STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055070	A. Building B. Wing	08/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Seacrest Post-Acute Care Center	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)
F 0573 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Let each resident or the resident's legal representative access or purchase copies of all the resident's records. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055070	A. Building B. Wing	08/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Seacrest Post-Acute Care Center	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)
F 0573 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, facility failed to provide medical records upon request for one of three sampled residents (Resident 1) when Resident 1's responsible party (RP1) requested Resident 1's records on 10/11/2024.During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including chronic obstructive pulmonary disease ([COPD] a chronic lung disease causing difficulty in breathing), chronic diastolic heart failure (heart disorder that causes the heart to not pump blood effectively) and ischemic heart disease (condition where the blood vessels that supply the heart muscle become narrowed or blocked). During a review of Resident 1's History and Physical (H&P) dated 4/13/2024, the H&P indicated Resident 1 had the capacity to understand and make decisions. During a review of Resident 1's Minimum Data Set ([MDS] a resident assessment tool) dated 8/29/2024, the MDS indicated Resident 1's cognition (ability to think, understand, learn, and remember) was moderately impaired and he had the ability to understand and be understood by others. The MDS indicated Resident 1 was fully dependent on staff (requiring two or more-person assistance to complete the activity) for toilet hygiene and putting on and taking off footwear, partial assist (helper does less than half the effort) for eating, oral hygiene and personal hygiene. During a review of Resident 1's physician's Discharge summary, dated [DATE], the summary indicated Resident 1's date of death was 10/5/2024.During a review of Resident 1's Request for access to Protected Health Information, dated 10/11/2024, the Request for access to Protected Health Information indicated RP 1 signed and submitted on 10/11/2024. During a review of electronic correspondence between RP 1 and facility Medical Records Director (MRD), dated 11/5/2024, the record indicated the following MRD received RP 1's request for records, the request was in process and the facility would notify RP 1 once the records were ready. During a telephone interview on 8/28/2025 at 12:54 p.m., with RP 1, RP 1 stated he requested Resident 1's medical records on 10/11/2024 and had not received Resident 1's records nor any update correspondence from the facility in regards to his request. RP 1 stated he felt his rights were being violated due the facility's lack of response and failure to provide records. RP 1 stated he felt distrustful of the facility and believed they were hiding something due to the delay in records being provided to him.During an interview on 8/28/2025 at 4:32 p.m., the Medical Records Director (MRD) stated she received RP 1 ‘s request for Resident 1's records sometime in 2024. The MRD stated she failed to follow through with RP 1's written request because she forgot about it. MRD stated there has been at least a 10-month delay in providing RP 1 with Resident 1's records. MRD stated it is a violation in resident's rights for a resident or their RP not to receive their records within 30 days. During an interview on 8/29/2025 at 2:46 p.m., the Director of Nursing (DON) stated the facility must follow policies and procedures to uphold resident's rights. During a review of the facility's Policy & Procedure (P&P) titled, Release of information, revised November 2009, the P&P indicated our facility maintains the confidentiality of each resident's personal and protected health information. The P&P indicated all information contained in the resident's medical record is confidential and may only be released by the written consent of the resident or legal representative, consistent with state laws and regulations, a discharged resident may obtain photocopies of his records by providing the facility with at least 15 calendar days advance notice of such request. The facility will transmit copies within 15 calendar days after receiving the written request.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055070	A. Building B. Wing	08/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Seacrest Post-Acute Care Center	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)
F 0678 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055070	A. Building B. Wing	08/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Seacrest Post-Acute Care Center	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)
F 0678 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to: 1. Ensure, a resident who was a Full Code (a medical term indicating a person's consent to receive all possible life-saving measures), received basic life support ([BLS], care healthcare professionals provide to anyone whose heart stops beating suddenly), including cardiopulmonary resuscitation ([CPR] an emergency life-saving procedure to restart a person's heart [chest compressions)]) per the resident's Physician Order for Life Sustaining Treatment ([POLST] a form that contains written medical orders for healthcare professionals regarding the residents wishes for specific medical treatments that can or cannot be done during life threatening emergencies where the resident is incapacitated) and facility's policy and procedure, for one of one sampled resident (Resident 1).2. Ensure registered nurse (RN) 1 honored and followed Resident 1's POLST dated [DATE], and provided the resident with CPR/BLS when Resident 1 was found unresponsive (does not react to verbal or physical cues) and without a pulse (heartbeat) on [DATE] at approximately 9:45 a.m. 3. Implement the facility policy and procedure (P&P) titled, Emergency Procedure-Cardiopulmonary Resuscitation, dated 2001, which indicated, if a resident is found unresponsive, briefly assess for abnormal or absence of breathing. If sudden cardiac arrest is likely, begin CPR: instruct a staff member to activate the emergency response system (code) and call 911. These failures resulted in RN 1 not administering CPR and not calling 911 when Resident 1 was found unresponsive and pulseless on [DATE]. Resident 1 expired on [DATE]. These failures placed 47 other residents in the facility, who have a Full Code status, at risk of not receiving life saving measures when needed.Based on interview and record review, the facility failed to: 1. Ensure, a resident who was a Full Code (a medical term indicating a person's consent to receive all possible life-saving measures), received basic life support ([BLS], care healthcare professionals provide to anyone whose heart stops beating suddenly), including cardiopulmonary resuscitation ([CPR] an emergency life-saving procedure to restart a person's heart [chest compressions)]) per the resident's Physician Order for Life Sustaining Treatment ([POLST] a form that contains written medical orders for healthcare professionals regarding the residents wishes for specific medical treatments that can or cannot be done during life threatening emergencies where the resident is incapacitated) and facility's policy and procedure, for one of one sampled resident (Resident 1).2. Ensure registered nurse (RN) 1 honored and followed Resident 1's POLST dated [DATE], and provided the resident with CPR/BLS when Resident 1 was found unresponsive (does not react to verbal or physical cues) and without a pulse (heartbeat) on [DATE] at approximately 9:45 a.m. 3. Implement the facility policy and procedure (P&P) titled, Emergency Procedure-Cardiopulmonary Resuscitation, dated 2001, which indicated, if a resident is found unresponsive, briefly assess for abnormal or absence of breathing. If sudden cardiac arrest is likely, begin CPR: instruct a staff member to activate the emergency response system (code) and call 911. These failures resulted in RN 1 not administering CPR and not calling 911 when Resident 1 was found unresponsive and pulseless on [DATE]. Resident 1 expired on [DATE]. These failures placed 47 other residents in the facility, who have a Full Code status, at risk of not receiving life saving measures when needed. On [DATE] at 7:10 p.m., an Immediate Jeopardy ([IJ] a situation in which the facility's noncompliance with one or more requirements of participation has caused, or is likely to cause serious injury, harm, impairment, or death to a resident) was called in the presence of the Director of Nursing (DON), Administrator (ADM) and consultant Administrator due to the facility's failure to provide basic life support (BLS) to Resident 1, including immediate initiation of CPR. On [DATE], the facility submitted an acceptable Immediate Jeopardy Removal Plan (IJRP). After onsite verification of IJRP implementation through observation, interview, and record reviews, the IJ was removed on [DATE] at 2:43 p.m., in the presence of the ADM, the DON and the consultant ADM. The IJRP included the following: 1. On [DATE], the DON provided in-service to Registered Nurse (RN 1) regarding POLST policy and procedure, honoring and following the Residents' POLST (if Full Code, start CPR and immediately call 911). 2. On [DATE], the DON and the Director of Staff Development (DSD) provided an in-service to licensed nurses and the Clinical Team members of the Inter-Disciplinary ([IDT] the residents health care team) composed of the Assistant Director of Nursing (ADON), Quality Assurance (QA) Nurse, Minimum Data Set (MDS)/Resident Assessment Coordinator, Social Service Designee (SSD), Activity Director, regarding honoring and following the Residents' POLST. 3. On [DATE], the DSD started providing in-service training to the Certified Nursing Assistants (CNAs) on procedures in administering CPR and calling 911. Findings: During a review of