily] exercises to both arms in accordance with Occupational Therapist [(OT) profession that provides services to increase and/or maintain a person's capability to participate in everyday life activities] recommendations dated 6/20/2022.</li> <li>6. Ensure Resident 1 was provide with AROM exercises to both arms and both legs per physician order dated 2/16/2023.</li> <li>7. Ensure Resident 26 was provided with RNA program services to maintain or improve mobility after the resident's discharge from PT services.</li> <li>8. Ensure an uncertified RA provided RNA services to Residents 7, 15, and 32 from 2/21/2023 through 3/29/2023 under the supervision of a licensed therapist.</li> </ol> <p>(continued on next page)</p>		

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  03/30/2023
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)		
<p>F 0688</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>As a result of these deficient practices Resident 1 did not receive AROM exercises to both arms from 6/20/2022 to 3/31/2023 (approximately nine months) and ambulation exercises from 3/11/2022 to 3/31/2023 (approximately 12 months) and experienced a decline in mobility of both shoulders and a significant decline in mobility, Resident 26 experienced a continuous decline in mobility and Residents 7, 15, 32, and all other residents in the facility receiving RA services instead of RNA were placed at risk for injuries. These deficient practices placed the residents at risk for a decline in mobility, decline in activities of daily living [(ADL), everyday tasks such as eating, dressing, and toileting], decline in ROM leading to contractures (a condition of shortening and hardening of muscles, tendons, or other tissue, often leading to deformity and rigidity of joints, that over time becomes irreversible) and a decreased quality of life.</p> <p>On 3/31/2023 at 4:51 PM, the California Department of Public Health (CDPH) called an Immediate Jeopardy [(IJ) situation (a situation in which the facility's non-compliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident)] in the presence of the [NAME] President of Operations (VPO), Assistant Chief Clinical Officer (ACCO), Minimum Data Set [(MDS) a standardized assessment and care screening] nurse, [NAME] President of Clinical Operations (VPCO), Director of Staff Development (DSD), and Quality Assurance (QA) nurse.</p> <p>On 4/2/2023 at 2:47 PM, the facility provided the Department with an acceptable Immediate Jeopardy Removal Plan (IJRP).</p> <p>The IJRP consisted of the following actions:</p> <ol style="list-style-type: none"> <li>On 3/29/2023, three dedicated RNAs were assigned to provide restorative nursing services Monday to Friday to residents as ordered by the physician beginning 4/3/2023.</li> <li>On 3/30/2023, an Interdisciplinary Team Meeting (IDT-each residents' health care team from various specialties) met to discuss Resident 1's risk for decline with mobility and ROM. IDT recommended to have PT and OT evaluate Resident 1 and encourage Resident 1 to get out of bed daily as tolerated.</li> <li>On 3/30/2023, Resident 1 was evaluated by PT and was placed on a therapy program four times a week for four weeks.</li> <li>On 3/31/2023, Resident 1 was evaluated by OT and was placed on a therapy program three times a week for 27 days.</li> <li>On 3/30/2023, the Director of Nursing (DON)/Designee obtained physician's orders for PT and OT evaluations for all current residents in the facility.</li> <li>On 3/31/2023, the facility conducted an audit of current residents to identify residents who would benefit from an RNA program or therapy services.</li> <li>On 3/30/2023 and 3/31/2023, the Resource Nurse, Assistant Director of Nursing (ADON), and Director of Staff Development (DSD) initiated an in-service (staff education including knowledge check) to nursing staff regarding the facility's policy and procedures for the RNA program.</li> </ol> <p>(continued on next page)</p>		

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  03/30/2023
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)		
<p>F 0688</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>7. he DSD and/or the DON will provide skills competency training for all current and new RNAs prior to initiating RNA services to residents by 4/3/2023.</p> <p>8. On 4/1/2023, the VPR provided education to the rehabilitation staff on the policy and procedures for Rehab Rounding and Screening to identify residents with functional changes to determine if therapy services are indicated.</p> <p>9. All residents will receive PT and OT evaluations which will include joint mobility assessments containing measurable data of all extremities upon admission (to obtain baseline measurements), quarterly, and upon every change of condition.</p> <p>10. The Director of Rehabilitation (DOR) or designees will attend the weekly RNA meetings to provide consultation to the nursing team.</p> <p>11. A licensed nurse must supervise the activities of the RNA program. Licensed rehabilitation professionals may perform repetitive exercises and other maintenance treatments or supervise aides performing these activities. Although Licensed Rehabilitation Professionals may participate in the RNA program, members of the nursing staff are responsible for the overall coordination and supervision of the RNA program.</p> <p>12. The DON or licensed nurse designees will manage and direct the RNA program. Licensed Rehabilitation Professionals will provide ongoing consultation and education of the RNA program.</p> <p>13. The Restorative Nursing Program Coordinator (DON or licensed nurse designee) will conduct weekly meetings with the 14. RNA and therapist to discuss the resident's response to the program, including any decline in function, pain management for effectiveness, determination if the resident will be discharged to an RNA program for maintenance, and identification if therapy services are indicated.</p> <p>15. In the event a rehabilitation aide provides restorative nursing services to residents due to staffing needs, the DON/licensed nurse and DOR/Physical or Occupational Therapist will supervise the care provided by the Rehabilitation aide.</p> <p>On 4/2/2023 at 2:47 PM, while onsite and after confirming the facility's implementation of IJRP actions, the Department accepted the removal plan and removed the IJ, in the presence of the ACCO.</p> <p>Findings:</p> <p>1.A review of Resident 1's Admission Record (AR) indicated Resident 1 was admitted to the facility on [DATE] and readmitted to the facility on [DATE] with diagnoses including epilepsy (disorder that causes episodes of seizures or altered consciousness), muscle wasting and atrophy (decrease in muscle mass), and gait (walking pattern) and mobility abnormalities.</p> <p>A review of Resident 1's Census List (record of hospitalization s, room changes, and payer source changes) indicated Resident 1 remained at the facility since re-admission on 2/6/2020.</p> <p>(continued on next page)</p>		

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  03/30/2023
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)		
<p>F 0688</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>A review of Resident 1's MDS dated [DATE], indicated Resident 1 had impaired cognitive (ability to think, understand, learn, and remember) skills for daily decision making. The MDS indicated Resident 1 required limited assistance for bed mobility, transfers, and toilet use and supervision with walking and locomotion (the ability to move from one place to another) on and off the unit using a walker and wheelchair. The MDS indicated Resident 1 had no functional limitations in ROM of both arms and both legs.</p> <p>A review of Resident 1's Physical Therapy Evaluation and Plan of Treatment (PT Evaluation), dated 1/18/2022, indicated Resident 1's prior level of function was independent with bed mobility, independent with transfers, independent with gait (walking) indoors and short distances to the restroom using a front wheeled walker [(FWW) a mobility device with two wheels in the front used for support when standing or walking], and supervised/touch assistance with gait for 150 feet using a FWW. The PT Evaluation indicated Resident 1 required, at the time of the evaluation on 1/18/2022, supervision/touching assistance with rolling to the left and to the right (bed mobility), partial/moderate assistance (resident requires about 50% physical assistance to perform the task) for transferring from a lying down position to a seated position, partial/moderate assistance for chair and toilet transfers, and was unable to walk. The PT Evaluation indicated the ROM in both of Resident 1's legs were within functional limits [(WFL) sufficient joint movement to functionally complete daily routines].</p> <p>A review of Resident 1's MDS, dated [DATE], indicated Resident 1 required limited assistance for bed mobility, transfers, and toilet use and supervision with walking and locomotion on and off the unit using a walker and wheelchair. The MDS indicated Resident 1 had no functional limitations in ROM of both arms and both legs.</p> <p>A review of Resident 1's PT Discharge Summary, dated 3/11/2022, indicated Resident 1 required supervision/touching assistance for bed mobility, sit to stand transfers, and bed to chair transfers and was able to walk 50 feet with supervision/touching assistance using a two-wheeled walker. The PT discharge recommendations for Resident 1 indicated Restorative Nursing Program in order to maintain current level of functional mobility and gait ability.</p> <p>A review of Resident 1's medical record revealed there were no physician's orders for Resident 1 to receive RNA program for ambulation exercises per PT recommendations on 3/11/2022.</p> <p>A review of Resident 1's Occupational Therapy Evaluation and Plan of Treatment (OT Evaluation), dated 5/10/2022, indicated the ROM in both of Resident 1's arms were WFL.</p> <p>A review of Resident 1's MDS, dated [DATE], indicated Resident 1 required supervision with walking and locomotion on and off the unit using a walker and wheelchair and limited assistance with bed mobility and transfers. The MDS indicated Resident 1 had no functional limitations in ROM of both arms and both legs.</p> <p>A review of Resident 1's OT Discharge Summary, dated 6/20/2022, indicated Resident 1's reason for discharge was due to Resident 1 achieving her highest practical level in therapy. The OT discharge recommendations for Resident 1 indicated Resident 1 would benefit from an RNA program for AROM exercises to both arms however there is no RNA program in the facility at this time. The OT Discharge Summary indicated OT will re-evaluate resident when there is RNA personnel available.</p> <p>(continued on next page)</p>		



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  03/30/2023
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)		
<p>F 0688</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>A review of Resident 1's medical record, revealed there were no physician's orders for Resident 1 to receive RNA program for AROM to both arms per OT recommendations until 2/15/2023.</p> <p>A review of Resident 1's medical record, indicated a physician's order dated 2/15/2023 with start date of 2/16/2023, for the RNA to perform AROM to both of Resident 1's arms and legs, at least 15 minutes per day, every day, four times a week. There were no physician's orders for Resident 1 to receive ambulation exercises</p> <p>A review of Resident 1's MDS, dated [DATE], indicated Resident 1 required limited assistance for bed mobility, transfers, and locomotion on and off the unit. Resident 1 did not walk during the assessment period. The MDS indicated Resident 1 had no functional limitations in ROM of both arms and both legs.</p> <p>A review of Resident 1's MDS, dated [DATE] (approximately 14 months from the first MDS), indicated Resident 1 required limited assistance with bed mobility, transfers, and locomotion on and off the unit using a wheelchair and required extensive assistance for toilet use. Resident 1 did not walk during the assessment period. The MDS indicated Resident 1 had no functional limitations in ROM of both arms and both legs.</p> <p>A review of Resident 1's monthly RNA documentation, from 2/2023 to 3/2023, indicated there was no documentation indicating RNA provided AROM exercises to both Resident 1's arms and legs.</p> <p>A review of Resident 1's PT Evaluation, dated 3/31/2023, indicated Resident 1 was referred (a request to another medical specialist for opinion, treatment and/or management of a resident's condition or problem) for a PT evaluation due to a decline in mobility and ambulation. The PT Evaluation indicated Resident 1 required maximum assistance (required 51-75% assistance to complete the task) for rolling and for transferring from a lying down position to a seated position. The PT Evaluation indicated Resident 1 was dependent in sit to stand and bed to chair transfers.</p> <p>During an observation and interview on 3/29/2023 at 2:18 PM, while in the resident's room, Resident 1 was sitting in a wheelchair in a slouched (drooping) posture. Resident 1 was able to raise both arms halfway to shoulder level, bend and straighten both elbows, bend and straighten both wrists, and open and close both hands but could not straighten the middle joint of both small fingers. Resident 1 stated no one comes to do exercises with her but wished someone would. Resident 1 stated she used to be able to walk but cannot walk anymore. Resident 1 stated the nurses get her out of bed to the wheelchair using a mechanical lift (a device that allows a person to be transferred from one surface to another).</p> <p>(continued on next page)</p>		



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  03/30/2023
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)		
<p>F 0688</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During an interview on 3/29/2023 at 12:32 PM, the DOR, who was an Occupational Therapist, stated the facility did not have an RNA program. The DOR stated an RNA program was important because it ensured residents maintained the level of function they achieved once discharged from therapy services. The DOR stated if resident required RNA services after discharge from therapy, the therapists wrote the recommendation for a restorative nursing program, but the resident did not receive RNA services since there was no RNA program in the facility. The DOR stated the Rehabilitation Department (RD) did not perform joint mobility assessments on the residents to monitor for declines in ROM. The DOR stated the RD performed Rehab Screens which he defined as a general hands-off assessment of a resident's functional status. The DOR stated Rehab Screens were conducted only upon notification to the Rehab Department that a resident experienced a change of condition, or if nursing notes in the electronic system indicated there was a decline in function and ADL's or during direct observation by the DOR, or by referral from another department. The DOR stated the Rehab Screens did not provide objective, measurable data of a resident's ROM to indicate if the resident was declining in joint mobility. The DOR stated, there was no way to obtain information about the residents ROM baseline unless the resident received an OT and/or PT evaluation upon admission to the facility.</p> <p>During an observation of Resident 1 and concurrent interview with DOR, and record review of the OT evaluation and Discharge Summary on 3/29/2023 at 2:28 PM, the DOR stated Resident 1 had not been seen by OT since the resident was discharged from therapy on 6/20/2022 and did not receive RNA services because there was no RNA program. The DOR re-assessed Resident 1's ROM to both arms on 3/29/2023. The re-assessment revealed the following:</p> <ol style="list-style-type: none"> <li>1. Right (R) shoulder flexion (movement at the shoulder with the arm moving upward toward the head): 0-49 degrees (49 degrees of motion, [normal is 0-180 degrees]).</li> <li>2. R shoulder abduction (movement at the shoulder with the arm moving away from the middle of the body): 0-58 degrees (58 degrees of motion, [normal is 0-180 degrees]).</li> <li>3. Left (L) shoulder flexion: 0-55 degrees (55 degrees of motion) -L shoulder abduction: 0-73 degrees (73 degrees of motion).</li> </ol> <p>The DOR confirmed Resident 1 had a decline in ROM of both shoulders since last being seen by therapy services in 6/2022. The DOR confirmed Resident 1's shoulder ROM was WFL at the time of the OT Evaluation in 5/2022. The DOR defined WFL as adequate movement to use both arms to perform ADLs such as dressing, feeding, grooming, et cetera. The DOR stated Resident 1's shoulder ROM in both arms were not WFL because Resident 1 required assistance with ADLs. The DOR confirmed Resident 1 should have been referred to an RNA program for maintenance of ROM of both arms as recommended by the OT on 6/20/2022 but was never ordered by the therapist because there was no RNA program at the facility. The DOR confirmed RNA was ordered on 2/15/2023 for RNA to perform AROM to both Resident 1's arms and legs but stated Resident 1 was not seen for exercises since there was no RNA program. The DOR confirmed Resident 1 did not receive RNA services from 6/20/2022 to present. The DOR stated there was potential for residents to have a decline in function including physical, cognitive, and emotional if RNA services were not provided to maintain mobility and ROM.</p> <p>(continued on next page)</p>		

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  03/30/2023
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)		
<p>F 0688</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During an interview on 3/29/2023 at 4:28 PM, the DON stated the facility agreed to use a rehabilitation aide to perform RNA duties under DOR supervision beginning [DATE] to present after a MOCK (an assessment of the facilities systems conducted by the facility staff) survey was conducted identifying a lack of RNA services. The DON stated the residents could potentially have a decline in function if RNA services were not provided by the facility. The DON stated the facility did not perform joint mobility assessments and used the MDS to monitor joint ROM.</p> <p>During an interview on 3/30/2023 at 12:16 PM, the Rehabilitation Aide (RA) stated she never provided AROM exercises to both Resident 1's arms and legs. The RA stated Resident 1 was never placed on her list by the DON to be seen for RNA services.</p> <p>During an interview on 3/30/2023 at 2:13 PM, Physical Therapist 1 (PT 1) stated there was no RNA program in the facility. PT 1 stated the rehabilitation department has tried to discuss issues related to the lack of RNA services with the DON since May or June of 2022, but nothing was done. PT 1 stated there were many certified RNAs in the facility, but none of them provided restorative nursing services because they were only being used as Certified Nursing Assistants (CNAs). PT 1 stated he eventually stopped inputting RNA orders and writing recommendations for an RNA program for residents he thought would benefit from a maintenance program after discharge from PT therapy because there was no RNA program to discharge a resident to. PT 1 stated the purpose of an RNA program was to ensure residents did not decline functionally by maintaining their function, ROM, and gains achieved during therapy. PT 1 stated there was potential for residents to have a functional decline if RNA services were not provided in the facility.</p> <p>During a phone interview on 3/30/2023 at 3:10 PM, the Medical Director (MD) of the facility, stated she was aware of the lack of RNA program in the facility. The MD stated she had the impression RNA services such as exercises were still being provided to the residents despite the staffing shortage and was not aware of any residents experiencing a decline due to the lack of an RNA program. The MD stated the purpose of an RNA program was to ensure residents maintain their mobility, prevent contractures, and prevent functional declines. The MD stated there was the potential for residents to develop contractures if RNA services were not being provided.</p> <p>During a phone interview on 3/30/2023 at 3:21 PM, Physical Therapist 2 (PT 2) stated she still wrote recommendations for an RNA program if a resident would benefit from maintenance services after discharge from therapy but was frustrated because there was no RNA program in the facility. PT 2 stated she emailed the administrator and the corporate office informing them residents were declining due to lack of RNA services in the facility and did not receive a response back. PT 2 stated the residents in the facility were functionally declining because there were no RNA services to maintain their function after discharge from therapy. PT 2 stated residents continuously had functional declines, were referred to therapy, achieved goals in a therapy program, and declined functionally again after discharge from therapy due to lack of maintenance services. PT 2 stated there were many certified RNAs in the facility, but none of them were being used to perform RNA services because they were all being used as CNAs despite there being an obvious need for RNA services. PT 2 stated the irreversible functional declines the residents were experiencing could have been prevented if there was an RNA program in the facility. PT 2 stated the Rehab department did not perform joint mobility assessments to monitor joint ROM.</p> <p>(continued on next page)</p>		

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  03/30/2023
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)		
<p>F 0688</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During an observation of Resident 1 and concurrent interview, and record review of Resident 1's PT Discharge Summary on 3/31/2023 at 2:12 PM, Resident 1 was sitting in the hallway in a wheelchair. At the same time, PT 2 performed the resident's functional evaluation while in the hallway. PT 2 re-assessed Resident 1's ROM of both legs. Resident 1 was unable to move both hips, both knees, and both ankles through full ROM. PT 2 stated she remembered Resident 1 was able to walk from her room to the dining room and to and from the bathroom in the past. PT 2 asked the restorative aid (RA) to assist with Resident 1's sit to stand transfer and pull the wheelchair behind Resident 1 for safety when walking. Resident 1 was able to stand with PT and RA assistance and took about 6 steps with both legs shaking before sitting down. PT 2 stated Resident 1 required a total assistance for transfers, maximal assistance of two persons to stand, and maximal assistance of one person to walk two feet. PT 2 confirmed Resident 1 was previously able to walk 75 feet with touching assistance using a FWW and required supervision/touching assistance with transfers and bed mobility at the time of discharge from PT therapy on 3/11/2022. PT 2 confirmed an RNA program was recommended for ambulation at the time of PT discharge on 3/11/2022 but was not ordered because there was no RNA program in the facility. PT 2 stated Resident 1 experienced a significant preventable decline in mobility due to lack of RNA services in the facility.</p> <p>During an interview on 3/31/2023 at 2:27 PM, CNA 5 stated Resident 1 used to stand, walk to the bathroom without a walker, and performed ADLs by herself about six months ago. CNA 5 stated Resident 1 currently required total care assistance, except for eating her meals. CNA 5 stated Resident 1 used adult briefs because she could no longer walk to the bathroom. CNA 5 stated she had observed the residents in the facility were declining functionally because RNA services were not being provided. CNA 5 stated the facility did not have RNA services and needed RNAs to help maintain the mobility and function of all the residents in the facility.</p> <p>During an interview and record review of Resident 1's RNA documentation record with the Quality Assurance supervisor (QAS), on 3/31/2023 at 3:00 PM, the QAS stated an empty box on the record indicated RNA services were not provided. QAS confirmed a physician's order for RNA for AROM exercises for both Resident 1's arms and legs was ordered on 2/15/2023 with a start date of 2/16/2023 but was not carried as evidenced by the boxes on the documentation record for February 2023 and March 2023 that were empty.</p> <p>During an interview on 3/31/2023 at 4:30 PM, the DOR confirmed Resident 1 experienced a significant decline in function since discharge from PT on 3/11/2022. The DOR confirmed he never received notice that Resident 1 experienced a change in condition while in the facility. The DOR stated he never performed any Rehab Screens and/or joint mobility assessments on Resident 1 to identify any decline. The DOR stated Resident 1's decline could have been caught and prevented if there was a monitoring system in place to identify measurable degrees of functional decline. The DOR stated Resident 1's functional decline could have been prevented had Resident 1 received RNA services to maintain the level of function she achieved after she was discharged from therapy.</p> <p>(continued on next page)</p>		

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  03/30/2023
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)		
<p>F 0688</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During an interview on 4/1/2023 at 11:06 AM, the VPR, who was a Physical Therapist stated the facility used the MDS and Rehab Screens to assess joint mobility and did not perform routine joint mobility assessments for residents in the facility. The VPR acknowledged the Resident Assessment Instrument ((RAI), comprehensive and care planning tool), MDS, and Rehab Screens did not capture changes in joint ROM and did not contain measurable, objective data to detect declines in joint mobility. The VPR stated the only way the facility was able to obtain a baseline measurement of a resident's joint ROM was if the resident received a formal OT and/or PT evaluation during his/her stay in the facility.</p> <p>During an interview on 4/2/2023 at 1:46 PM, the MDS nurse stated the facility monitored joint mobility by the RAI. The MDS nurse stated the RAI tool did not provide data regarding location and degree of ROM impairment of the joints. MDS nurse stated there was no objective, measurable data in the RAI tool to determine subtle changes in ROM and if a resident was having a decline until it significantly impacted ADL performance.</p> <p>During an observation and interview on 4/2/2023 at 2:00 PM, in Resident 1's room, the MDS nurse assessed Resident 1's ROM in both arms and both legs. Resident 1 could not raise both arms to shoulder level. Resident 1 was able to touch behind her head with both hands. Resident 1 was unable to point toes upwards, minimally moved both ankles up and down, and was unable to straighten both knees. Resident 1 was able to shuffle both legs minimally on the ground to move her wheelchair forward. The MDS nurse stated Resident 1 had obvious ROM limitations in both shoulders, both ankles, and both knees but would still code Section G0400 in the RAI as no impairment because she was able to use both arms and both legs functionally based on the RAI coding instructions. The MDS nurse stated the system of using the RAI as the only tool to monitor joint mobility was ineffective in capturing changes or declines in joint mobility.</p> <p>During an interview on 4/3/2023 at 3:15 PM, the ADM stated it was important to have RNA services because it was a maintenance program for residents transitioning from skilled services to custodial services (non-medical care). The ADM stated an RNA program was an important service to ensure residents did not decline functionally.</p> <p>B. A review of Resident 26's AR indicated Resident 26 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including muscle wasting, atrophy (decrease in size and wasting of muscle tissue), gait and mobility abnormalities.</p> <p>A review of Resident 26's MDS, dated [DATE], indicated Resident 26 had moderately impaired cognitive skills for daily decision making and required extensive assistance for bed mobility, transfers, and toilet use. Resident 26 did not ambulate during the assessment period.</p> <p>A review of Resident 26's PT Evaluation, dated 6/30/2022, indicated Resident 26 was referred to PT services due to a decline in mobility. The PT Evaluation indicated Resident 26 required supervision/touching assistance for rolling, maximal assistance for transfers, and maximal assistance for walking 10 feet with a two wheeled walker.</p> <p>A review of Resident 26's PT Discharge Summary, dated 7/27/2022, indicated Resident 26's reason for discharge was due to Resident 26 achieving his highest practical level in therapy. The PT discharge recommendations for Resident 26 indicated RNA is recommended. However, there is currently no RNA program in this facility. Administration is aware.</p> <p>(continued on next page)</p>		

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  03/30/2023
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)		
<p>F 0688</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>A review of Resident 26's all physician's orders, revealed there were no physician's orders for Resident 26 to receive RNA program for ambulation and/or mobility exercises on 7/27/2022.</p> <p>A review of Resident 26's PT Evaluation, dated 8/24/2022, indicated Resident 26 was referred for PT services per Resident 26's request for therapy due to a decline in ambulation. The PT Evaluation indicated Resident 26 required maximal assistance for rolling to the left and right (bed mobility, maximal assistance for transfers, and moderate assistance for walking 10 feet with an FWW. The PT Evaluation indicated Resident 26's decline is attributed to lack of RNA services in the building (Administration already notified at previous discharge. Resident would benefit from skilled PT to regain gait, however, with no program in place for maintenance, gains will be short term.</p> <p>A review of Resident 26's PT Discharge Summary, dated 10/19/2022, indicated Resident 26's reason for discharge was due to Resident 26 achieving his maximal potential with skilled therapy services. The PT Discharge Summary did not indicate discharge recommendations.</p> <p>During a phone interview on 3/30/2023 at 3:21 PM, Physical PT 2 stated Resident 26 was constantly being evaluated and re-evaluated by PT due to continuous declines in mobility after discharge from skilled PT services due to a lack of an RNA program for maintenance. PT 2 stated she eventually refused to perform evaluations and discharges on long term residents such as Resident 26 because there was no RNA program to maintain the gains residents made during therapy. PT 2 stated the functional declines the residents were experiencing could have been prevented if there was an RNA program in the facility</p> <p>During an observation and interview on 4/3/2023 at 11:41 AM, in the resident's room, Resident 26 was lying on his back. Resident 26 stated staff come in every now and then to walk with him. Resident 26 had difficulty bending the left knee because it was his bad knee from the war and stated both knees felt stiff often.</p> <p>During an interview and record review of Resident 26's PT notes on 4/3/2023 at 3:15 PM, the ADM confirmed Resident 26 experienced continuous decline in mobility due to lack of RNA services in the facility. The ADM stated that right away the facility should have escalated the issue of lack of RNA services to the facility consultants, initiated a Quality Assurance and Performance Improvement [(QAPI) a committee consisting of key facility staff that meets regularly to address systemic facility failures] as soon as possible to ensure an RNA program would be initiated for all residents after they discharged from therapy and other residents needed an RNA program. The ADM stated she knew QAPI was conducted in February 2023 to address the lack of RNA services but was unsure if a QAPI was done prior since it was such a long-standing issue. The ADM stated the facility should have come up with a solution to address the lack of RNA services. The ADM stated it was important to have RNA services because it was a maintenance program for residents transitioning from skilled services to custodial services (non-medical care). The ADM stated an RNA program was an important service to ensure residents did not decline functionally.</p> <p>During a phone interview on 3/30/2023 at 3:21 PM, Physical PT 2 stated Resident 26 was constantly being evaluated and re-evaluated by PT due to continuous declines in mobility after discharge from skilled PT services due to a lack of an RNA program for maintenance. PT 2 stated she eventually refused to perform evaluations and discharges on long term residents such as Resident 26 because there was no RNA program to maintain [TRUNCATED]</p>		

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  03/30/2023
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)		
<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 44958</p> <p>Based on observation, interview, and record review, the facility failed to provide adequate and sufficient nursing staff to provide range of motion (ROM, full movement potential of a joint) care, for residents requiring Restorative Nursing Aide (RNA, nursing aide program that helps residents maintain their function and joint mobility) services from 5/2022 to 3/2023 (approximately nine months).</p> <p>This deficient practice had the potential for all residents in the facility who would have benefitted from an RNA program to experience a decline in range of motion mobility, and activities of daily living (ADL, basic activities such as eating, dressing, toileting).</p> <p>CROSS REFERENCE TO F688</p> <p>Findings:</p> <p>During an interview and record review of the Nursing Sign In and Assignment Sheet records , with the Director of Staff Development (DSD) on 4/3/2023 at 11:44 AM, the DSD confirmed RNAs did not actually perform RNA duties on the days they signed in from October 2022 to [DATE]. The DSD confirmed there was no RNA staff to provide RNA services to residents in the facility from May 2022 to March 2023, because the RNAs were being pulled to the floor to perform CNA work. The DSD stated the facility did not have an RNA program due to insufficient staffing. The DSD acknowledged it was important for residents to receive RNA services to prevent any functional declines.</p> <p>During an interview on 3/29/2023 at 12:32 PM, the Director Rehabilitation (DOR) who was an Occupational Therapist ( a healthcare provider who helps patients improve their ability to perform daily tasks) stated the facility did not have an RNA program. The DOR stated if residents required RNA services after discharge from therapy, the therapists wrote the recommendation for a restorative nursing program, but the resident never received RNA services since there was no RNA program and/or RNA staff in the facility to provide maintenance services. The DOR stated an RNA program was important because it ensured residents maintained the level of function they achieved once discharged from therapy services.</p> <p>During an interview on 3/29/2023 at 4:28 PM, the Director of Nursing (DON) stated the facility needed Certified Nursing Assistants (CNA) and pulled all the RNAs from the program to perform CNA work. The DON stated the residents could potentially have a decline in function if RNA services were not provided by the facility.</p> <p>(continued on next page)</p>		



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  03/30/2023
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)		
<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 3/30/2023 at 11:20 AM, Certified Nursing Assistant 1 (CNA 1) and Certified Nursing Assistant 2 (CNA 2) who were also trained as RNAs stated they stopped providing RNA services since March of 2020. CNA 1 stated she wanted to perform RNA work, but the facility did not allow her to because they needed her to work as a CNA due to staffing issues. CNA 1 stated there were at least six trained RNAs in the facility, but none of them are being used as RNAs. CNA 1 stated the facility needed RNAs to provide RNA services to the residents in the facility to prevent functional declines. CNA 1 stated many residents tell her they wish staff would do exercises with them. CNA 1 stated she does not have time to walk or do exercises with the residents while performing CNA work. CNA 2 stated she completely stopped working as an RNA and worked strictly as a CNA for at least two years. CNA 2 stated she was told the Rehabilitation Department took over all the RNA treatments and that there was no longer an RNA program in the facility.</p> <p>During an interview on 3/30/2023 at 2:13 PM, Physical Therapist 1 (PT 1) stated there was no RNA program in the facility. PT 1 stated there were many trained RNAs in the facility, but none of them provided restorative nursing services because they were only being used as CNAs. PT 1 stated he eventually stopped inputting RNA orders and writing recommendations for an RNA program for residents he thought would benefit from a maintenance program after discharge from PT because there was no RNA program to discharge a resident to. PT 1 stated the purpose of an RNA program was to ensure residents did not decline functionally by maintaining their function, ROM, and gains achieved during therapy. PT 1 stated there was potential for residents to have a functional decline if RNA services were not provided in the facility.</p> <p>During a phone interview on 3/30/2023 at 3:10 PM, the Medical Director (MD) stated the lack of an RNA program in the facility was due to staffing shortages. The MD stated the purpose of an RNA program was to ensure residents maintain their mobility, prevent contractures, and prevent functional declines. The MD stated there was potential for residents to develop contractures if RNA was not being provided.</p> <p>During a phone interview on 3/30/2023 at 3:21 PM, Physical Therapist 2 (PT 2) stated she still wrote recommendations for an RNA program if a resident would benefit from maintenance services after discharge from therapy but was frustrated because there was no RNA program in the facility. PT 2 stated the residents in the facility were functionally declining because there were no RNA services to maintain their function after discharge from therapy. PT 2 stated there were many certified RNAs in the facility, but none of them were being used to perform RNA services because they were all being used as CNAs despite there being an obvious need for RNA services.</p> <p>During an interview on 3/31/2023 at 2:27 PM, Certified Nursing Assistant 5 (CNA 5) stated the facility did not have an RNA program and needed RNAs to help maintain the mobility and function of all the residents in the facility. CNA 5 stated she did not have time to walk and/or perform exercises with residents. CNA 5 stated the facility was very short staffed and needed to hire more CNAs. CNA 5 stated the facility had many trained RNAs in the facility but were only using them as CNAs.</p> <p>(continued on next page)</p>		



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  03/30/2023
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)		
<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility ' s policy and procedure (P/P) titled, Restorative Nursing Program Guidelines, revised on 9/2019, the P/P indicated the RNA program provided nursing interventions that promoted a resident ' s ability to attain and maintain his/her optimal functional potential. The P/P indicated restorative care implies that the possibility of progress exists and that improvement can be expected, or there is a risk of imminent decline which can be prevented. The P/P indicated the RNA program actively focused on achieving and maintaining optimal physical, mental, and psychosocial functioning unless decline was unavoidable based on the resident ' s clinical condition.</p> <p>During a review of the facility ' s policy and procedure (P/P) titled, Nursing Department - Staffing, Scheduling &amp; Postings, revised 7/2018, the P/P indicated the facility would ensure that adequate number of nursing personnel would be available to meet resident needs. The P/P stated the facility would employ nursing staff that would be on duty in at least the number and with the qualifications required to provide the necessary nursing services for residents admitted for care.</p>		