

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055155	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025
NAME OF PROVIDER OR SUPPLIER Ocean Pointe Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1330 17th Street 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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>44253</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of two residents (Resident 30) had bilateral floor mats per the physician order and the resident's high risk for falls and injury care planned interventions.</p> <p>This deficient practice placed Residents 30 at risk for injury.</p> <p>Findings:</p> <p>During a record review, Resident 30's Admission Record indicated the facility admitted Resident 30 on 11/5/2024 with diagnoses including dementia (a progressive state of decline in mental abilities), muscle weakness (a lack of strength in the muscles), abnormalities of gait and mobility (when the pattern in which you walk and move is not normal) and atrial fibrillation (AFib - an irregular heartbeat that can lead to blood clots and increases the risk of stroke and other heart complications) .</p> <p>During a record review, Resident 30's Minimum Data Set (MDS - a resident assessment tool) dated 2/8/2025, indicated Resident 30 had moderate impaired cognition (ability to think, understand, and reason). The MDS further indicated Resident 30 required supervision to moderate assistance with Activities of Daily Living (ADLs- activities such as bathing, dressing and toileting a person performs daily).</p> <p>During a record review, Resident 30's Physician orders, dated 11/5/2024, indicated to use bilateral (both sides) floor mat for fall management.</p> <p>During a record review, Resident 30's fall risk assessment, dated 2/7/2025, indicated Resident 30 was a high risk for falling.</p> <p>During a record review, Resident 30's High Risk for Falls and Injury care plan, initiated 11/5/2024, indicated Resident 30 was at risk for falls due to the resident's diagnoses of AFib, dementia and an indwelling urinary catheter (a hollow tube inserted into the bladder to drain or collect urine). The goal was for the facility to prevent the resident from falls and injury. The care planned interventions indicated staff were to place bilateral floor mats as ordered and to explain care and procedures to be done.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 3/18/2025 at 9:15 AM, Resident 30 was observed lying in bed with a bed pad alarm (a pad with sensors that will alarm when a resident stands up unassisted to help prevent falls by alerting staff) attached to the resident's bed. There were no floor mats on either side of Resident 30's bed.</p> <p>During a concurrent observation and concurrent interview on 3/18/2025 at 10:32 AM, with the Licensed Vocational Nurse (LVN) 1, LVN 1 stated Resident 30's floor mats were not in place. LVN 1 stated Resident 30 should have bilateral floor mats. LVN 1 further stated Resident 30 has an order for floor mats to protect the resident from injury.</p> <p>During an interview on 3/21/2025 at 11:48 AM, the Director of Nursing (DON) stated Resident 30 overestimated their capacity to walk and transfer and the resident had one previous fall in the facility. The DON further stated Resident 30 had an order for fall mats and the resident was at an increase risk for injury if the fall mats were not in place.</p> <p>During a record review, the facility's policy and procedures titled, Falls Management, reviewed 1/30/2025, indicated the purpose of this policy is to provide residents with hazard free environment, adequate supervision and reduce risk factors leading to falls and injury. The P&P also indicated, The facility will provide residents with adequate supervision and assistive device to prevent accidents. The P&P further indicated, the Interdisciplinary Team will reassess the risk factors contributing to falls and interventions to minimize recurrence of falls and injury during the initial, quarterly and annual assessment, post fall and when a significant change of condition is identified.</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>44253</p> <p>Based on observation, interview, and record review, the facility failed to:</p> <ol style="list-style-type: none"> 1. Ensure a resident with a gastrostomy tube (GT - a tube that is passed through the abdominal wall to the stomach used to provide nutrition) received the tube feeding as ordered by the physician for one of three residents (Resident 112). The facility failed to ensure the tube feeding pump was restarted once the enteral feeding stopped for at least 25 minutes. The tube feeding pump was found alarming and the tube feeding was not infusing at the time of observation. 2. Label enteral (delivery of nutrients or medications through the gastrointestinal tract, via a tube) hydration for one of sixteen sampled residents (Resident 162). <p>These deficient practices:</p> <ol style="list-style-type: none"> 1. Had the potential to result in Resident 112, diagnosed with protein-calorie malnutrition (lack of proper nutrition), to not receive adequate nutrition. 2. Had the potential to cause complications associated with enteral feeding, including infection and/or possible hospitalization . <p>Findings:</p> <p>a. During a record review, Resident 112's Admission Record indicated the facility admitted Resident 112 on 3/27/2024 and readmitted the resident on 3/11/2025 with diagnoses of, but not limited to, dysphagia (difficulty swallowing), protein-calorie malnutrition and dementia (a progressive state of decline in mental abilities).</p> <p>During a record review, Resident 112's Minimum Data Set (MDS - a resident assessment tool), dated 3/17/2025, indicated the resident had severely impaired (never/rarely made decisions) cognitive skills for daily decision making. The MDS also indicated the resident was totally dependent with all activities of daily living (ADLs- activities such as bathing, dressing and toileting a person performs daily). The MDS further indicated the resident had a feeding tube and received 51% or more of the their calories from the tube feeding.</p> <p>During a record review, Resident 112's Physician Order, dated 3/18/2025, indicated to administer Nutren (nutrition supplement) 2.0 at 50ml/hr. x 20hrs. to provide 1000ml/2000Kcal (kilocalories-unit of measurement)/20 hrs via enteral pump from 12 PM to 8 AM or until dose limit is met.</p> <p>During an observation of Resident 112's feeding pump on 3/19/2025 at 12:45 PM, Resident 112 was lying in bed and the feeding pump machine was on, paused, and alarming with an alert on the screen reading Notice Pump Inactive. The screen on the feeding pump machine also read Pump has been idle for 10 minutes. Press Continue.</p> <p>(continued on next page)</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and observation on 3/19/2025 at 1 PM (15 minutes later), Resident 112's feeding pump was observed with Licensed Vocational Nurse 1 (LVN 1). The enteral feeding pump was observed paused and alarming. LVN 1 stated the feeding pump was started at 12 pm and LVN 1 wasn't aware the pump was alarming and did not know why it was paused. LVN 1 stated a Resident 112 could receive not enough or too much tube feeding.</p> <p>During an interview on 3/21/2025 at 11:46, the Director of Nursing (DON) stated staff can pause a resident's tube feeding when providing care or medication administration, however, staff should restart the feeding as soon as possible. The DON further stated the resident could suffer weight loss if the feeding isn't restarted right away.</p> <p>During a record review, facility's titled Enteral Nutrition, reviewed 1/30/2025, indicated, adequate nutritional support through enteral nutrition is provided to the residents as ordered.</p> <p>45455</p> <p>b. During a record review, Resident 162's Admission Record indicated the facility admitted Resident 162 on 3/17/2025 with diagnoses including moderate protein-calorie malnutrition (deficiency of both protein and energy [calories] in the diet, leading to a weight loss of 75% (percent) to 85% of expected weight for length or height), gastrostomy status (a surgical opening, or stoma, directly into the stomach), adult failure to thrive (decline in older adults, characterized by weight loss, poor nutrition, decreased appetite, and inactivity, often accompanied by dehydration, depression, impaired immune function, and low cholesterol), methicillin resistant staphylococcus aureus infection (MRSA- a type of bacteria that has become resistant to many common antibiotics, making infections harder to treat.), dysphagia (difficulty swallowing) and chronic kidney disease stage 3 (a moderate loss of kidney function, indicating some kidney damage.)</p> <p>During a record review, Resident 162's physician progress notes dated 3/20/2025, indicated Resident 162 did not have the capacity to understand and make decisions.</p> <p>During a record review, Resident 162's active orders dated 3/21/2025, indicated enteral feed order every shift cyclic (delivered continuously) H2O (water) @ (at) 200ml (millimeters - unit of measure)/8hours (hrs-duration of time) to provide 600ml via enteral pump in 24 hours.</p> <p>During a facility tour on 3/18/2025 at 9:35AM, Resident 162 was observed receiving enteral hydration via g-tube (gastric tube - A tube inserted through the wall of the abdomen directly into the stomach for nutrition, medication, and hydration) the hydration bag was not labeled.</p> <p>During a concurrent observation and interview on 3/18/2025 at 10:35AM Registered Nurse Supervisor (RNS) 1 stated Resident 162's enteral hydration is supposed to be labeled indicating Resident's name, date, time hydration was initiated and the rate of the enteral hydration. RNS1 further stated not labeling the enteral hydration placed Resident 162 at risk of not receiving fresh enteral hydration because there is not date and time on the hydration prompting the nurse to know when to change the hydration.</p> <p>During an interview ON 3/21/2025 AT 1:35 PM, the Director of Nursing (DON) stated the importance of labeling the enteral hydration is to ensure it is changed everyday to prevent gastrointestinal (GI) issues such as bacterial growth. DON</p> <p>(continued on next page)</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a record review, the facility's policy and procedure titled, Enteral Formulas, Administration of Closed System reviewed 1/30/2025, indicated, This policy provides a means to safely administer a complete nutritional feeding to the Resident . in a closed container system protecting from exposure to harmful contaminants.</p> <p>Label container with resident's name, room#, date, starting time, rate @ml/hr and your (staff) initials.</p>		

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<p>F 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Post nurse staffing information every day.</p> <p>48026</p> <p>Based on interview and record review the facility failed to:</p> <ol style="list-style-type: none"> 1) Ensure staffing information on the Direct Hours Patient Day (DHPPD - a list of staff hours of direct daily care) form was completed and posted in a prominent place readily accessible to residents and visitors daily. 2) Ensure daily staffing (DHPPD) form was completed and available to the public for review upon request. 3) Maintain/Retain records of the posted daily nurse staffing (DHPPD) data for a minimum of 18 months. <p>These deficient practices misinformed all 63 residents, families, and visitors about the facility's daily nurse staffing data.</p> <p>Findings:</p> <p>During a concurrent interview and record review on 03/20/2025 at 2:40 PM with the Director Staff Development (DSD), the DSD stated DSD was responsible in filling out the DHPPD. The DSD stated the DHPPD forms for 10/11/2024, 10/12/2024, and 3/9/2025 forms were missing. The DSD stated facility should post the DHPPD form every morning and keep the records for 18 months. The DSD also stated DHPPD form should be reviewed and signed by DON or Designee and the records should be available at any time when requested.</p> <p>During a concurrent interview and record review on 03/20/2025 at 2:40 PM with DSD, the DSD stated the DHPPD form dated 10/31/2024 had missing information on the beginning census for 4:00 PM and missing information for admission, discharge, transfers in, transfers out, deaths, ending census at 8 AM, and 4 PM. The DSD stated the DHPPD form should be filled out completely and should have data on admissions, discharge, transfers in, transfers out, and deaths. The DSD stated the DHPPD form should have complete data. The DSD stated the facility should record the beginning census at the start of the 24-hour patient day (12 AM) and again at 8 hours (8 AM) and at 16 hours (4 PM) after the start of the 24-hour patient day. The DSD stated that throughout each shift, record admissions, discharges, transfers, and deaths or other changes in census in the last row, the total census at the end of each census period (time frame) should be entered.</p> <p>(continued on next page)</p>

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<p>F 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent interview and record review on 03/20/2025 at 2:40 PM with DSD, the DSD stated the DHPPD form dated 5/31/2024, and 1/28/2025 had missing actual direct care service hours (total time spent by direct caregivers providing hands-on patient care in a 24-hour period) and the total CNA direct care services hours for the entire patient day. DSD stated the average patient census was automatically calculated as the sum of the beginning census of the three census periods divided by three. DSD stated the actual DHPPD was automatically calculated as the actual total direct care service hours divided by the average patient census. DSD stated the actual CNA DHPPD was automatically calculated as the actual total CNA direct care service hours divided by the average patient census. The DSD stated completing the DHPPD form ensured there was enough staff to provide patient care for the 24-hour period. DSD stated RN Supervisor from the 11 PM to 7 AM shift, the Director of Nursing (DON) and the DSD were responsible in filling out this part of the form.</p> <p>During a record review, the facility's DHPPD forms dated 10/11/2024, 10/12/2024, and 3/9/2025 were missing. DHPPD forms dated 5/31/2024, and 1/28/2025 both were missing actual direct care service hours. DHPPD form dated 10/31/2024, the daily census changes, and actual direct care service hours were missing. DSD stated, DHPPD forms must be completed in its entirety and kept in file for a minimum of 18 months.</p> <p>During a record review, the facility Policy and Procedure (P&P - policy explains the rules and presents them in a logical framework while procedures outline the step-by-step implementation of various tasks) titled Posting Direct Care Daily Staffing Numbers, reviewed on 01/30/2025 indicated, the facility will post for each shift, the number of nursing personnel responsible for providing direct care to residents daily. The P&P also indicated the staffing information records for each shift will be kept for a minimum of 18 months.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>44253</p> <p>Based on observation, interview, and record review, the facility failed to ensure safe and sanitary food storage and preparation practices when the facility failed to:</p> <ol style="list-style-type: none"> 1. Ensure all opened food items stored in one out of three reach-in refrigerators were labeled with the name of the food item, open date, and expiration date. 2. Have a room thermometer in the dry storage area. <p>These deficient practices placed all sixty three facility residents at risk for foodborne illness which could lead to serious infections and death.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 3/18/2025 at 7:50 AM with the Dietary Supervisor (DS), the facility's Reach-In Refrigerator #3 had 3 halved avocados wrapped in saran wrap. The opened avocados were not labeled with an opened date, expiration date or name of the food item. The DS stated opened avocados should be kept more than two days. The DS further stated the avocados were not labeled and are required to be once opened. The DS also stated we date opened items so that we know when it was opened and when to discard them in order to prevent contamination of the food. During the same observation, the kitchen's storage room was observed to not contain a thermometer. The DS stated the storage room did not have a thermometer. The DS further stated a thermometer is needed so we know the ambient temperature in order for the food to not spoil.</p> <p>During an interview on 3/21/2025 at 11:52 AM, the Director of Nursing (DON) stated staff should follow safe food practices in order to prevent the spread of foodborne illness in the residents.</p> <p>During a record review, the facility policy and procedures (P&P) titled, Food Receiving and Storage, reviewed 1/30/2025, indicated, foods shall be received and stored in a manner that complies with safe food handling practices. The P&P also indicated non refrigerated foods, disposable dishware napkins will be stored in a designated dry storage unit which is temperature and humidity controlled, free of insects and rodents and kept clean. The P&P further indicated, all foods stored in the refrigerator or freezer will be covered, labeled and dated(use by date).</p>

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep all essential equipment working safely.</p> <p>46843</p> <p>Based on observation, interview, and record review the facility failed to ensure the industrial washing machine used to wash the facility linen and residents including clothing was not leaking.</p> <p>This deficient practices had the potential to result in a significant delay in providing clean and sanitary linen for 63 of 63 medically compromised residents who depend on staff to provide a homelike environment. In addition to allowing easy access and exit to and from the dining hall for residents that chose to eat in the dining hall.</p> <p>Findings:</p> <p>During observation of the laundry room on 3/20/25 at 9:36 AM, there was a red bucket with towels placed under the bucket on the floor. The bucket was used to catch water leaking from the washing machine creating a medium to large size puddle next to and around the immediate area of the laundry machine.</p> <p>During an interview on 3/20/25 at 9:38 AM, Laundry Supervisor (LS) stated LS was not sure how long the laundry machine has been leaking for and that LS needed to check with Maintenance Supervisor (MS) regarding same. LS stated MS takes care of all repairs and that MS would have the details concerning the leaking laundry machine.</p> <p>During an interview on 3/20/25 at 10:16 AM, MS stated MS was aware that the laundry machine was leaking water. MS stated, the laundry machine needs a part to stop the leaking of the machine. MS stated MS will inform the machine repair person that comes out to the facility that the machine needs to be fixed due to leaking.</p> <p>During an interview on 3/20/25 at 10:17 AM, the Administrator (ADM) stated ADM was not aware of the laundry machine leaking water in the laundry room. The ADM stated he will check to see if anything has been done about the laundry machine being repaired. The ADM stated the damaged machine has not been reported to him. The ADM stated that he will check to see what is being done about the machine. The ADM stated if nothing is being done then he will make sure the machine will be repaired as soon as possible. The ADM stated he was not aware of the laundry room floor either, and that it will be repaired as soon as possible.</p> <p>During a record review, the facility Policy and Procedures (P&P) titled Maintenance Service dated reviewed 1/30/2024, indicated, Policy Statement: Maintenance service shall be provided to all areas of the building, grounds, and equipment. Policy Interpretation and Implementation</p> <ol style="list-style-type: none"> 1. The maintenance department is responsible for maintaining the building, grounds, and equipment in a safe and operable manner at all times. 2. Functions of maintenance personnel include, but are not limited to: <ol style="list-style-type: none"> a. maintaining the building in compliance with current federal, state, and local laws, regulations, and guidelines. <p>(continued on next page)</p>

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>b. maintaining the building in good repair and free from hazards.</p> <p>3. The maintenance director is responsible for developing and maintaining a schedule of maintenance service to assure that the buildings, grounds, and equipment are maintained in a safe and operable manner.</p>

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>46843</p> <p>Based on observation, interview, and record review, the facility failed to ensure:</p> <ol style="list-style-type: none"> 1. The floor in laundry room walkway did not have holes and was not cracked. 2. The door leading to the resident dining hall was operational and functional. <p>These deficient practices had the potential for injury to residents, staff, and guests, and interfere with the residents, staff, guests to safely enter or exit through the door.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. During observation of the laundry room on 3/20/25 at 9:36 AM, the floor in front of the industrial laundry machine was cracked and had medium to large size holes in the concrete floor just in front of the washing machine. <p>During an interview on 3/20/25 at 9:38 AM Laundry Supervisor (LS) stated the Maintenance Supervisor (MS) takes care of all repairs. The LS stated he was not aware of how long the floor have been in disrepair either because, the MS handles all the repairs in the facility.</p> <p>During an interview on 3/20/25 at 10:16 AM, MS stated MS was considering replacing the floor by pouring concrete on the floor instead of the ceramic tiles that currently cover the area. The MS stated, the floor has been in disrepair for a while. MS stated that MS had discussed the need for repairs with the administrator (ADM). The MS stated MS will inform the company that MS needs to put concrete on the floor to repair the holes in the walkway of the laundry room for safety reasons.</p> <p>During an interview on 3/20/25 at 10:17 AM, the ADM stated ADM was not aware of the holes and cracks on laundry room floor either. The ADM stated the laundry floor will be repaired as soon as possible.</p> <ol style="list-style-type: none"> 2. During observation on 3/21/25 at 10:48 AM, the dining room the door that leads to the dining room from the hallway did not remain shut when closed and would not open when closed. Also, the door handle on the side facing the hallway turned in a different direction than the same door handle on the back side of the same door. <p>During an interview on 3/21/25 at 11:32 AM The Maintenance Supervisor (MS) stated he was not aware that the door handle that leads to the dining room was malfunctioning. The MS stated MS would fix the door as soon as possible.</p> <p>During observation on 3/21/25 at 01:58 PM The Maintenance Supervisor (MS) replaced the door handle on the door that led to the dining hall.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Ocean Pointe Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1330 17th Street 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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a record review, the facility Policy and Procedures (P&P) titled Maintenance Service dated reviewed 1/30/2024, indicated, Policy Statement: Maintenance service shall be provided to all areas of the building, grounds, and equipment. Policy Interpretation and Implementation</p> <ol style="list-style-type: none"> 1. The maintenance department is responsible for maintaining the building, grounds, and equipment in a safe and operable manner at all times. 2. Functions of maintenance personnel include, but are not limited to: <ol style="list-style-type: none"> a. maintaining the building in compliance with current federal, state, and local laws, regulations, and guidelines. b. maintaining the building in good repair and free from hazards. 3. The maintenance director is responsible for developing and maintaining a schedule of maintenance service to assure that the buildings, grounds, and equipment are maintained in a safe and operable manner. 		