STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055041	A. Building B. Wing	02/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Beach Post-Acute	2725 Pacific Avenue Long Beach, CA 90806

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to maintain and observe infection control practices by failing to:1.Ensure Certified Nurse Assistant (CNA) 2 wore an isolation gown (protective apparel used to protect the wearer from the transfer of microorganisms and body fluids) while assisting with fixing linens for Resident 41 which required direct contact with Resident 41 who was on Enhanced Barrier Precautions (EBP- infection control intervention using gown and gloves during high contact resident care activities designed to reduce the transmission of multi-drug-resistant organisms {microorganisms, predominantly bacteria, that are resistant to one of more classes of antimicrobial agents}).2.Ensure the oxygen tubing was changed and dated for Resident 42.3.Ensure the intravenous (IV- administering fluids, medications, or nutrients directly into a vein using a needle or tube) site was changed and dated for Resident 47.4.Ensure CNA 2 performed hand hygiene when passing meal trays.These failures had the potential to result in cross contamination (physical movement or transfer of harmful bacteria from one person, object, or place to another) and place residents at risk for the spread of infection.Findings:1.During a review of Resident 41's admission Record, the admission Record indicated Resident 41 was admitted to the facility on [DATE] with diagnoses including diabetes mellitus (DM- a disorder characterized by difficulty in blood sugar control and poor wound healing) and cerebral infarction (loss of blood flow to a part of the brain).During a review of Resident 41's Minimum Data Set (MDS- a resident assessment tool) dated 12/18/2025, the MDS indicated Resident 41's cognition (ability to think, understand, learn, and remember) was severely impaired and required maximal assistance (helper does more than half the effort with activities of daily living (ADLs- activities such as bathing, dressing, and toileting a person performs daily).During a concurrent observation and interview on 2/10/2026 at 11:48 a.m., with CNA 2, CNA 2 was observed entering Resident 41's room who was on EBP, to fix her linens but did not put on a gown or gloves. CNA 2 stated she should have put on a gown and gloves to prevent the spread of infection. 2.During a review of Resident 42's admission Record, the admission Record indicated Resident 42 was admitted to the facility on [DATE] with diagnoses including chronic congestive heart failure (CHF- a heart disorder which causes the heart not to pump the blood efficiently, sometimes resulting in leg swelling) and schizoaffective disorder (a mental illness that can affect thoughts, mood, and behavior).During a review of Resident 42's MDS dated [DATE], the MDS indicated Resident 42's cognition was intact and required moderate assistance (helper does less than half the effort) with ADLs.During an observation and interview on 2/10/2026 at 9:52 a.m., with Licensed Vocational Nurse (LVN) 1, it was observed Resident 42's oxygen tubing was not labeled or dated. LVN 1 stated there was no way of telling when the tubing was changed and it should have been labeled so the staff were aware of when it needed to be changed. LVN 1 stated it was important to label and date the tubing for infection control and prevent the resident from getting sick.3.During a review of Resident 47's admission Record, the admission Record indicated Resident 47 was admitted to the facility on [DATE] with diagnoses including Parkinson's disease (a progressive disease of the nervous system marked by tremor, muscle rigidity, and slow, imprecise movement) and rheumatoid arthritis (a chronic progressive disease causing inflammation in the joints and resulting in painful deformity and (continued on next page)

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

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	immobility).During a review of Resident 47's MDS dated [DATE], the MDS indicated Resident 47's cognition was intact and required maximal assistance with ADLs.During a concurrent observation and interview on 2/10/2026 at 10:09 a.m., with Registered Nurse Supervisor (RNS) 1, observed Resident 47's IV site was dated 1/9/2026. RNS 1 stated he changed it the day before and put the wrong date. When asked if he could show me the documentation that the IV site was changed, RNS 1 stated he did not document that he changed Resident 47's IV site but should have. RNS 1 stated it was important to document and change the IV site every three days to prevent an infection from developing.4.During an observation and interview on 2/10/2026 at 11:48 a.m., with CNA 2, CNA 2 was observed passing out lunch trays to the residents without performing hand hygiene in between residents. CNA 2 stated she should have performed hand hygiene to prevent the residents from getting sick, prevent the spread of germs to the residents, and for infection control.During an interview on 2/11/2026 at 11:20 a.m., with the Infection Prevention Nurse (IPN), the IPN stated gown and gloves should be worn when fixing linens for residents on EBP to prevent the spread of infection because the resident may have an open wound or an indwelling device (an object that is inserted and left inside the body for a period of time). The IPN stated hand hygiene should be performed between residents when passing meal trays to prevent the spread of infection. The IPN stated oxygen tubing should be change weekly with a label and date, so the staff are aware of when it was changed and to prevent the residents from developing an infection.During an interview on 2/12/2026 at 1:23 p.m., with the Director of Nursing (DON), the DON stated hand hygiene should be performed between residents when passing meal trays for the safety of the residents, for the prevention of spreading germs, and for infection control. The DON stated IV sites should be documented, labeled, and dated because the IV goes directly into the resident and could cause an infection if not changed. The DON stated when a resident was on EBP and staff were going in to fix their linens, gown and gloves must be worn for infection control. The DON stated oxygen tubing should be changed weekly and must be labeled and dated, not doing so endanger the resident if the tubing was used for too long.During a review of facility's policy and procedure (P&P) titled, Enhanced Barrier Precautions, dated 8/2022, the P&P indicated, Enhanced Barrier Precautions (EBPs) are used as an infection prevention and control intervention to reduce the spread of multi-drug-resistant organisms (MDROs) to residents. EBPs employ targeted gown and gloves use during high contact resident care activity. Examples of high-contact resident care activities include changing linens.During a review of the facility's P&P titled, Departmental (Respiratory Therapy)- Prevention of Infection, dated 11/2011, the P&P indicated, The purpose of this procedure is to guide prevention of infection associated with respiratory therapy tasks. [NAME] water bottle with date and initials upon opening.During a review of the facility's P&P titled, Peripheral and Midline IV Catheter Flushing and Locking, dated 6/2025, the P&P indicated, Document procedure in treatment and administration record. Note location of the catheter, condition of the insertion site, and dressing in nurse's notes.During a review of the facility's P&P titled, Handwashing/Hand Hygiene, dated 8/2019, the P&P indicated, The facility considers hand hygiene the primary means to prevent the spread of infection. Use an alcohol-based hand rub containing at least 62% alcohol or soap and water for the following situations: before and after eating or handling food and before and after assisting a resident with meals.

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to accurately complete a Preadmission Screening and Resident Review (PASARR- a federal requirement to help ensure that individuals are not inappropriately placed in nursing homes for long term) for one of three residents (Resident 63).This failure had the potential to result in an inappropriate placement and delay of services needed for Resident 63.Findings:During a review of Resident 63's admission Record, the admission Record indicated Resident 63 was admitted to the facility on [DATE] with diagnoses including schizoaffective disorder (a mental illness that can affect thoughts, mood, and behavior) and colitis (inflammation in your colon).During a review of Resident 63's Minimum Data Set (MDS- a resident assessment tool) dated 12/23/2025, the MDS indicated Resident 63's cognition (ability to think, understand, learn, and remember) was intact and required moderate assistance (helper does less than half the effort) with toileting, showering, and dressing.During a review of Resident 63's PASARR I dated 12/18/2026, the PASARR I indicated a negative Level I screening. The PASAAR I indicated Resident 63 did not have a diagnosis of a serious mental disorder (conditions that affect your thinking, feeling, mood, and behavior). During a concurrent interview and record review on 2/11/2026 at 1:12 p.m., with the Minimum Data Set Nurse (MDSN), the MDSN indicated Resident 63 was admitted to the facility with a diagnosis of schizoaffective disorder. The MDSN stated the PASARR Level I completed prior to admission was negative but should have been positive so Resident 63 could receive additional mental health referrals and resources.During an interview on 2/12/2026 at 1:23 p.m., with the Director of Nursing (DON), the DON stated she was responsible for ensuring the PASARR was completed and accurate which was important, so the facility was aware of the residents' behaviors and needs and so the resident receives the mental health resources they may need.During a review of the facility's policy and procedure (P&P) titled, admission Criteria, 3/2019, the P&P indicated, The facility verifies that the PASARR was completed for all potential admissions, to determine if the individual meets the criteria for mental disorder.

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. Based on interview and record review, the facility failed to ensure an annual competency assessment (a measurable pattern of knowledge, skills, abilities, behaviors, and other characteristics in performing that an individual need to perform work roles or occupational functions successfully) checks for one of three employees (Registered Nurse Supervisor) were performed every year.This deficient practice had the potential for the facility not able to assess the skills, knowledge, training, and certification necessary to provide nursing services to assure resident safety and adequate resident care.Findings:During a record review on 02/11/2026 at 1:38 p.m. with the Director of Staff Development (DSD), there were no records of annual competency training that was done in employee file for RNS 1 for 2025. RNS1 was hired in 2022 as an Licensed Vocational Nurse (LVN) and was hired as RN in 2024 working day shift.During a follow up interview on 02/11/2026 at 3:27 pm with the DSD, The DSD stated it was very important to perform competency evaluation annually to know if staff are competent enough to perform their duties to help the residents. The DSD stated she will make sure employee files were updated, and track training hours needed to be completed. The DSD stated she was still working on developing a process to audit the files and catch up on required reviews because she had only begun working as the DSD in April 2025.During an interview on 2/12/26 at 12:36 p.m. with RNS 1, RNS 1 stated it was important to perform competency training to ensure staff understand their duties. RNS 1 stated she was supposed to be evaluated annually to determine if she remained competent and to receive refresher training to support resident care. RNS 1 stated that performance evaluations help improve staff skills and promote resident safety.During an interview on 02/13/26 at 8:52 a.m. with the Director of Nursing (DON), the DON stated she recognized she had not completed all required competencies and was currently working on updating all licensed staff competency evaluations. The DON stated she had not yet reached RNS 1's file. The DON stated annual skills competency evaluations and all required training must be completed for RNS 1 and all staff. The DON stated staff competency was very important to ensure staff skills were improved, residents remain safe, and staff understand how to properly perform their duties.During a review of the facility's policy and procedure (P&P), titled Staffing, Sufficient and Competent Nursing revised 08/2022, the P&P indicated Facility provides staff with the appropriate skills and competency necessary to provide nursing and related care and service for all residents.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record review, the facility failed to ensure medications removed from the emergency kit (E Kit-collection of different types of medications in a small box for emergency use supplied by pharmacy to health care organizations) were entered in the communication form and promptly replaced.Augmentin (a combination of antibiotic that contains two active ingredients: amoxicillin (the primary germ-fighter) and clavulanic acid 125 milligram (mg-unit of measurement) removed from the E-kit (date and time unknown) and Keflex 250 mg (antibiotic use to kill a wide range of bacteria), medications removed from the emergency kit (E Kit-collection of different types of medications in a small box for emergency use supplied by pharmacy to health care organizations) on [DATE] at 1:30 p.m.This failure had the potential to leave the facility without STAT (immediately) Augmentin 125 mg and Keflex 250 mg in the EˆKit if another resident required these antibiotics urgently as prescribed by a physician. Findings:During an observation on [DATE] at 10:16 a.m. in Medication Storage room [ROOM NUMBER], one EˆKit was found open and missing one Augmentin 125 mg tablet. The EˆKit was required to contain four tablets, but only three remained, and there was no record of replacement. Facility staff were unable to determine when the Augmentin had been used. The EˆKit was required to contain eight capsules of Keflex 250 mg; two capsules had been removed on [DATE] at 1:30 p.m.During an interview on [DATE] at 10:20 a.m., Licensed Vocational Nurses (LVN) 2, LVN 2 stated when licensed staff open an EˆKit and remove medications, they should document the removal on the communication form inside the kit and endorse the information to the next shift. LVN 2 stated this process should occur each shift to ensure removed medications were replaced immediately after the pharmacy was notified. LVN 2 stated she did not know who removed the Augmentin 125 mg but acknowledged removing the Keflex 250 mg during the [DATE] 7 am -3 pm shift. LVN 2 stated the EˆKit should have been replaced on [DATE] when it was opened. She stated that failure to replace medications may result in the medications being unavailable in an emergency. LVN 2 stated all licensed nurses were responsible for ensuring that EˆKit medications were replaced once removed.During an interview on [DATE] at 2:45 p.m., with Registered Nurse (RN) 1, RN1 stated when licensed nurses receive a physician's order, they enter it into the computer and notify the pharmacy. If the medication was not available in the facility, the pharmacy authorizes staff to obtain it from the EˆKit. RN 1 stated each shift must follow up to ensure the EˆKit was replaced as soon as possible; however, RN 1 did not provide a specific turnaround time for replacement. RN 1 stated the licensed nurse removing medication must complete a form but does not need to send the form to the pharmacy. The pharmacy must be notified before the EˆKit was opened.During an interview on [DATE] at 10:10 a.m., with LVN 2, LVN 2 stated that staff are required to complete a pharmacy form indicating the resident's name and the medication removed from the EˆKit. The form has two copies: the white copy should be sent to the pharmacy, and the yellow copy was kept in the facility. LVN 2 stated the pharmacy retrieves and replaces the EˆKit when medications were removed. If an opened EˆKit remains in the facility, it indicates the pharmacy has not replaced the removed medication. LVN 2 stated medications removed from the EˆKit must be replaced immediately because another resident may require them urgently.During a review of the facility's policy and procedure (P&P) titled, E: Emergency Supply Replacement dated 7/2023, the P&P indicated in order to assure that emergency supplies of certain infusion medications and supplies are maintained for STAT use within nursing facilities, the pharmacy will provide sealed supplies of these medications and solutions for the purpose of assuring their prompt administration. The nursing facility must notify the pharmacy so that these emergency supplies can be promptly replenished and the appropriate resident account is invoiced.The pharmacy will provide emergency supplies to be maintained within the medication room(s) or in location designated by the policy of the nursing facility.The expired product will be (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	replaced by the expiration dates according to pharmacy policy.Verify STAT physician orders and process per facility policy. Notify the pharmacy to replace emergency doses per protocol.Obtain necessary supplies and communicate with the pharmacy for replacement per protocol.Emergency drug supply replacement will be documented per protocol.

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F 0847 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure that a binding arbitration agreement (out-of-court process where a neutral third party hears a dispute and makes a final, legally binding decision) was explained in a form and manner that the resident's representative ([RR]- an individual chosen by the resident to act on behalf of the resident in order to support the resident in decision-making; access medical, social or other personal information of the resident) could understand prior to obtaining a signature for one of three resident's (Resident 15).This failure had the potential to result in the resident or resident representative unknowingly waiving the right to pursue disputes through the judicial system, thereby limiting legal rights and protections.Findings:During a review of Resident 15's admission Record, the admission Record indicated Resident 15 was admitted to the facility on [DATE] with diagnoses including dementia (a progressive state of decline in mental abilities), and paranoid schizophrenia (a serious mental illness that affects how a person thinks, feels, and behaves).During a review of Resident 15's Minimum Data Set (MDS ?a resident assessment tool) dated 12/11/2025, the MDS indicated Resident 15's cognition (ability to think, understand, learn, and remember) was severely impaired and required substantial/maximal assistance (helper does more than half the effort) with toileting, bathing, and dressing.During a review of Resident 15's Care Plan dated 12/2025, the Care Plan indicated, Resident has impaired cognitive function/dementia or impaired thought processes related to dementia, psychotropic drug use.During an interview on 2/12/2026 at 9:18 a.m. with Resident 15, Resident 15 was alert, and was able to state his name. Resident 15 was unable to state the month, day, or year. Resident 15 stated that he does not recall being informed upon admission that he was required to sign any documents related to legal disputes or arbitration. Resident 15 stated that he does not know what a binding arbitration agreement was.During a review of Resident 15's Arbitration Agreement, dated December 2025, the Arbitration Agreement indicated, an electronic signature by the resident representative. During an interview on 2/12/2026 at 10:20 a.m. with the Resident Representative (RR), the RR stated she was never informed about any binding arbitration agreement. The RR stated she did not know what a binding arbitration agreement was. She stated at the time of admission, she signed multiple admission documents but does not recall any explanation regarding arbitration or being informed that signing such an agreement was optional. The RR denied being told that the agreement involved waiving the right to pursue legal action in court. RR also stated she did not recall being given an opportunity to decline or rescind the agreement.During a concurrent interview and record review on 2/13/2026 at 8:13 a.m. with the Admissions Director (ADMD), the ADMD stated that the binding arbitration agreement was included in the admission packet. The ADMD stated she goes through the paperwork with the residents or the resident representatives and explains that it relates to how legal disputes would be handled. The ADMD stated that signing the agreement was not required for admission to the facility. The ADMD stated that the residents/resident representative sign many papers, and sometimes they don't remember if they signed the arbitration agreement. The ADMD was unable to identify documentation in the resident's medical record reflecting that the arbitration agreement was explained to the resident representative at the time of signing it. The ADMD stated that the facility ensures the residents or resident representative understands the agreement by going through the paperwork and answering any questions that they may have. ADMD stated that binding arbitration agreements waive significant legal rights, including the right to pursue disputes in a court of law and the right to a jury trial. ADMD stated that if a resident or representative does not understand the agreement, the voluntariness and informed consent requirements may not be met.During a review of the facility's policy and procedure (P&P) titled, Arbitration Agreement, dated 2022, the P&P indicated, The agreement is explained to the resident and his or her representative in a form and manner that he (continued on next page)

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F 0847 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	or she understands, including in a language the resident and his or her representative understands. The resident or his or her representative acknowledges that he or she understands the agreement.