

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055531	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/07/2024
NAME OF PROVIDER OR SUPPLIER  Beachside Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  22520 Maple Avenue Torrance, CA 90505	

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** 45537</b></p> <p>Based on interview and record, the facility failed to ensure an injury of unknown origin was reported to the California Department of Public Health (CDPH) for one of five sampled residents (Resident 1) when Resident 1 sustained a moderately displaced (a break in the bone where the bones does not always crack all the way through) fracture (a break in the bone) of the distal (farther end) diaphysis (shaft; or a long tubular structure of the bone) of the femur (thigh bone).</p> <p>This deficient practice resulted in the inability of CDPH to investigate Resident 1 ' s injury of femur fracture in a timely manner and had the potential for facts related to the injury to be forgotten by staff.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission Record (Face sheet), the Face sheet indicated Resident 1 was admitted to the facility on [DATE] with a diagnosis including encephalopathy (damage or disease that affects the brain leading to the person to be confused), dementia (a condition of loss of cognitive functioning such as thinking, remembering, and reasoning that it interferes with a person ' s daily life and activities) and generalized weakness.</p> <p>During a review of Resident 1 ' s Minimum Data Set ([MDS] a standardized assessment and care screening tool) dated 5/31/2024, the MDS indicated Resident 1 was not able to make decisions that were consistent and reasonable.</p> <p>During a review of Resident 1 ' s SBAR dated 5/20/2023 and timed at 10:38 a.m., the SBAR indicated Resident 1 was groaning and screaming while facility staff assisted her with lower body dressing (pulling Resident 1 ' s pants up). The SBAR indicated Resident 1 was noted with swelling to her right knee, Resident 1 ' s physician was informed and an order for a Stat (immediate) right knee X-ray was obtained.</p> <p>During a review of Resident 1 ' s X-ray report dated 5/20/2024, the X-ray report indicated Resident 1 sustained a moderately displaced fracture of the distal diaphysis of the femur of indeterminate age with moderate degenerative change of the knee with narrowing of the lateral joint compartment (the area on the outside portion of the knee joint).</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>During a review of Resident 1 ' s Transfer Form dated 5/20/2024 at 5:05 p.m., the Transfer Form indicated Resident 1 was transferred to General Acute Care Hospital (GACH) for evaluation and treatment due to her femur fracture.</p> <p>During an interview on 6/7/2024 at 11:55 a.m., the Director of Nursing Services (DON) stated Resident 1 was transferred to the GACH</p> <p>because she (Resident 1) sustained a fracture to her right femur. The DON stated she did not report this injury to CDPH because Resident 1 ' s physician documented Resident 1 ' s fracture was unavoidable due to Resident 1 ' s diagnoses of osteoporosis (brittle bones).</p> <p>During an interview on 6/7/2024 at 12:55 p.m., the Administrator (ADM) stated the facility should have reported to CDPH when Resident 1 sustained an injury of an unknown.</p> <p>During a review of the facility ' s policy and procedure (P/P), titled, Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating, revised 4/2021, the P/P indicated if an injury of unknown source is suspected, the suspicion must be reported immediately to the Administrator and to other officials according to the State law. The Administrator or the individual making the allegation immediately reports his or her suspicion to the State licensing/certification agency responsible for surveying/licensing the facility within two hours of an allegation involving abuse or result in serious bodily injury or within 24 hours of an allegation that does not involve abuse or result in serious bodily injury.</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45537</b></p> <p>Based on interview and record, the facility failed to ensure an injury of unknown origin was investigated for one of five sampled residents (Resident 1) when Resident 1 sustained a moderately displaced (a break in the bone where the bones does not always crack all the way through) fracture (a break in the bone) of the distal (farther end) diaphysis (shaft; or a long tubular structure of the bone) of the femur (thigh bone) and the cause of the fracture was unknown to the resident and staff.</p> <p>This deficient practice resulted in the inability of the facility to determine what might have been the cause of Resident 1 ' s injury and had the potential to recur.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission Record (Face sheet), the Face sheet indicated Resident 1 was admitted to the facility on [DATE] with a diagnosis including encephalopathy (damage or disease that affects the brain leading to the person to be confused), dementia (a condition of loss of cognitive functioning such as thinking, remembering, and reasoning that it interferes with a person ' s daily life and activities) and generalized weakness.</p> <p>During a review of Resident 1 ' s Minimum Data Set ([MDS] a standardized assessment and care screening tool) dated 5/31/2024, the MDS indicated Resident 1 was not able to make decisions that were consistent and reasonable.</p> <p>During a review of Resident 1 ' s SBAR dated 5/20/2023 and timed at 10:38 a.m., the SBAR indicated Resident 1 was groaning and screaming while facility staff assisted her with lower body dressing (pulling Resident 1 ' s pants up). The SBAR indicated Resident 1 was noted with swelling to her right knee, Resident 1 ' s physician was informed and an order for a Stat (immediate) right knee X-ray was obtained.</p> <p>During a review of Resident 1 ' s X-ray report dated 5/20/2024, the X-ray report indicated Resident 1 sustained a moderately displaced fracture of the distal diaphysis of the femur of indeterminate age with moderate degenerative change of the knee with narrowing of the lateral joint compartment (the area on the outside portion of the knee joint).</p> <p>During a review of Resident 1 ' s Transfer Form dated 5/20/2024 at 5:05 p.m., the Transfer Form indicated Resident 1 was transferred to General Acute Care Hospital (GACH) for evaluation and treatment due to her femur fracture.</p> <p>During an interview on 6/7/2024 at 11:55 a.m., the Director of Nursing Services (DON) stated she did not investigate Resident 1 ' s injury of unknown origin because, per Resident 1 ' s physician it was unavoidable due to Resident 1 ' s diagnosis of osteoporosis (brittle bones).</p> <p>During an interview on 6/7/2024 at 12:55 p.m., the Administrator (ADM) stated the facility should have investigated Resident 1 ' s fracture to determine the root cause of Resident 1 ' s injury.</p> <p>(continued on next page)</p>		

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F 0610  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 Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating revised 4/2021, the P/P indicated all reports of resident abuse, including injuries of unknown origin, are thoroughly investigated by facility management.		