

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055123	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/19/2024
NAME OF PROVIDER OR SUPPLIER Beachside Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 3294 Santa Fe Avenue Long Beach, CA 90810	
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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47092 Based on interview and record review, the facility failed to ensure a resident (Resident 1), who was receiving renal dialysis (a procedure which removes excess water, toxins, and solutes from the blood when the kidneys are no longer naturally able to do so) and received medications to treat elevated heart rate and blood pressure, primary care doctor (MD 1) was informed after refusing dialysis on 9/5/2024 and 9/10/2024 and refusing medication on 9/2/2024, 9/3/2024, 9/4/2024, 9/10/2024, 9/11/2024, and 9/12/2024 for one of three sampled residents. These failures resulted in Resident 1 's MD 1 being unaware of Resident 1 's refusal of medication and dialysis treatments and had the potential to cause a delay in medical intervention by MD 1. Findings: During a review of Resident 1 's Admission Record (Face Sheet), the Face Sheet indicated Resident 1 was originally admitted to the facility on [DATE] and readmitted to the facility on [DATE] with diagnoses including end stage renal disease (a permanent condition where the kidneys stop working properly and cannot filter waste from the blood) and dependence on renal dialysis. During a review of Resident 1 's Minimum Data Set ([MDS] a standardized assessment and care screening tool) dated 8/29/2024, the MDS indicated Resident 1 's cognition (ability to think and reason) was intact. The MDS indicated Resident 1 required substantial assistance (helper does more than half the effort) with standing, walking, and transferring to the bed. During a review of Resident 1 's Physician 's Orders dated 8/22/2024, the Physician 's Orders indicated Resident 1 was to receive Carvedilol (a blood pressure pill that lowers blood pressure and heart rate) oral tablet 6.25 milligrams ([mg] a unit of measurement) two times a day for high blood pressure ordered on 8/22/2024. During a review of Resident 1 's Physician 's Orders dated 8/22/2024, the Physician 's Orders indicated Resident 1 was to receive Lasix (a diuretic that helps the body urinate) oral tablet 80 mg two times a day to augment urine output during dialysis ordered on 8/22/2024. During a review of Resident 1 's Physician 's Orders dated 9/5/2024, the Physician 's Orders indicated Resident 1 was to receive outpatient hemodialysis (another term for renal dialysis) every Tuesday at 12:00 p. m. ordered on 9/5/2024. (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 055123	Facility ID: 055123 If continuation sheet Page 1 of 2

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and record review on 9/19/2024 at 11:27 a.m. with Licensed Vocational Nurse (LVN) 1, Resident 1 ' s Medication Administration Record (MAR) dated 9/2024 was reviewed. The MAR indicated Resident 1 refused Carvedilol 6.25mg and Lasix 80 mg on 9/2/2024, 9/3/2024, 9/4/2024, 9/10/2024, 9/11/2024, and 9/12/2024 for the 5:00 p.m. dose. LVN 1 stated Resident 1 refused medications a lot and is very selective with his care. LVN 1 stated if Resident 1 or any resident refused medications on three (3) consecutive days then a change of condition (a significant deviation from a patient ' s baseline health or functioning) nursing progress note must be done, and the physician must be notified because refusing medication could affect Resident 1 ' s condition and treatment plan. During a concurrent interview and record review on 9/19/2024 at 1:37pm with Registered Nurse (RN) 1 the Licensed Personnel Progress Notes (Nurses Notes) dated 9/5/2024 and 9/10/2024 was reviewed. The Nurses Notes indicated Resident 1 had refused to go to dialysis on 9/5/2024 and 9/10/2024, however there was no documentation indicating Resident 1 ' s physician was notified. RN 1 stated she notified the physician of Resident 1 ' s refusal on 9/5/2024, however she forgot to document Resident 1 ' s physician was notified. RN 1 stated she is unsure if a nurse informed the physician of Resident 1 ' s refusal to go to dialysis on 9/10/2024 because there was no documentation indicating Resident 1 ' s physician was notified. During an interview on 9/19/2024 at 2:30 p.m. with the Director of Nursing (DON), the DON stated she notified Resident 1 ' s MD 1 a few months ago regarding Resident 1 ' s repeat refusals for medications and suggested to discontinue the medications but MD 1 had told her to stop notifying him and just continue to attempt to offer Resident 1 his medications. The DON stated the physician should be notified if a resident newly refused his/her medications or had three consecutive refusals. During an interview on 9/19/2024 at 3:32 p.m. with the DON, the DON stated the physician should be notified every time a resident refuses dialysis because it could cause fluid overload (too much fluid in the body). During a review of facility Policy and Procedure, (P/P), titled Resident Rights - Refusal of Care, dated 4/2017, the P/P indicated if a resident refuses care of treatment, medications, or food the resident ' s attending physician will be notified within a 72-hour time frame.		