

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055070	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/11/2025
NAME OF PROVIDER OR SUPPLIER Seacrest Post-Acute Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1416 West 6th Street San Pedro, CA 90732	

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 0712</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that the resident and his/her doctor meet face-to-face at all required visits.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44055</p> <p>Based on interview and record review, the facility failed to ensure a physician visited one of four sampled residents (Resident 1) at least once every 60 days.</p> <p>This deficient practice had the potential to result in an undetected decline in medical, health or psychosocial condition and can lead to a delay in necessary care, treatment and services.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record, the Admission Record indicated Resident 1 was originally admitted to the facility on [DATE] with a diagnosis including Type 2 diabetes (disorder characterized by difficulty in blood sugar control and poor wound healing), dementia (a progressive state of decline in mental abilities), anemia (a condition where the body does not have enough healthy red blood cells), and peripheral vascular disease (PVD - a slow progressive narrowing of the blood flow to the arms and legs).</p> <p>During a review of Resident 1's Minimum Data Set (MDS), a resident assessment tool, dated 2/20/2025, the MDS indicated Resident 1's cognitive (the ability to think, reason, and understand) skills for daily decision making was severely impaired. Resident 1 was dependent on staff f with all activities of daily living (ADLs such as transferring, dressing, toilet use and personal hygiene).</p> <p>During an interview and record review on 4/11/2025 at 12:35 p.m. with the Quality Assurance (QA) Nurse, Resident 1's physician visits were reviewed and records indicated the last physician visit was on 9/6/2024. The QA nurse stated Resident 1 should have had several physician visits since 9/6/2024.</p> <p>During an interview on 4/11/2025 at 1:00 p.m., with the Director of Nursing (DON), the DON stated residents should be visited at least every 90 days and the last time Resident 1 was physically seen was 9/2024. The DON stated residents need regular visits because residents can have lots of changes, residents can deteriorate or improve.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Physician Visits, revised 4/2013, the P&P indicated the attending physician must make visits in accordance with applicable state and federal regulations. The P&P indicated the physician must visit his/or her patients at least once every 30 days for the first 90 days following the residence admission and then at least every 60 days thereafter.</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
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