

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055136	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/17/2024
NAME OF PROVIDER OR SUPPLIER  Berkley West Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1623 Arizona Avenue Santa Monica, CA 90404	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44252</b></p> <p>Based on interview and record review, the facility failed to follow their abuse reporting policy and procedures for one of six sampled residents (Resident 1).</p> <p>This deficient practice resulted in Resident 1 ' s alleged abuse incident not being reported to state licensing/certification office or ombudsman.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record, dated 5/17/24, indicated, Resident 1 was admitted to the facility on [DATE] with diagnoses including hypertension (HTN, high blood pressure), heart failure (HF, a medical condition where the heart muscle doesn't pump blood as well as it should), chronic obstructive pulmonary disease (COPD, a group of lung diseases that block airflow and make it difficult to breath), reliance on supplemental oxygen, abnormalities of gait and mobility, and dementia (a group of conditions affecting brain functions such as memory loss and impaired judgement).</p> <p>A review of Resident 1's Minimum Data Set (MDS - a care planning and assessment tool), dated 4/10/24, indicated, Resident 1 had mild cognitive issues (ability to think, understand and make daily decisions). The same MDS indicated Resident 1 required supervision from staff while eating, and maximal assistance from staff for toileting, bathing, dressing and personal hygiene.</p> <p>During a concurrent interview and record review on 5/17/24 at 12:29 pm, with Licensed Vocational Nurse (LVN) 1, Resident 1 ' s nursing progress note, dated 4/20/24, was reviewed. The progress note indicated the Resident Representative (RR) accused facility of elderly abuse. LVN 1 verified the progress noted and stated she reported the incident to the Administrator (ADM) who is the Abuse Prevention Coordinator (APC).</p> <p>During a concurrent interview and record review on 5/17/24 at 4:37 pm, with ADM, Resident 1 ' s nursing progress note, dated 4/20/24, was reviewed. The progress note indicated RR accused facility of elderly abuse . some CNAs slapped . Resident 1 ' s hand . police were called. The ADM verified the progress note indicated alleged abuse, and stated it was unfortunate and the allegation was made out of spite by the RR, because she did not get a room change.</p> <p>(continued on next page)</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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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility ' s policy and procedures titled Abuse Reporting and Investigation, dated 1/10/24, indicated, Policy: To promptly report ALL allegations of abuse as required by law and regulation to the appropriate agencies within the required time frames . To thoroughly investigate reports of ALL allegations of abuse . Role of Administrator: Administrator as Abuse Prevention Coordinator (APC) . 1. All allegations of abuse . shall be reported to the APC immediately . When the APC receives a report of an incident or suspected incident of abuse . the APC shall initiate and investigation immediately . Reporting Procedure: 1. All allegations of abuse, including but not limited to, neglect, exploitation, or mistreatment, . will be reported by the facility Administrator or his/her designee, to the following persons or agencies: a. The State licensing/certification agency responsible for surveying/licensing the facility b. The local/State Ombudsman c. Local law enforcement . All alleged violations involving abuse . shall be reported by APC / designees to local CDPH (California Department of Public Health), LTC (Long Term Care) Ombudsman and Local Law Enforcement either by telephone mail or in writing (SOC 341) immediately: a. within 2 hours after the allegation is made or reported.</p>		