

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

PRINTED: 05/01/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>056378</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/26/2024</b>	
NAME OF PROVIDER OR SUPPLIER  <b>OCEAN RIDGE POST ACUTE</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>3850 E. ESTHER ST.</b> <b>LONG BEACH, CA 90804</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE <b>05/10/2024</b>
F 000	INITIAL COMMENTS  The following reflects the findings of the California Department of Public Health during the investigation of one complaint.  Complaint number: CA00895841.  Representing the Department: HFEN 36292.  The inspection was limited to the specific complaint and does not represent the findings of a full inspection of the facility.  One deficiency was issued for complaint number CA00895841. See tag F842.			F 000			
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)  §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.  §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized			F 842	1. Deficiency (F- 842 Resident Records – Identifiable Information )  1. How the corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; a. Resident 2 no longer in the facility as of April 16th, 2024. b. On May 2, 2024 a 1:1 in-service was conducted by DON to LVN 1 regarding proper documentation of assessment with an emphasis on the policy and procedure titled "Charting Documentation".  2. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken; a. On May 6, 2024, the Medical Records Director conducted a facility audit focusing on late entries in documentation. b. On May 6, 2024 the Director of Nurses conducted a facility review focusing on documentation without proper assessment evaluations. c. Current residents have the potential to be affected by the deficient practice. No other residents were affected.		

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

TITLE

(X6) DATE

Operations Manager

05/10/2024

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.

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F 842	<p>Continued From page 1</p> <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law;</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and</p>	F 842	<p>3. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur;</p> <p>a. In-service conducted on 5/2/2024 by the Assistant Director of Nursing to License Nurses regarding policy on "Charting Documentation".</p> <p>b. During the daily clinical meeting which is held Monday through Friday, the Medical Records Director will review "Late Entry" documentation, findings of the review will be reported to the Director of Nurses for further review.</p> <p>4. How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, the corrective action evaluated for its effectiveness. The POC is integrated into the quality assurance system.</p> <p>a. Summary from the daily clinical meetings will be presented by Director of Nurses during the monthly QA&amp;A Committee meetings. Trends and patterns will be discussed for further review for the next 3 months to ensure compliance.</p> <p>b. Administrator will monitor compliance of POC.</p> <p>5. When will corrective action be accomplished;</p> <p>a. May 10, 2024</p>		

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F 842	<p>Continued From page 2</p> <p>determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview, and record review, the facility failed to ensure one of three sampled resident's (Resident 2) medical record was complete and accurate when</p> <p>a. the facility failed to document an assessment after an allegation of suspected drug use was made regarding Resident 2.</p> <p>b. the facility failed to enter the correct date and time of a weekly assessment completed for Resident 2.</p> <p>This deficient practice resulted in an inaccurate depiction of Resident 2's care and health status.</p> <p>Findings:</p> <p>During a review of Resident 2's Admission Record, the admission record indicated Resident 2 was originally admitted to the facility on 2/14/2024 with diagnoses including Opioid dependence (physical and psychological reliance on opioids, a substance found in certain prescription pain), blood clots (mass of blood that forms to stop bleeding) in the arms and legs, substance abuse (Excessive use of psychoactive drugs, such as alcohol, pain medications, or illegal drugs), paraplegia (unable to move legs and lower body), and one sided weakness.</p> <p>During a review of Resident 2's Minimum Data Set (MDS), a standardized assessment and care-screening tool, dated 2/21/2024, the MDS</p>	F 842			

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F 842	<p>Continued From page 4</p> <p>4/19/2024 should have indicated the date and time the assessment was completed, because the resident was already discharged.</p> <p>During a review of the facility's policy and procedure titled "Charting Documentation undated, the policy indicated any notable changes in the resident's medical, physical, functional, or psychosocial condition observed by staff, should be documented in the resident's medical record. Documentation of procedures and treatments should include care-specific details, including items such as: the date and time the procedure/treatment was provided; the name and title of the individual(s) who provided the care, the assessment data and/or any unusual findings obtained during the procedure/treatment, if applicable.</p>	F 842			