STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055123	A. Building B. Wing	04/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beachside Post Acute	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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46036 Based on observation, interview, and record review, the facility failed to provide care in a manner that maintained or enhanced a resident's dignity and respect in full recognition of their individuality for one of four sampled residents (Resident 39) by: 1. Failing to provide ADL care for Resident 39 by emptying the urinal timely. Resident 39's urinal filled with urine and was left on the resident's bedside table. This failure resulted in Resident 39 feeling embarrassed and had the potential to lower Resident 39's self-esteem. Findings: During a review of Resident 39's Admission Record, the Admission Record indicated Resident 39 was admitted to the facility on [DATE] with diagnoses including human immune deficiency virus ([HIV], a virus that attacks the body's immune system), atrial fibrillation (irregular heart rhythm that begins in your heart's upper chambers),and type 2 diabetes mellitus (a condition that happens because of a problem in the way the body regulates and uses a sugar as a fuel). During a review of Resident 39's History and Physical (H&P), dated 9/21/2023, the H&P indicated, Resident 39 had the capacity to understand and make decisions. During a review of Resident 39's Minimum Data Set ([MDS]-a standardized assessment and care screening too), dated 4/06/2024, the MDS indicated Resident 39 required partial/moderate assistance (helper does less than half the effort) for oral hygiene, toileting hygiene, shower/bathe self, and personal hygiene. During a concurrent observation and interview on 4/16/2024, at 10:51 a.m. with Certified Nurse Assistant (CNA) 1, Resident 39's urinal was observed 90% filled with yellow urine and was placed on the resident's bedside table closed to cups of water and coffee. CNA 1 stated, she was one of responsible person to empty the urine on the urinal once it was used. CNA 1 stated, she did not notice the resident's urinal was full. (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 4/19/2024, at 11:40 a.m. with License Vocational Nurse (LVN) 1, LVN 1 stated, CNA should check the resident's urinal and empty after each use while making rounds to each resident. LVN 1 stated, we also have urinal holder for each resident and remind resident to place their urinal after use in its holder and call for help to empty it. LVN 1 stated, urinal should never be around food or on bedside table because it can lead cross-contamination (the transfer of bacteria, viruses, microorganisms, or other harmful substances from one surface to another through improper or unsanitary equipment, procedures, or products). During an interview on 4/19/2024 at 11:53 a.m. with the Director of Nursing Service (DON), the DON stated it was essential to empty the resident's urinal soon after resident used and keep away from food or not placed on bedside table due to infection control. During a review of the facility's policy and procedure (P&P) titled, Activities of Daily Living, and Scope of Services, dated 06/2022, the P&P indicated, The certified nursing assistants should check and change residents, if necessary, assist residents to the toilet if needed. The P&P indicated, The facility will provide hygiene, bathing, dressing, grooming and oral care, mobility-transfer and ambulation including walking, toileting, dining-eating, including meals and snacks, and communication to residents assessed to require these services.

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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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45382 Based on observation, interview, and record review, the facility failed to develop and implement an individualized care plan with measurable objectives, timeframes, and interventions to improve, maintain, or prevent a further decline in range of motion (ROM, full movement potential of a joint) for one of seven sampled residents (Resident 25) who was identified as having severe ROM limitations in the left shoulder upon admission and ROM concerns. This failure had the potential to negatively affect the delivery of necessary care and services for Resident 25, lead to contracture (loss of motion of a joint) development, and a decline in overall physical functioning such as the ability to move, eat and dress. Findings: During a review of Resident 25's Admission Record indicated Resident 25 was admitted to the facility on [DATE] with diagnoses including peripheral vascular disease (reduced circulation of blood to a body part due to a narrowed or blocked blood vessel), acquired absence of the right leg below the knee (amputation of the leg below the level of the knee), and contracture of the left leg. During a review of Resident 25's Joint Mobility Assessment (JMA), dated 9/18/2023, the JMA indicated Resident 25 had severe ROM limitations (0-25% motion) in the left shoulder and had within functional limits (WFL, variance due to normal aging process) ROM in the right shoulder, both elbows, both wrists, and both hands/fingers. During a review of Resident 25's Admission Rehabilitation Screening, dated 9/18//2023, the Admission Rehabilitation Screening indicated Resident 27 did not have Occupational Therapy (OT, profession that provides services to increase and/or maintain a person's capability to participate in everyday life activities) needs. During a review of Resident 25's Minimum Data Set (MDS, a comprehensive assessment and care-screening tool), dated 3/21/2024, indicated Resident 25 was cognitively (ability to think, understand, learn, and remember) intact. The MDS indicated Resident 25 required supervision or touching assistance with eating and substantial/maximal assistance oral hygiene, toileting, bathing, upper body dressing, lower body dressing, and transfers (moving from one surface to another). The MDS indicated Resident 25 had no functional limitations in ROM (limited ability to move a joint that interferes with daily functioning, including activities of daily living, or places the resident at risk of injury) in both arms. During a review of Resident 25's care plan, the care plan did not indicate a care plan addressing resident's severe left shoulder ROM limitations and maintaining or preventing a decline in resident's joint ROM of both arms. (continued on next page)

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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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent observation and interview on 4/16/2024 at 1:17 p.m., in the resident's room, Resident 25 was lying in bed. Resident 25 was unable to bring the right arm overhead, minimally moved the left shoulder, and was unable to make a full fist with both hands. Resident 25 stated staff assisted with exercises to both legs but did not assist with exercises to both arms. Resident 25 stated he had ROM limitations in the left shoulder and both hands for a long time but felt they were getting stiff and needed to be stretched out. Resident 25 stated he had a lot of atrophy (decrease in size or wasting away of a body part of tissue) in both arms and both hands. Resident 25 stated he was able to feed himself but had difficulty holding a utensil and was unable to open containers due to the weakness and stiffness of both hands. During a concurrent observation and interview on 4/17/2024 at 12:31 p.m., in the resident's room, Resident 25 was lying in bed. Resident 25 was initially holding a cup of coffee in the right hand then placed the cup of coffee into the left hand. Resident 25 stated he needed to alternate hands because both hands felt tired and stiff when holding onto items for long periods of time. During an observation on 4/17/2024 at 12:46 p.m., during a Restorative Nursing Aide (RNA, nursing program that uses restorative nursing aides [RNAs] to help residents maintain their function and joint mobility] session, Restorative Nursing Aide 1 (RNA 1) provided exercises to Resident 25's both legs. Resident 25 asked RNA 1 if she could assist with exercises to both of his arms because they felt stiff. RNA 1 stated she was unable to assist with arm exercises because the RNA order was only for RNA to assist with leg exercises. During a concurrent interview and record review on 4/18/2024 at 3:01 p.m., the Minimum Data Set Coordinator (MDSC) and Minimum Data Set Nurse (MDSN) stated a comprehensive (inclusive, including everything necessary) and individualized care plan was developed for every resident and used as a guideline to ensure proper care was provided for each resident. The MDSC and MDSN reviewed Resident 25's Admission JMA, dated 9/18/2023, and confirmed Resident 25 had severe ROM limitations in the left shoulder and had WFL ROM in the right shoulder, both elbows, both wrists, and both hands/fingers. The MDSC and MDSN reviewed Resident 25's care plan and stated there was no care plan and interventions in place to maintain or prevent a decline in ROM of Resident 25's both arms despite ROM limitations being identified upon admission. The MDSC and MDSN stated Resident 25's care plan should have included goals and interventions to maintain and prevent a decline in Resident 25's both arms but did not. The MDSC and MDSN stated it was important for care plans to be developed, implemented, and accurate to ensure the appropriate care was provided to each individual resident. The MDSC and MDSN stated the residents may not receive the treatment and services they required if it was not care planned. During an interview on 4/19/2024 at 1:23 p.m., the Director of Nursing (DON) stated comprehensive care plans were developed for every resident and were used as a guide for staff to identify the type of care to provide the residents in the facility. The DON stated a care plan with goals and interventions should be developed for all residents who were identified as having ROM limitations upon assessment, screens, and/or by report from the resident or staff. The DON stated it was important for care plans to be developed, implemented, and accurate to ensure the appropriate care was provided to each individual resident. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility's policy and procedure (P&P) titled, Care Plans, Comprehensive Person-Centered, revised 12/2016, the P&P indicated a comprehensive, person-centered care plan should include measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs. The P&P indicated the care plan should describe the services that are to be furnished to assist the resident attain or maintain that level of physical, mental, and psychosocial well-being that the resident desires or that is possible.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39028 Based on observation, interview, and record review facility failed to ensure one of four sampled residents (Resident 50) received care and services to perform activities of daily living (ADLs, basic activities such as eating, dressing, toileting) when facility failed to: 1.Provide shower/bed bath to Resident 50 since resident's re-admission to the facility on [DATE]. 2.Provide grooming including haircuts, and nail trimming since Resident 50's re-admission to the facility on [DATE]. 3. Ensure Resident 50's refusal of care including showers and personal hygiene was care planned. These failures resulted in Resident 50's experienced poor hygiene, appeared disheveled, loss of self-esteem, felt embarrassed and look unkempt. Findings: During a review of Resident 50's Admission Records indicated Resident 50 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including heart failure (heart muscle is unable to pump enough blood to meet the body's needs for blood and oxygen), end stage renal failure (ESRD-(a medical condition in which a person's kidneys cease functioning on a permanent basis), dependence on dialysis (type of treatment that helps your body remove extra fluid and waste products from your blood when the kidneys are not able to), and muscle weakness. During a review of the Minimum Data Set (MDS a standardized assessment and care screening tool), dated 3/18/24 indicated Resident 50 had intact cognitive (mental process involved in knowing, learning, and understanding things) skills. The MDS indicated Resident 50 required one person assistance in activities of daily living such as dressing, eating, toilet use and personal hygiene. During a review of Resident 50's History and Physical (H&P) dated 2/29/24, indicated Resident 50 has the capacity to understand and make decisions. During a review of Resident 50's Care plan titled ADL Function/Rehabilitation Potential dated 2/28/24, indicated interventions including Resident 50 will be kept clean and odor free. Provide shower and supervision as needed and bed bath in between schedule days. During a review of Resident 50's care plan titled Refusal/Resistive of necessary ADL cares dated 2/28/24, indicated resident had not refused showers/ assistance with ADL care. During a review of in-service titled ADL dated 3/4/24, indicated staff will be able to state meaning of ADL, CNAs role with ADLs of residents and charting and communicating with charge nurse for any changes. During a review of in-service titled Oral Care dated 2/29/24, indicated staff will be able to provide oral care to dependent residents and demonstrate how to clean dentures. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident's 50's ADL record (record that indicates activities of daily living provided to Resident 50) dated 3/2024 indicated Resident 50 had not been receiving ADL cares including showers/bath on scheduled shower days, personal hygiene was not attended for Resident 50. During a concurrent observation and interview with Resident 50 on 4/17/24 at 11:24 a.m , in Resident 50's room, observed Resident 50's disheveled (untidy/disordered) hair and beard. Resident 50 stated he asked facility to staff every week to shave him, but it never happened. Resident 50 stated when facility staff do it, it was very rough, when asked to take it easy the response will be Resident 50 can do it himself. Observed Residents 50's fingernails were not trimmed, and the nails were grown out. Resident 50 stated since he was readmitted in the facility, he has never had a shower. Resident 50 was observed with dandruffs and dusty white materials settling on his shirt and his appearance looked unkempt. During an interview on 4/17/24 at 4:08 p.m. with Certified Nurse Assistant (CNA) 2 stated Resident 50 should have receive a shower as indicated in the shower schedule and on the days, he does not receive a shower Resident 50 should receive a bed bath. CNA 2 stated she have not trimmed Resident 50's nails lately. CNA 2 stated she have not shaved Resident 50's beard lately. CNA 2 stated she forgot to assist Resident 50 with his personal hygiene. During an interview on 4/18/24 at 10:04 a.m. with CNA 3 stated she have not provided Resident 50 his shower on the shower scheduled days. CNA 3 stated she have not shaved Resident 50's beard and trimmed his nails. During a concurrent interview and record review on 4/18/24 at 2:38 p.m. with MDS Coordinator, stated Resident 50 does not have a care plan for his refusal of showers and personal hygiene. MDS coordinator stated it was important to care plan Resident 50's refusal for shower and personal hygiene to address how staff can assist him with his personal hygiene. During an interview on 4/18/24 at 2:5o p.m. with the Director of Nursing (DON), the DON stated it was important to care plan all aspect of resident care including refusal of care because it provides a guide for the nurses to meet resident needs. The DON stated care plan for Resident 50's refusal of care including ADL cares showers/personal hygiene was overlooked. During a review of facility's Policy and procedure (P&P) titled' Activities of Daily Living (ADLs), dated 6/2022 indicated each resident of the facility receive and must be provided the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being consistent with the resident's comprehensive assessment and plan of care. This will include nursing staff conduct routine resident monitoring to ensure resident safety and well-being. Staff will ensure ADL are monitored, assisted with, and provided to residents who are unable to perform ADL. Ensure the following ADL are performed, supervised, and assisted including: Bathing showering/ and personal hygiene, Eating/feeding, Dressing, Grooming, Toileting .

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45382 Based on observation, interview, and record review, the facility failed to provide treatments and services to maintain and limit a decline in joint (where two bones meet) range of motion (ROM, full movement potential of a joint) for one of seven sampled residents (Resident 25) by failing to ensure the following: a.Resident 25 received treatment and services to maintain and prevent a decline in ROM of both arms. b.Director of Rehabilitation (DOR) assessed Resident 25's both arms before establishing an RNA program for ROM exercises to Resident 25's both arms. These failures led to the decline in joint range of motion of Resident 25's both hands and right shoulder and had the potential to lead to contractures (loss of motion of a joint associated with stiffness and joint deformity), decline in physical functioning such as the ability to eat and dress, and injury. Findings: During a review of Resident 25's Admission Record indicated Resident 25 was admitted to the facility on [DATE] with diagnoses including peripheral vascular disease (reduced circulation of blood to a body part due to a narrowed or blocked blood vessel), acquired absence of the right leg below the knee (amputation of the leg below the level of the knee), and contracture of the left leg. During a review of Resident 25's Admission Rehabilitation Screening, dated 9/18//2023, the Admission Rehabilitation Screening indicated Resident 27 did not have Occupational Therapy (OT, profession that provides services to increase and/or maintain a person's capability to participate in everyday life activities) needs. During a review of Resident 25's Joint Mobility Assessment (JMA), dated 9/18/2023, the JMA indicated Resident 25 had severe ROM limitations (0-25% motion) in the left shoulder and had Within Functional Limits (WFL, variance due to normal aging process) ROM in the right shoulder, both elbows, both wrists, and both hands/fingers. During a review of Resident 25's Minimum Data Set (MDS, a comprehensive assessment and care-screening tool), dated 3/21/2024, indicated Resident 25 was cognitively (ability to think, understand, learn, and remember) intact. The MDS indicated Resident 25 required supervision or touching assistance with eating and substantial/maximal assistance oral hygiene, toileting, bathing, upper body dressing, lower body dressing, and transfers (moving from one surface to another). The MDS indicated Resident 25 had no functional limitations in ROM (limited ability to move a joint that interferes with daily functioning, including activities of daily living, or places the resident at risk of injury) in both arms. (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 25's JMA, signed by the Minimum Data Set Nurse (MDSN) and dated 12/21/2023, the JMA did not indicate an assessment of Resident 25's both arms. During a review of Resident 25's JMA, signed by MDSN and dated 3/21/2024, the JMA did not indicate an assessment of Resident 25's both arms. During a review of Resident 25's Order Summary Report, the Order Summary Report indicated a physician's order, dated 4/17/2024, for RNA to perform active assistive range of motion (AAROM, movement at a given joint with a person's own effort and assistance from an external force or another person) to Resident 25's both arms, every day, three times a week as tolerated. During an observation and interview on 4/16/2024 at 1:17 p.m., in the resident's room, Resident 25 was lying in bed. Resident 25 was unable to bring the right arm overhead, minimally moved the left shoulder, and was unable to make a full fist with both hands. Resident 25 stated staff assisted with exercises to both legs but did not assist with exercises to both arms. Resident 25 stated he had ROM limitations in the left shoulder and both hands for a long time but felt they were getting stiff and needed to be stretched out. Resident 25 stated he had a lot of atrophy (decrease in size or wasting away of a body part of tissue) in both arms and both hands. Resident 25 stated he was able to feed himself but had difficulty holding a utensil and was unable to open containers due to the weakness and stiffness of both hands. During a concurrent observation and interview on 4/17/2024 at 12:31 p.m., in the resident's room, Resident 25 was lying in bed. Resident 25 was initially holding a cup of coffee in the right hand then placed the cup of coffee into the left hand. Resident 25 stated he needed to alternate hands because both hands felt tired and stiff when holding onto items for long periods of time. During an observation on 4/17/2024 at 12:46 p.m., during a Restorative Nursing Aide (RNA, nursing program that uses restorative nursing aides [RNAs] to help residents maintain their function and joint mobility] session, Restorative Nursing Aide 1 (RNA 1) provided exercises to Resident 25's both legs. Resident 25 asked RNA 1 if she could assist with exercises to both of his arms because they felt stiff. RNA 1 stated she was unable to assist with arm exercises because the RNA order was only for RNA to assist with leg exercises. a. During an interview on 4/17/2024 at 12:58 p.m., RNA 1 stated she provided ROM exercises to Resident 25's legs and did not provide ROM exercises to the arms. RNA 1 stated Resident 25 asked RNA to assist with arm exercises, but RNA 1 was unable to because the RNA order indicated to provide exercises to both legs only. RNA 1 stated she felt Resident 25 could benefit from RNA services for arm exercises because Resident 25 stated his arms felt stiff, requested assistance with arm exercises, was very motivated, and had the potential to do more for himself if his arms were stronger and moved better. (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During and interview and record review of Resident 25's clinical record on 4/18/2024 at 11:55 am, the Director of Rehabilitation (DOR) who was an OT, confirmed Resident 25 was not seen by OT during his entire stay at the facility. The DOR reviewed Resident 25's JMA, dated 9/18/2024, and confirmed Resident 25 was identified as having severe ROM limitations in the left shoulder and had WFL ROM of the right shoulder, both elbows, both wrists, and both hands. The DOR reviewed Resident 25's JMAs, dated 12/21/2023 and 3/21/2023, and confirmed there was no assessment of Resident 25's both arms. The DOR reviewed Resident 25's physician's orders and confirmed Resident 25 was seen for RNA for ROM exercises to both legs and did not have any orders for exercises for both arms. During an observation on 4/18/2024 at 12:58 p.m., in Resident 25's room, the DOR assessed Resident 25's ROM of both arms. Resident 25 raised the right arm to shoulder level and was unable to make full fists with both hands. Resident 25 raised the left arm to approximately 45 degrees (midway between the shoulder and hip). Resident 25 stated he had limitations in the left shoulder and both hands for a long time but felt his arms and hands were feeling increasingly stiff and self-feeding was becoming more difficult and time consuming. During a follow up interview and record review on 4/18/2024 at 1:15 p.m., the DOR reviewed Resident 25's JMA, dated 9/18/2023, and stated Resident 25 had a decline in ROM of both shoulders and both hands. The DOR stated Resident 25 had severe ROM limitations in the left shoulder, moderate limitations (50-75% motion) in the right shoulder, and minimal (75 to 100% motion) to moderate limitations in both hands. The DOR stated the facility did not provide any treatment and services to Resident 25 to maintain and prevent a decline in Resident 25's both arms. The DOR stated Resident 25 should have received OT or RNA services to maintain and prevent a decline in ROM of Resident 25's both arms since a severe limitation was identified on the Admission JMA on 9/18/2023 but did not. The DOR stated if a resident did not receive treatment and services to maintain or prevent a decline in ROM, the resident could have a decline in ROM, decline in function, and develop contractures. During an interview and record review on 4/18/2024 at 3:01 p.m., the Minimum Data Set Coordinator (MDSC) and MDSN stated the purpose of the quarterly JMAs were to assess for changes in a resident's ROM and to ensure the resident was receiving the appropriate treatment and services. The MDSC and MDSN stated Resident 25's Admission JMA, dated 9/18/2023, indicated Resident 25 had severe ROM limitations in the left shoulder and had WFL ROM in the right shoulder, both elbows, both wrists, and both hands/fingers. The MDSC and MDSN reviewed Resident 25's care plan and confirmed there was no care plan and interventions to address maintenance of ROM of Resident 25's both arms despite ROM limitations being identified in the admission JMA. The MDSC and MDSN reviewed Resident 25's JMAs, dated 12/21/2023 and 3/21/2023, and confirmed the JMAs did not include an assessment of Resident 25's both arms to assess if ROM had improved, was maintained, or had a decline. The MDSC and MDSN reviewed Resident 25's clinical record and confirmed Resident 25 did not have any treatment and services to maintain or prevent a decline in Resident 25's ROM of both arms. The MDSN stated Resident 25 should have been on OT or RNA services to address the severe ROM limitations in Resident 25's left shoulder identified in the Admission JMA, dated 9/18/2023, but was not. The MDSN reviewed Resident 25's physician's orders and confirmed RNA services were ordered for ROM exercises of Resident 25's both legs but was not ordered for the arms. The MDSC and MDSN confirmed there were no interventions in place to maintain or prevent a decline in ROM of Resident 25's arms. The MDSC and MDSN stated if a resident did not receive treatment and services to maintain or prevent a decline in ROM, it could lead to a decline in ROM and contractures. (continued on next page)

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Beachside Post Acute	3294 Santa Fe Avenue Long Beach, CA 90810

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview and record review on 4/19/2024 at 1:23 p.m., the Director of Nursing (DON) stated the facility maintained and prevented a decline in a resident's ROM by providing skilled therapy (services that require specialized training and experience of a licensed therapist or therapy assistant) and RNA services. The DON stated ROM was assessed and monitored for any changes by JMAs which were conducted upon admission, quarterly, and annually. The DON stated interventions such as skilled therapy and/or RNA should be in place for any joint ROM limitations identified on the JMA to ensure ROM was maintained and to prevent further declines. The DON reviewed Resident 25's clinical record and confirmed Resident 25 did not have any treatment and services in place to maintain or prevent a decline in both arms. The DON stated Resident 25 should have been on OT or RNA services since a severe ROM limitation was identified in Resident 25's left shoulder upon admission and in accordance with the JMA results on 9/18/2023. The DON stated if a resident did not receive treatment and services to maintain ROM, the resident could have a functional decline and develop contractures. b. During a concurrent interview and record review on 4/18/2024 at 11:55 a.m., the DOR reviewed Resident 25's clinical record and stated Resident 25 was not seen by OT during his entire stay at the facility. The DOR reviewed Resident 25's physician's orders and confirmed she wrote an RNA order on 4/17/2024 for AAROM to Resident 25's both arms, every day, three times a week. The DOR stated RNA 1 informed her Resident 25 was asking RNA to assist with arm exercises. The DOR stated she spoke with RNA 1 and the Registered Nurse Supervisor 1 (RNS 1), asked how Resident 25 moved his arms, and wrote an RNA order for AAROM exercises to both arms. The DOR stated she did not do a chart review and did not assess Resident 25's arms prior to writing Resident 25's RNA order. The DOR stated she trusted what RNA 1 and RS 1 said and wrote the RNA order based on their conversation. The DOR stated she should have assessed Resident 25 and asked for an OT evaluation order prior to writing an RNA order to determine what type of exercises to prescribe and to ensure an RNA program was appropriate and safe based on his needs. The DOR stated if an RNA program was established prior to assessing a resident for appropriateness and needs, it could cause harm or injury to the residents. During an interview on 4/18/2024 at 2:22 p.m., the Director of Staff Development (DSD) stated the rehabilitation department determined if a resident was appropriate for RNA services. The DSD stated the OT, Physical therapist (PT, licensed professional aimed in the restoration, maintenance, and promotion of optimal physical function), or Speech Therapist (ST, licensed professional aimed in the prevention, assessment, and treatment of speech, language, communicative, and swallowing disorders) assessed a resident first, determined the type of exercises to do with the resident, and wrote an RNA order based on the established program and needs of the resident. During an interview on 4/19/2024 at 1:23 p.m., the DON stated the rehabilitation department determined which residents were appropriate for an RNA program, the types of exercises RNA should perform with a resident, and the frequency of RNA services. The DON stated a licensed therapist must assess a resident prior to establishing an RNA program to ensure RNA services were appropriate and safe for the resident. The DON stated if an assessment was not done prior to establishing an RNA program, it could cause harm or injury to the residents. (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility's Policy and Procedure (P&P) titled, Limitations in ROM and Mobility and Referrals for Therapy, revised October 2017, the P&P indicated residents who entered the facility without limited ROM would not experience a reduction in ROM unless clinically unavoidable and a resident with limited ROM would be assessed and provided the appropriate treatment and services in an attempt to increase ROM and/or prevent a further decrease in ROM. The P&P indicated the therapy department would screen residents upon admission and quarterly and contact the resident's attending physician for a physician's order if the resident could benefit from RNA services. The P&P indicated the resident's comprehensive assessment should include and measure a resident's current extent of movement, identification of any limitations and opportunity for improvement, and indicate a reason for not providing services for residents with limited ROM who were not receiving services.

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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. 46415 Based on interview and record review, the facility failed to ensure the facility's Certified Nursing Assistants (CNAs) were provided the appropriate abuse and dementia training for one of seven sampled staff Certified Nursing assistant 3 (CNA 3). This failure had the potential for the facility not be able to assess the skills necessary to provide nursing services to assure resident safety and to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. Findings: During a concurrent interview and record review on 4/19/2024 at 11:31 a.m. with the Director of Staff Development (DSD), the DSD stated when there was a new hire, the staff will have an orientation and will complete various trainings such as abuse (cruel and violent treatment of a person) and dementia (impaired ability to remember, think, or make decisions) training prior to starting. DSD stated the required training for dementia training was one hour and abuse training was two hours annually. DSD stated there was a pre and posttest after an abuse training, but they do not need a test for dementia training. DSD stated CNA 3's elder/dependent adult abuse pre-test and posttest were not completed but was signed by the staff on 12/20/2022. DSD stated the purpose of these tests was to ensure the staff knows the right answers and to review the questions if they got it wrong. DSD stated CNA had signed a dementia training acknowledgement on 12/20/2022, however with no lesson plan and no testing for dementia, they were unable to validate the competency of the staff. During an interview on 4/19/2024 at 11:56 a.m. with DSD, DSD reiterated the mandatory training for dementia for Certified Nursing Assistants (CNAs) was at least one hour and was a part of their orientation to know the behavior of the resident and how to interact with dementia residents. DSD stated if the CNA does not have the required training to care for dementia residents, the residents may be neglected, will not be able to meet the needs, and will not when and how to provide direct care to resident with dementia. During an interview on 4/19/2024 at 2:19 p.m. with the Director of Nursing (DON), the DON stated the required training for CNAs upon hire includes two days of orientation and watch dementia and abuse videos. The DON stated every 10th of the month, the DSD does abuse training during monthly staff meetings. The DON stated she was not sure how many hours of abuse and dementia training was required. During a review of the facility's P&P titled, Certified Nursing Assistants-Inservice, Proficiency and Competency, revised 1/2017, the P&P indicated the certified nursing assistants will demonstrate competency in skills and techniques necessary to care for resident's needs identified through resident assessments and described in the plan of care. Required inservice training for certified nursing assistants must be sufficient to ensure their continued competency but must be no less than 12 hours per year. Include dementia management training and abuse resident prevention.

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F 0730 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observe each nurse aide's job performance and give regular training. 46415 Based on interview and record review, the facility failed to ensure an annual performance evaluation (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) was performed every year for one Certified Nursing Assistant (CNA) 2. This failure had the potential for the facility not be able to assess the skills necessary for CNA 2 to provide nursing services to assure resident safety and to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. Findings: During a concurrent interview and record review on 4/19/2024 at 12:14 p.m. with Director of Staff Development (DSD), DSD stated staff performance evaluations were done yearly. DSD stated CNA 2 has been working at the facility since 2019 and her last employee evaluation was on 4/19/2022. DSD stated the employee evaluation were used to measure staff quality of work, knowledge, and skills. DSD stated CNA 2 employee evaluation was not done for 2023. DSD stated CNA 2 should have had an employee evaluation for 2023 and another evaluation for 2024 was also due. DSD stated the employee evaluation and competency skill to assess the staff performance, skills and assess areas needs improvements. DSD stated without an employee evaluation, no assessment of CNA 2's quality of work and skills to perform the skills necessary to provide resident care. During an interview on 4/19/2024 at 2:19 p.m. with the Director of Nursing (DON), the DON stated performance evaluations were reviewed annually. DON stated she does the performance evaluations for the Registered Nurse (RN) and licensed nurses to ensure they are performing well, to assess if there was a decline in their performance from the hired date and one year later. The DON stated it provides an opportunity for the staff to discuss things they need to improve on. The DON stated without a performance evaluation, the staff does not know their competency skills, areas need improvement and if further education was needed. During a review of the facility's policy and procedure (P&P) titled, Certified Nursing Assistants-Inservice, Proficiency and Competency, revised 1/2017, the P&P indicated it was the policy of the facility that certified nursing assistants complete a performance review at least once every 12 months and the facility will provide regular in-service education based on the outcome of these reviews.

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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** 46415 Based on interview and record review, the facility's nursing staff failed to ensure one of one sampled resident (Resident 74) received antibiotic (treat infection) medication as prescribed by the physician in a timely manner. This failure had the potential to result in ineffective treatment of Methicillin-resistant Staphylococcus aureus Bacteria (MRSA: group of gram-positive bacteria that is responsible for several difficult-to-treat infections) in the blood. Findings: During a review of Resident Admission Record, the Admission Record indicated Resident 74 was initially admitted to the facility on [DATE] and was readmitted on [DATE] with diagnoses including acute osteomyelitis (serious infection of the bone that developed rapidly) on right ankle and foot, MRSA infection, Type II diabetes (a condition in which the body fails to metabolize (process) glucose (sugar) correctly), chronic kidney disease (CKD: damaged kidneys that cannot filter blood and waste), and chronic obstructive pulmonary disease (COPD: group of diseases that causes airflow blockage). During a review of Resident 74's Minimum Data Set ([MDS] a standardized assessment and care screening tool) dated 2/4/2024, indicated Resident 74 was cognitively (ability to think, understand, learn, and remember) intact. The MDS indicated Resident 74 was independent on all aspects of activities of daily living (ADL: personal hygiene, toileting, bathing, dressing). The MDS indicated Resident 74 has no functional impairment on both the right and left upper (arms, shoulders) and lower (legs, hip) extremities and utilized a manual wheelchair. During a record review of phone Order Summary Report (Physician Order dated 4/8/2024 indicated Resident 74 had an order for Vancomycin Hydrochloride (HCl) (medication used to treat infections) intravenous solution (IV: medical technique to administer fluids, medications through the vein) reconstituted (process of adding water to make a specific concentration of liquid) 1.5 gram ([g]m unit of measurement) one time a day for MRSA in the blood until 4/19/2024. The Physician Order indicated an order dated 4/17/2024 for Vancomycin HCl intravenous solution (liquid) 1000 milligram (mg)/10 millimeters (ml) (Vancomycin HCl) 1 gm IV in the evening for bacteremia (bacteria in the blood) until 4/19/2024. During a record review of the IV Medication Administration Record (MAR: record that shows the drugs have been administered to a patient) for 4/2024 indicated Vancomycin 1.5gm was ordered to be administered at 9:00 a.m. on 4/10/2024 and the Vancomycin HCl 1 gm IV was ordered to be administered at 5:00 p.m. on 4/15/2024. According to the administration time for Vancomycin 1.5 mg on 4/10/2024, the administration date indicated it was given at 3:07 p.m. and the Vancomycin Solution 1gm was administered at 7:00 p.m. on 4/15/2024. (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and record review on 4/18/2024 at 4:24 p.m. with Assistant Director of Nursing (ADON), the ADON stated Resident 74 had antibiotics upon admission and medications are administered one hour before and one hour after the administration scheduled time. The ADON stated the medication should be administered within that time frame or as ordered by the physician. ADON stated Resident 74's Vancomycin 1.5 mg order resumed on 4/14/2024 with an order to be given at 5:00 p.m. in the afternoon since Resident 74 has appointments in the morning and does not want him to miss his medications. ADON stated at the end of the IV MAR administration record, it indicates the schedule time and the administered time of the medication. ADON stated on 4/15/2024 it stated the Vancomycin 1gm IV solution was scheduled at 5:00 p.m., but it was administered at 7:00 p.m. ADON stated the IV MAR should be signed right after giving the medication. ADON stated signing the IV MAR at a later time was not a common practice and it was a mistake. The ADON stated the medication was signed the moment the medication was given to ensure the medication was given at the appropriate time. During a concurrent interview and record review on 4/19/2024 at 2:19 p.m. with the Director of Nursing (DON), the DON stated the IV MAR for Vancomycin 1gm Solution was due at 5:00 p.m. but the administered time indicated 7:00 p.m. The DON stated the ADON waited until the antibiotic was done being administered, and the documentation for medication administration of the medication was the time when it was clicked that it was given. The DON stated the staff that was giving or hanging the medication was responsible for documenting and medications can be given one hour before and one after the scheduled time. The DON stated if the scheduled time for the medication passed, inform the physician to see if the medication can still be given or if it should be held. The DON stated medications are given on time to ensure medications were given per physician orders, and if it was not given on time, the physician orders were not being followed and it may delay the effectiveness of the medication. During a review of the facility's policy and procedure (P&P) titled, Medication Administration-General Guidelines dated 10/2017, the P&P indicated medications are administered within 60 minutes of schedules time (1 hour before and 1 hour after), except before or after meal orders, which are administered based on mealtimes. Unless otherwise specified by the prescriber, routine medications are administered according to other established medication administration schedule for the facility. The individual who administers the medication dose records the administration on the resident's MAR directly after the medication is given. At the end of each medication pass, the person administrating the medications reviews the MAR to ensure necessary doses were administered and documented.

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep all essential equipment working safely. 45382 Based on observation, interview, and record review, the facility failed to ensure the microwave in the rehabilitation gym (rehab gym) was not used to store plastic utensils, plastic straws, and paper plates in the microwave cavity (empty space) and was used for it was intended purpose and in accordance with manufacturer's guidelines. This failure had the potential to cause burns, electric shock, and injury to any staff member, resident, or visitor in the facility. Findings: During a concurrent observation and interview on 4/18/2024 at 11:55 a.m., in the rehab gym, a white microwave was sitting on a table near the wall with plastic utensils, plastic straws, and a stack of paper plates stored inside the microwave cavity. The Director of Rehabilitation (DOR) stated the microwave was in working order and was used as a storage unit to hold utensils, straws, and paper plates when not in use. The DOR stated the purpose of the microwave was to heat food and items such as utensils, straws, and paper plates should not be stored in the microwave cavity because it was unsafe and could cause potentials burns or a fire. During an interview on 4/18/2024 at 4:29 p.m., the Maintenance Supervisor (MS) stated the purpose of a microwave was to heat food. The MS stated a microwave should never be used as a storage unit to hold items such as utensils, straws, and paper plates because that was not what a microwave was intended to be used for and could potentially result in fire, burns, and/or injury. During a review of the manufacturer's User's Manual for the Countertop Microwave, dated 2012, the user's manual section titled, Important Safety Instructions, indicated the microwave cavity must not be used for storage purposes and paper products, cooking utensils, or food should not be left in the cavity when not in use. The user's manual indicated failure to follow basic safety instructions when using the microwave could result in burns, electrical shock, fire, injury of persons, or exposure to excessive microwave energy. During a review of the facility's Policy and Procedure (P&P) titled, Preventative Maintenance Policy, dated 7/2023, indicated the facility maintained a Preventative Maintenance Program for all physical systems and equipment, including equipment in all departments and would be completed with the standards of practice and/or manufacturer's guidelines. The P&P indicated the Preventative Maintenance program was an essential element in the elimination and prevention of unsafe environments and to prevent injures for all that were on the property grounds or in the vicinity of the facility.