

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055353	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/25/2023
NAME OF PROVIDER OR SUPPLIER Shoreline Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4029 East Anaheim Street 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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44423</p> <p>Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 1) was free from unnecessary drugs by failing to:</p> <ol style="list-style-type: none"> 1. Obtain an informed consent (the process in which a health care provider educates a patient about the risks, benefits, and alternatives of a given procedure or intervention) for the use of a psychotropic medication (drug that affects brain activities associated with mental processes and behavior) for depression (persistent sadness and a lack of interest or pleasure) per the facility's policy and procedure (P&P). 2. Implement a care plan (a form where you can summarize a person's health conditions, specific care needs, and current treatments) for depression per facility's P&P. <p>Findings:</p> <p>During a review of Resident 1's Admission Record, indicated Resident 1 was admitted to the facility on [DATE], with diagnoses including pericardium disease (an inflammation of the pericardium or sac that contains your heart), hypertension (high blood pressure) and hyperlipidemia (high cholesterol).</p> <p>During a review of Resident 1's Minimum Data Set (MDS - a comprehensive assessment and care screening tool) dated 10/29/2021, indicated that Resident 1 was alert and oriented and able to make decisions regarding activities of daily living.</p> <p>During a review of Resident 1's Physician Order dated 10/23/2021, indicated order for Celexa (medication used for depression) 30 milligrams (unit of measurement) by mouth once daily for depression.</p> <p>During a review of Resident 1's Medication Administration Record (MAR) dated 11/1/2021-11/30/2021, indicated Resident 1 received Celexa by mouth daily from 11/1/2021-11/20/2021 and 11/22/2021-11/24/2021.</p> <p>During a review of Resident 1's informed consent (IC) form for psychotropic medications, the IC form was not signed by Resident 1 and physician to administer a psychotropic medication. The IC form did not indicate the risk and benefits of Celexa medication was explained to Resident 1 by the physician as stated in facility's P&P.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 055353	Facility ID: 055353 If continuation sheet Page 1 of 2

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 9/22/2023 at 3:15 pm with the Director of Nursing (DON), stated prior to administration of antidepressant medication (medication used to treat depression) including Celexa, an informed consent should be obtained to ensure Resident 1 was informed of the risk and benefits of the medication. The DON stated it was the responsibility of licensed nurses to ensure informed consent was obtained prior to administration of Resident 1's Celexa. Reviewed IC form with the DON, stated IC form was not signed by Resident 1 and her physician. The DON stated the form was incomplete per facility's P&P.</p> <p>During a concurrent interview and record review on 9/22/2023 at 4:04 pm with the DON, stated care plan for Celexa should be initiated. The DON stated, Celexa was ordered for Resident 1 on 10/23/2021. Reviewed care plan with DON stated Resident 1's care plan for Celexa was not initiated until 11/12/2021.</p> <p>During an interview on 9/27/2023 at 10:51 am with the Social Worker (SW), the SW stated, it was the responsibility of licensed nurses or social worker to get an informed consent for psychotropic medications including Celexa. SW stated the facility has 24-72 hours to get the informed consent signed by Resident 1. The SW stated, per facility's P&P, informed consent should be obtained and signed prior to administration of any psychotropic medications, including Celexa.</p> <p>During a review of the facility P&P titled Resident Rights dated 10/4/2016, the P&P indicated the resident has the right to be informed of your rights and of all rules and regulations governing resident conduct and responsibilities during your stay in the facility. The P&P indicated the resident has the right to participate in the development and implementation of your person-centered plan of care.</p> <p>During a review of the facility P&P titled Psychotropic Drug Use dated 8/2017, the P&P indicated, the SW and nursing will be responsible for initiating the resident's individualized, person-centered psychosocial plan of care, based on their comprehensive initial admission assessment. The P&P indicated an informed consent needs to be obtained prior to medication use. The P&P indicated, upon initiation of a new order for psychoactive medications, the Licensed Nurse shall complete the Verification of Informed Consent form prior to the initiation of the new medication.</p> <p>During a review of the facility P&P titled Care Planning dated 11/2007, the P&P indicated, a comprehensive care plan shall be developed for each resident.</p>		