

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 03/03/2025
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 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Plan the resident's discharge to meet the resident's goals and needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43454</p> <p>Based on interview and record review, the facility failed to ensure safe and orderly discharge from the facility to home for four of five sampled residents (Resident 1, 2, 4 and 5) by failing to:</p> <ol style="list-style-type: none"> 1. Properly discharge Resident 1 to home by setting up the home health agency with complete instructions for ongoing care according to physician's order. 2. Complete a discharge plan summary upon Resident 1, 2, 4, 5's discharge to home. 3. Complete an Interdisciplinary Team (IDT - a group of dedicated healthcare professionals who work to bring knowledge together to help residents receive the care they need) meeting with services provided by the Social Services department regarding Resident 1, 2, 4 and 5's discharge planning according to facility's policy and procedure (P&P). <p>These deficient practices resulted in incomplete and ineffective discharge planning that led to lack of necessary care after discharge.</p> <p>Findings:</p> <p>A. During a review of Resident 1's Admission Record, the Admission Record indicated the resident was admitted to the facility on [DATE] with diagnoses including amyotrophic lateral sclerosis (ALS - commonly known as Lou Gehrig's disease, is a progressive neurodegenerative disease that affects the motor neurons in the brain and spinal cord), dysphagia (difficulty swallowing) and disorder of muscle (a group of conditions that affect the muscles and their function). The Admission Record also indicated; Resident 1 was discharge on 1/2/2025.</p> <p>During a review of the Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 12/19/2024, the MDS indicated Resident 1's cognitive (relating to mental action or process of acquiring knowledge and understanding) skills for daily decisions was mildly impaired. The MDS indicated Resident 1 required maximal assistance to total dependence from staff for activities of daily living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves).</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 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 1's Order Summary Report (OSR), dated 1/2/2025, the OSR indicated, Discharge with Home Health Agency (HHA1) with Physical Therapy, Occupational Therapy, Speech Therapy including Durable Medical Equipment (DME -refers to medical devices like wheelchairs, walkers, oxygen equipment, and hospital beds that are designed to be used repeatedly at home): hospital bed and gastrostomy tube (g-tube - is a thin, flexible tube inserted through the abdominal wall directly into the stomach) supplies.</p> <p>During a review of Resident 1's IDT team meeting [notes], dated 12/17/2024, the IDT meeting [notes] did not include any services provided by Social Services Director (SSD) and any documentation regarding discharge planning of Resident 1.</p> <p>During a review of Resident 1's Progress Notes as of 3/3/2025, the Progress Notes indicated there were no documentations by SSD regarding Resident 1's discharge planning that included HHA1 setup, medications and DME prior to Resident 1's discharge on 1/2/2025. Additionally, there were no documented notes by SSD regarding follow-up calls regarding Resident 1's status after discharge.</p> <p>During an interview with Family Member 1 (FM 1) on 2/28/2025 at 2:26 p.m., FM 1 stated, Resident 1 was discharged on [DATE] and during discharge instruction, they were informed that HHA1 will be following Resident 1 for ongoing care such as g-tube feeding and physical therapy. FM 1 stated, they waited for HHA1 to call them and set-up after Resident 1 was discharged and did not receive a call. FM 1 stated, she had to call Resident 1's physician to verify the orders and she also called HHA1 to get a clarification in which they confirmed that HHA1 did not get a referral and/or physician's orders from the facility regarding home health services.</p> <p>During an interview with Home Health Administrative Specialist (HHAS) on 2/28/2025 at 2:53 p.m., the HHAS stated, they received the referral for Resident 1's home health services from Resident 1's physician on 2/2/2025.</p> <p>B. During a review of Resident 2's Admission Record, the Admission Record indicated the resident was admitted to the facility on [DATE] with diagnoses including fracture of lower end of right femur (a break, crack or crush injury of the thigh bone), depression (a mood disorder that causes persistent feeling of sadness and loss of interest) and disorder of muscle. The Admission Record indicated Resident 2 was discharged on [DATE].</p> <p>During a review of Resident 2's MDS dated [DATE], the MDS indicated Resident 2's cognitive skills for daily decisions were intact. The MDS indicated Resident 2 required maximal assistance to total dependence from staff for ADLs.</p> <p>During a review of Resident 2's OSR, dated 1/10/2025, the OSR indicated, Discharge home with Home Health Agency (HHA2) with Physical Therapy, Occupational Therapy, Registered Nurse with left over medications.</p> <p>During a review of Resident 2's IDT team meeting [notes], dated 12/31/2024, the IDT meeting [notes] did not include any services provided by SSD and any documentation regarding discharge planning of Resident 2.</p> <p>(continued on next page)</p>		

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