

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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 12/19/2025
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)		
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to ensure the kitchen dishwasher temperature gauge was functioning properly. This failure had the potential to expose residents to dishes washed at unsafe temperatures, which could promote bacterial growth and increase the risk of foodborne illness (illness caused by food contaminated with bacteria, viruses, parasites, or toxins)Findings:During a concurrent observation and interview on 12/16/2025 at 9:03 a.m. in the kitchen with Dietary Aide (DA 1), a low-temperature dishwasher was observed being used to wash dishes. DA 1 stated the wash temperature gauge displayed 120 degrees Fahrenheit (F- unit of temperature). However, a photo taken of the gauge at that time showed the temperature reading was 95 F. During an interview on 12/17/2025 at 1:16 p.m. in the kitchen with Dietary Aide (DA 2), DA 2 ran a dishwasher cycle and stated the temperature gauge displayed 110 F. DA 2 further stated that the temperature gauge had not been working since 12/15/2025. During an interview on 12/19/2025 at 11:25 a.m. with Dietary Aide (DA 1), DA 1 stated that the dishwasher temperature gauge had been broken since 12/15/2025. DA 1 admitted she was nervous and provided an inaccurate temperature reading during the previous observation on 12/17/2025. DA 1 further stated that the temperature gauge needs to be functional to ensure proper sanitization and prevent infection. During an interview on 12/19/2025 at 11:32 a.m. with the Dietary Supervisor (DS), the DS stated she contacted maintenance to have the water temperature checked because the dishwasher temperature gauge was broken and the wash cycle readings were above 130 F. The DS confirmed the temperature gauge was broken and stated the facility was waiting for replacement parts to arrive. During an interview on 12/19/2025 at 11:40 a.m. with the Director of Nursing (DON), the DON stated the dishwasher temperature gauge needs to be functional to ensure the correct temperatures were reached to kill germs or microbes (microorganisms are tiny living organisms found in air, water, soil, and the human body). The DON emphasized that proper heat was necessary to sanitize dishes and prevent infection. During a review of Dish Machine Temperature Log dated 12/2025, the Dish Machine Temperature Log indicated instructions for wash temperatures must be at least 120 degrees Fahrenheit. and to run the machine until temperature is at 120 degrees to 140 degrees using infrared gun. During a review of facility's policy and procedure titled Sanitation, revised 11/2022, the P&P indicated, .Dishwashing machines are operated according to manufacturer's instructions. General recommendations for heat and chemical sanitization are: b. Low-Temperature Dishwasher (Chemical Sanitization): (1) Wash temperature (120 F) . During a review of the facility's P&P, titled, Maintenance Service, date revised 12/2009, the P&P indicated, The maintenance department is responsible for maintaining the buildings, grounds, and equipment in a safe. During a review of the facility's P&P, titled, Dietary Aide (Feeding Assistant), date revised 10/2020, the P&P indicated, Ensure that the department is maintained in a clean and safe manner by assuring that necessary equipment and supplies are maintained.Report all hazardous conditions/equipment to your supervisor immediately. During a review of the facility's P&P, titled Certified Dietary Manager, date revised 10/2020, the P&P indicated, Make periodic rounds to check equipment and to assure that necessary equipment is available and working properly.		

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
--	-------	-----------

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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 12/19/2025
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)		
F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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** Based on observation, interview, and record review, the facility failed to monitor range of motion (ROM-the full movement potential of a joint) for four of nine sampled residents (Residents 58, 15, 38, and 52) who had or were at risk for limited ROM and mobility. The facility failed to:1.Ensure Resident 58 received two quarterly Joint Mobility Screens (JMS-a brief assessment of ROM in both arms and legs) in 5/2025 and 8/2025.2.Ensure Resident 15 received a quarterly JMS in 7/ 2025.3.Ensure Resident 38 received a quarterly JMS in 7/2025.4.Ensure Resident 52 received a quarterly JMS in 5/2025.These failures had the potential for Residents 58, 15, 38, and 52 to develop further ROM limitations in the arms and legs due to the lack of monitoring.1. During a review of Resident 58's admission Record (AR), the AR indicated Resident 58 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including but not limited to hemiplegia (weakness to one side of the body) and hemiparesis (inability to move one side of the body) following cerebral infarction (blockage of the flow of blood brain, causing or resulting in brain tissue death) affecting right dominant side, Type 2 diabetes mellitus (a disorder characterized by difficulty in blood sugar control and poor wound healing) with other specified complication. During a review of Resident 58's History and Physical Examination (H&P) dated 11/29/2025, the H&P indicated Resident 58 could make needs known but could not make medical decisions. During a review of Resident 58's Minimum Data Set (MDS, resident assessment tool) dated 11/5/2025, the MDS indicated Resident 58 had severe cognitive impairments (mental processes involved in gaining knowledge and comprehension, includes thinking, knowing, remembering, judging, problem-solving). The MDS indicated Resident 58 required partial assistance with eating, oral hygiene, upper body dressing, sit to lying and required substantial assistance with bathing, lower body dressing, sit to stand, and chair to bed transfers. The MDS indicated Resident 58 required supervision assistance with walking 50 feet. The MDS indicated Resident 58 had functional limitations in ROM on both sides of the upper extremity (UE, shoulder, elbow, wrist, hand) and did not have any functional impairments in ROM in the lower extremities ([NAME], hip, knee, ankle, foot). During a review of Resident 58's Care Plan (CP) revised on 11/20/2025, the CP indicated Resident 58 needed a Restorative Nursing Aide program (RNA, nursing aide program that help residents to maintain their function and joint mobility) ambulation (walk) program and was at risk for decline in ambulation, at risk for falls, and demonstrated impaired safety judgement for functional mobility. The CP goal indicated Resident 58 will maintain/prevent decline in ambulation status through next review. The CP intervention included to monitor resident's response and tolerance to treatment and RNA to do ambulating using front-wheeled walker (type of mobility aid with wide base of support and two wheels in the front) three times a week as tolerated. During a review of Resident 58's JMS dated 11/4/2025, the JMS indicated Resident 58 had full range of motion in both UE and full range of motion in both [NAME]. There were no other JMS noted in 2025 in Resident 58's medical records. During an observation and interview on 12/18/2025 at 12:05 p.m., Resident 58 was sitting in a wheelchair in the hallway and using both legs to self-propel and move around the hallway. Resident 58 was able to move the left arm, and the right arm was relaxed to the right side. Resident 58 stated he could not move the right arm, and he used the left arm to eat. During a concurrent interview and record review on 12/18/2025 at 1:46 p.m. with the Director of Rehabilitation (DOR), Resident 58's JMS were reviewed. DOR stated there was a JMS completed on 11/4/2025 and stated there were no other JMS completed for Resident 58 in 2025. DOR stated the facility revised their policy to increase JMS on an annual basis to a quarterly basis starting in April 2025. DOR stated Resident 58 should have had two quarterly JMS completed in May 2025 and August 2025, but the JMS were not completed. DOR stated if therapy staff miss a quarterly JMS, there was a potential for staff to miss any ROM declines and provide therapy interventions as needed to restore any ROM declines. During an interview on (continued on next page)		

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 12/19/2025
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)		
F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	12/18/2025 at 3:24 p.m., the Director of Nursing (DON) stated it was important for the facility to monitor resident's ROM so that staff could catch any declines in ROM and mobility and provide any therapy intervention to maintain the resident's mobility and minimize contractures (loss of motion of a joint). During a review of the facility's policies and procedures (P&P) revised May 2025, titled Rehab Screening and Joint Mobility Assessments, the P&P indicated joint mobility assessments should be completed quarterly, annually, and as needed to identify residents with functional changes and/or changes in ROM. 2. During a review of Resident 15's admission Record (AR), the AR indicated Resident 15 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including but not limited to stiffness of right hip, stiffness of right knee, stiffness of left hip, stiffness of left knee, contracture (loss of motion of a joint) left elbow, contracture right knee, contracture left knee, contracture right shoulder, contracture left shoulder, contracture right elbow, contracture right hand, contracture left hand, and unspecified dementia (a progressive state of decline in mental abilities). During a review of Resident 15's History and Physical Examination (H&P) dated 6/2/2025, the H&P indicated Resident 15 did not have the capacity to understand and make decisions. During a review of Resident 15's Minimum Data Set (MDS, resident assessment tool) dated 11/5/2025, the MDS indicated Resident 15 was severely impaired in cognitive skills (mental processes involved in gaining knowledge and comprehension, includes thinking, knowing, remembering, judging, problem-solving) for daily decision making. The MDS indicated Resident 15 required dependent assistance from staff for oral hygiene, bathing, dressing, rolling, and bed to chair transfers. The MDS indicated Resident 15 had functional limitations in ROM for both sides of the upper extremities (BUE, shoulder, elbow, wrist/hand) and both sides of the lower extremities (BLE, hip, knee, ankle/foot). During a review of Resident 15's Care Plan (CP) initiated on 11/25/2025 for RNA Therapy, the CP indicated Resident 15 needed a therapeutic exercise/ROM Restorative Nursing Aide program (RNA, nursing aide program that help residents to maintain their function and joint mobility) program and was at risk for decline in ROM, risk for decreased muscle strength, decreased functional use of extremity, and risk for deformity and contracture (loss of motion in a joint) formation. The CP goal indicated Resident 15 will maintain/prevent decline in ROM through next review. The CP interventions included to monitor resident's response and tolerance to treatment, RNA to do passive range of motion (PROM, movement at a given joint with full assistance from another person) to BLE daily five times per week as tolerated, and RNA to do PROM to BUE daily five times per week or as tolerated. During a review of Resident 15's quarterly JMS dated 10/7/2025, the JMS indicated severe loss in ROM in both hand/fingers, both wrists, both elbows, and both shoulders. The JMS indicated severe loss in ROM in both hips, both knees, and both ankles. The JMS indicated a recommendation for skilled physical therapy and occupational therapy evaluation. During an observation and interview on 12/17/2025 at 10:21 a.m., Resident 15 was lying in bed and did not speak. Resident 15 was observed wearing an elbow splint (rigid material or apparatus used to support and immobilize a broken bone or impaired joint) on both elbows, the right wrist was bent forward and both hands/fingers were bent and had a blue carrot hand splint inside both hands. Resident 15's right index finger was bent backwards. Resident 15's knees were straight and there was a soft boot on both ankles/feet. During a concurrent interview and record review on 12/18/2025 at 1:46 p.m. with the Director of Rehabilitation (DOR), Resident 15's JMS were reviewed. DOR stated there was a quarterly JMS completed on 11/21/2025 and stated there were no other quarterly JMS completed for Resident 15. DOR stated the facility revised their policy to increase JMS on an annual basis to a quarterly basis starting in April 2025. DOR stated Resident 15 should have had a quarterly JMS completed in July 2025, but the JMS was not completed. DOR stated if therapy staff miss a quarterly JMS, there was a potential for staff to miss any ROM declines and provide therapy interventions as needed to restore any ROM declines. During an interview on 12/18/2025 at 3:24 p.m., the Director of Nursing (DON) stated it was important for the facility to monitor resident's ROM so that staff could catch any declines in ROM and mobility and provide any therapy intervention to maintain the (continued on next page)		

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 12/19/2025
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)		
F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	resident's mobility and minimize contractures. During a review of the facility's policies and procedures (P&P) revised May 2025, titled Rehab Screening and Joint Mobility Assessments, the P&P indicated joint mobility assessments should be completed quarterly, annually, and as needed to identify residents with functional changes and/or changes in ROM. 3. During a review of Resident 38's admission Record (AR), the AR indicated Resident 38 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including but not limited to metabolic encephalopathy (any damage or disease that affects the brain), contracture (loss of motion in a joint) left knee, acute respiratory failure with hypoxia (low oxygen level in tissues). During a review of Resident 38's History and Physical Examination (H&P) dated 11/10/2025, the H&P indicated Resident 38 did not have the capacity to understand and make decisions. During a review of Resident 38's Minimum Data Set (MDS, resident assessment tool) dated 9/23/2025, the MDS indicated Resident 38 was severely impaired in cognitive skills (mental processes involved in gaining knowledge and comprehension, includes thinking, knowing, remembering, judging, problem-solving) for daily decision making. The MDS indicated Resident 38 required dependent assistance from staff for oral hygiene, bathing, dressing, rolling, and bed to chair transfers. The MDS indicated Resident 38 had functional limitations in ROM for both sides of the upper extremities (BUE, shoulder, elbow, wrist/hands) and both sides of the lower extremities (BLE, hip, knee, ankle/foot). During a review of Resident 38's Care Plan (CP) initiated on 10/29/2025, the CP indicated Resident 38 needed a Restorative Nursing Aide program (RNA, nursing aide program that help residents to maintain their function and joint mobility) splinting (rigid material or apparatus used to support and immobilize a broken bone or impaired joint) program and was at risk for decline in ROM, risk for decreased muscle strength, decreased functional use of extremity, and risk for deformity and contracture formation. The CP goal indicated Resident 38 will maintain/improve functional joint alignment and maintain/prevent decline in functional use of extremity through next review. The CP interventions included monitor resident's response and tolerance to treatment, RNA to do apply LUE hand roll (device to keep fingers open) five times a week for six hours, elbow extension splint to both elbows five days a week for six hours, left knee splint five times a week for six hours, right wrist hand finger orthosis five times a week for six hours or as tolerated. During a review of Resident 38's quarterly JMS dated 10/2/2025, the JMS indicated severe loss in ROM in both hand/fingers, both wrists, both elbows, and both shoulders. The JMS indicated moderate loss of ROM in both hips and both ankles and severe loss of ROM in both knees. The JMS indicated a recommendation for RNA program. During an observation and interview on 12/17/2025 at 10:10 a.m., Resident 38 was lying in bed and did not speak. Resident 38 was observed wearing an elbow splint on both elbows, a right wrist hand orthosis, a left handroll, a left knee splint, and green soft boot on both ankles/feet. Resident 38's both elbows were bent and both knees were bent. During a concurrent interview and record review on 12/18/2025 at 1:46 p.m. with the Director of Rehabilitation (DOR), Resident 38's JMS were reviewed. DOR stated there was a quarterly JMS completed on 10/2/2025 and stated there were no other quarterly JMS completed for Resident 38. DOR stated the facility revised their policy to increase JMS on an annual basis to a quarterly basis starting in April 2025. DOR stated Resident 38 should have had a quarterly JMS completed in July 2025, but the JMS was not completed. DOR stated if therapy staff miss a quarterly JMS, there was a potential for staff to miss any ROM declines and provide therapy interventions as needed to restore any ROM declines. During an interview on 12/18/2025 at 3:24 p.m., the Director of Nursing (DON) stated it was important for the facility to monitor resident's ROM so that staff could catch any declines in ROM and mobility and provide any therapy intervention to maintain the resident's mobility and minimize contractures. During a review of the facility's policies and procedures (P&P) revised May 2025, titled Rehab Screening and Joint Mobility Assessments, the P&P indicated joint mobility assessments should be completed quarterly, annually, and as needed to identify residents with functional changes and/or changes in ROM. 4. During a review of Resident 52's admission Record (AR), the AR indicated Resident 52 was initially admitted to the facility on [DATE] and readmitted on (continued on next page)		

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 12/19/2025
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)		
F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	[DATE] with diagnoses including but not limited to hemiplegia (weakness to one side of the body) and hemiparesis (inability to move one side of the body) following cerebral infarction (blockage of the flow of blood brain, causing or resulting in brain tissue death) affecting dominant right side, contracture (loss of motion in a joint) right elbow, and contracture right hand. During a review of Resident 52's History and Physical Examination (H&P) dated 11/1/2025, the H&P indicated Resident 38 did not have the capacity to understand and make decisions. During a review of Resident 52's Minimum Data Set (MDS, resident assessment tool) dated 11/20/2025, the MDS indicated Resident 52 was severely impaired in cognitive skills (mental processes involved in gaining knowledge and comprehension, includes thinking, knowing, remembering, judging, problem-solving) for daily decision making. The MDS indicated Resident 52 required dependent assistance from staff for oral hygiene, bathing, dressing, rolling, and bed to chair transfers. The MDS indicated Resident 52 had functional limitations in ROM for both sides of the upper extremities (UE, shoulder, elbow, wrist/hand) and both sides of the lower extremities ([NAME], hip, knee, ankle/foot). During a review of Resident 52's Care Plan (CP) initiated on 10/10/2025, the CP indicated Resident 52 needed a therapeutic exercise/ROM Restorative Nursing Aide program (RNA, nursing aide program that help residents to maintain their function and joint mobility) and was at risk for decline in ROM, risk for decreased muscle strength, decreased functional use of extremity, and risk for deformity and contracture formation. The CP goal indicated Resident 52 will maintain/prevent decline in ROM and will show prevention or reduced risk of deformity or contracture progression or formation through next review. The CP interventions included to monitor resident's response and tolerance to treatment, RNA to do 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 left [NAME] five times a week, RNA to do passive range of motion (PROM, movement at a given joint with full assistance from another person) to right [NAME] daily five times a week, and RNA to do PROM to right UE daily five times a week as tolerated. During a review of Resident 52's quarterly JMS dated 2/28/2025, the JMS indicated moderate ROM loss in the right hand/fingers, severe loss in ROM in right wrist, right elbow, and right shoulder. The JMS indicated Resident 52 had full ROM in the left hand/fingers, left wrist, left elbow, and left shoulder. The JMS indicated full ROM in both hips, both knees, and both ankles. The JMS indicated a recommendation for an RNA program and skilled occupational therapy evaluation. During a review of Resident 52's quarterly JMS dated 10/16/2025, the JMS indicated full ROM in the right hand/fingers and moderate loss in ROM in right wrist, right elbow, and right shoulder. The JMS indicated Resident 52 had full ROM in the left hand/fingers, left wrist, left elbow, and left shoulder. The JMS indicated full ROM in both hips, both knees, and both ankles. The JMS indicated a recommendation for an RNA program for BLEs and was on skilled occupational therapy services. During an observation and interview on 12/17/2025 at 11:06 a.m., Resident 52 was lying in bed and did not speak. Resident 52 was observed wearing a right elbow and right wrist/hand splint. Resident 52's left elbow was bent about halfway, wrist was straight, and the fingers relaxed. During a concurrent interview and record review on 12/18/2025 at 1:46 p.m. with the Director of Rehabilitation (DOR), Resident 52's JMS were reviewed. DOR stated there was a quarterly JMS completed on 2/28/2025 and stated there was another quarterly JMS completed on 10/16/2025. DOR stated the facility revised their policy to increase JMS on an annual basis to a quarterly basis starting in April 2025. DOR stated Resident 52 should have had a quarterly JMS completed in May 2025, but the JMS was not completed. DOR stated if therapy staff miss a quarterly JMS, there was a potential for staff to miss any ROM declines and provide therapy interventions as needed to restore any ROM declines. During an interview on 12/18/2025 at 3:24 p.m., the Director of Nursing (DON) stated it was important for the facility to monitor resident's ROM so that staff could catch any declines in ROM and mobility and provide any therapy intervention to maintain the resident's mobility and minimize contractures. During a review of the facility's policies and procedures (P&P) revised May 2025, titled Rehab Screening and Joint Mobility Assessments, the P&P indicated joint mobility assessments should be completed quarterly, annually, and as needed to identify residents with functional changes and/or changes in ROM.		

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 12/19/2025
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)		
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 113) was assessed, and that the physician was notified when Resident 113 experienced a significant change of condition (COC- a decline or improvement in the resident's status that will not normally resolve itself without intervention by staff) of low blood pressure. This failure resulted in Resident 113's low blood pressure going unnoticed by licensed staff, placing the resident at risk for adverse outcomes. Findings: During a review of Resident 113's admission Record, the admission Record indicated Resident 113 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses of but not limited to hypertension (HTN-high blood pressure), heart failure (heart muscle is unable to pump enough blood to meet the body's needs for blood and oxygen) and diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing). During a review of Resident 113's Care Plan, titled Hypertension, revised 11/19/2025, the Care Plan indicated Resident 113 was at risk for fluctuating blood pressure. The Care plan indicated to monitor, document, and report side effects such as orthostatic hypotension. (a sudden drop in blood pressure when standing up from sitting or lying down, causing dizziness, lightheadedness, or fainting). During a review of Resident 113's Minimum Data Set (MDS-a resident assessment tool), dated 11/28/2025, the MDS indicated Resident 113 had the ability to express ideas and wants. The MDS indicated Resident 113 usually understands verbal content. The MDS indicated Resident 113 was dependent on nursing staff for eating, oral hygiene, toileting, showering dressing, and transferring. During a concurrent interview and record review with Licensed Vocational Nurse (LVN 2), Resident 113's blood pressure reading dated 11/26/2025, 11/27/2025 and 11/28/2025 were reviewed. Resident 113's blood pressure readings indicated on: 11/26/2025 at 4:20 p.m. the blood pressure was 90 / 62 millimeters per mercury (mmHg-unit of measurement) 11/26/2025 at 4:43 p.m., blood pressure was 90 / 62 mmHg 11/27/2025 1:34 a.m. blood pressure was 94 / 62 mmHg 11/27/2025 3:48 a.m. blood pressure was 100 / 66 mmHg 11/27/2025 8:22 a.m. blood pressure was 108 / 64 mmHg 11/27/2025 8:45 a.m. blood pressure was 108 / 64 mmHg 11/27/2025 1:04 p.m. blood pressure was 104 / 66 mmHg 11/27/2025 4:27 p.m. blood pressure was 99 / 72 mmHg 11/27/2025 6:18 p.m. blood pressure was 100 / 70 mmHg 11/28/2025 2:48 a.m. blood pressure was 100 / 70 mmHg LVN 2 stated licensed nursing staff should immediately notify Resident 113's physician if systolic blood pressure was below 110, or diastolic blood pressure was below 90. LVN 2 stated the licensed nurses should document an SBAR (situation, background, assessment, recommendation-a communication tool used by healthcare workers when there is a change of condition for low blood pressure. LVN 2 stated there was no documentation to indicate Resident 113's physician was notified and no documentation to indicate Resident 113 had a change of condition. LVN 2 stated licensed staff should notify physician to know the plan of care for Resident 113. LVN 2 stated low blood pressure can cause sleepiness, compromise breathing, or cause the residents to faint. During a concurrent interview and record review conducted on 12/19/2025 at 9:14 a.m. with Registered Nurse Supervisor (RNS 2), RNS 2 stated that there was no documentation of an SBAR or a change of condition for Resident 113's low blood pressure, and the physician was not notified. RNS 2 stated low blood pressure constitutes a change of condition and without intervention, the resident could experience symptoms such as dizziness and lethargy, and the blood pressure could continue to decrease. During an interview on 12/19/2025 at 11:44 a.m. with the Director of Nursing (DON), the DON stated that on 11/26/2025 the resident's blood pressure should have been reassessed, and the physician should have been notified. The DON stated the SBAR tool was used to assess and monitor any change of condition and to communicate with physicians for medication adjustments or discontinuations as needed. During a review of the facility's policy and procedures (P&P), titled Change in a Resident's Condition or Status, dated 2/2021, the P&P indicated, (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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 12/19/2025
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)		
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Our facility promptly notifies the resident, his or her attending physician, and the resident representative of changes in the resident's medical/mental condition and/or status (e.g., changes in level of care, billing/payments, resident rights, etc.). Prior to notifying the physician or healthcare provider, the nurse will make detailed observations and gather relevant and pertinent information for the provider, including (for example) information prompted by the Interact SBAR Communication Form.		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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 12/19/2025
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)		
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** Based on observation, interview and record review, the facility failed to develop a comprehensive care plan for one of three sampled residents (Resident 18) by not addressing Resident 18's toenail fungus (a fungal infection below the surface of the nail) in the care plan. This deficient practice had the potential to negatively impact the delivery of necessary care and services for Resident 18. Findings: During a review of Resident 18's admission Record, the admission Record indicated Resident 18 was admitted to the facility on [DATE] with diagnoses including bipolar disorder (mood swings that range from the lows of depression to elevated periods of emotional highs) and osteoarthritis (a progressive disorder of the joints, caused by gradual loss of cartilage). During a review of Resident 18's Minimum Data Set (MDS- a resident assessment tool) dated 11/6/2025, the MDS indicated Resident 18's cognition (ability to think, learn, and remember) was severely impaired and Resident 18 required maximum (helper does more than half the effort) assistance with toileting and showering. During a review of Resident 18's Podiatrist (foot doctor) Note dated 10/23/2025, the Podiatrist Note indicated Resident 18 had onychomycosis (a fungal infection of the nail unit) and onychodystrophy (deformity of the toenails). During an observation on 12/16/2025 at 12:56 p.m., in Resident 18's room, Resident 18 was noted to have yellow, crusty, and thick toenails of all 10 toes. During a concurrent interview and record review on 12/18/2025 at 11:40 a.m. with Licensed Vocational Nurse (LVN) 4, LVN 4 stated she was familiar with Resident 18 but was not aware of the resident's toenail fungus. LVN 4 stated there was no care plan addressing the condition and stated that a care plan should be in place for Resident 18's toenail fungus to ensure follow-up on interventions and monitor their effectiveness. During a concurrent interview and record review on 12/19/2025 at 8:06 a.m. with Registered Nurse Supervisor (RNS) 2, RNS 2 reviewed Resident 18's Podiatrist Notes and confirmed the resident had onychomycosis. RNS 2 stated there should be a care plan in place for this condition. RNS 2 stated a care plan was important so staff can monitor and assess Resident 18 for improvement or worsening of the toenail fungus. During an interview on 12/19/2025 at 8:55 a.m. with the Director of Nursing (DON), the DON stated care plans address problems with goals, interventions, and monitoring for improvement. The DON stated there should be a care plan in place for Resident 18's toenail fungus so staff could assess and monitor for improvement or worsening of the Resident 18's toenail fungus. During a review of the facility's policy and procedure (P&P) titled, Care Plans, Comprehensive Person-Centered dated 12/2026, the P&P indicated, A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and function needs is developed and implemented for each resident. Identifying problem areas and their causes and developing interventions that are targeted and meaningful to the resident, are the endpoint of an interdisciplinary process.		

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 12/19/2025
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)		
F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to initiate a change of condition ([COC] a sudden, clinically important deviation from a patient's baseline in physical, cognitive (ability to think, understand, learn, and remember) process for one of four sampled residents (Resident 106), when Resident 106 reported pain in his left shoulder. This failure had the potential for Resident 106's pain to remain uncontrolled, affecting comfort and quality of life. Findings: During a review of Resident 106's admission Record, the admission Record indicated Resident 106 was admitted to the facility on [DATE] with the diagnosis including encephalopathy (damage or disease that affects the brain), anemia (a condition where the body does not have enough healthy red blood cells) and dementia (a progressive state of decline in mental abilities). During a review of Resident 106's History & Physical (H&P) dated 8/22/2025, the H&P indicated Resident 106 was alert and oriented. During a review of Resident 106's Minimum Data Set (MDS-resident assessment tool) dated 11/26/2025. The MDS indicated Resident 106 had severe cognitive (ability to think, understand, learn, and remember) impairment. The MDS also indicated Resident 106 needed setup or clean up assistance (helper sets up or cleans up resident completes activity) with activities of daily living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves). During a review of Resident 106's Order Summary Report dated 12/19/2025. The Order Summary Report indicated Resident 106 was started on diclofenac sodium (used for temporary relief of arthritis [joint inflammation causing pain, swelling, and stiffness] pain in specific joints like hands, wrists, elbows, feet, ankles, and knees) external gel 1% apply to neck, left upper shoulder and right upper shoulder apply two times a day for pain management started date 12/11/2025. During a concurrent observation and interview on 12/16/2025 at 12:09 p.m. with Resident 106 in the dining room. Resident 106 was observed rubbing his left shoulder. Resident 106 stated his shoulder was hurting bad and the cream they were putting on wasn't working. Resident 106 stated he needed something stronger. During a concurrent interview and record review on 12/17/2025 at 2:49 p.m. with Licensed Vocational Nurse (LVN) 2, Resident 106's Order Summary Report dated 12/19/2025 was reviewed. LVN 2 stated Resident 106 was started on diclofenac sodium 1% external gel (a topical medication applied to the skin) to the neck, left upper shoulder, and right upper shoulder, to be applied twice daily for pain management beginning on 12/11/2025. LVN 2 stated a change of condition (COC) should be initiated when a resident was experiencing pain and a new medication was started to ensure the medication was effective and the resident was tolerating it. LVN 2 stated there was no COC documented and stated one should have been completed on 12/11/2025 when diclofenac was started. LVN 2 stated that without a COC, licensed nurses could not adequately monitor the effectiveness of the medication, placing Resident 106 at risk for unmanaged pain. During an interview on 12/19/2025 at 9:05 a.m. with the Director of Nursing (DON), the DON stated she was aware that Resident 106 was started on diclofenac on 12/11/2025 for pain management and confirmed that no change of condition (COC) was completed. The DON stated that a COC should have been initiated when Resident 106 was experiencing pain to ensure the resident was tolerating the medication and that it was effective in managing pain. The DON further stated that without this process, Resident 106's comfort level was at risk of being compromised. During a review of Resident 106's care plan titled At Risk for Alteration in Comfort, the care plan indicated Resident 106 was receiving Diclofenac Gel 1% as ordered. The care plan interventions indicated to monitor and document the probable cause of each pain episode and remove or limit contributing factors where possible. During a review of the facility's Policy and Procedure (P&P) titled Change in a Resident's Condition or Status, dated 2001. The P&P indicated our facility promptly notifies the resident, his or her attending physician, and the resident representative of changes in the resident's medical/mental condition and/or status (e.g., changes in level of care, billing/payments, resident rights, etc.). Prior to notifying the physician or (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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 12/19/2025
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)		
F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	healthcare provider, the nurse will make detailed observations and gather relevant and pertinent information for the provider, including (for example) information prompted by the Interact SBAR Communication Form. Unless otherwise instructed by the resident, a nurse will notify the resident's representative. Regardless of the resident's current mental or physical condition, a nurse or healthcare provider will inform the resident of any changes in his/her medical care or nursing treatments.		

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 12/19/2025
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)		
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure two of two sampled residents (Residents 84 and 113) were free from significant medication errors. The facility failed to:1.Ensure Resident 84's lidocaine patch (a medication used for localized pain relief) was removed at the scheduled time.This failure had the potential to expose Resident 84 to prolonged medication absorption and increase the risk of adverse reactions, which could lead to a decline in the resident's ability to perform activities of daily living.2.Ensure Resident 113 did not receive medication for heart failure when the resident's systolic blood pressure was less than 110 millimeters per mercury (mmHg-unit of pressure), as required by the physician's order to hold the medication if systolic blood pressure was below 110 mmHg.This failure had the potential to cause Resident 113 to experience adverse effects such as weakness, dizziness, fainting, lightheadedness, blurred vision, nausea, and difficulty concentrating. Findings: During a review of Resident 84's admission Record (Face Sheet), the admission Record indicated the facility admitted Resident 84 on 12/13/2024 and was readmitted on [DATE] with diagnoses including cellulitis (a skin infection that causes swelling and redness) of left upper limb, pain in left wrist, pain in right leg, and intervertebral disc degeneration (breakdown of the cushions between the bones of the spine) lumbar (lower back) region with lower extremity (legs, from the hip to the foot) pain only. During a review of Resident 84's History and Physical (H&P) dated 12/14/2024, the H&P indicated Resident 84 had the capacity to understand and make decisions. During a review of Resident 84's Minimum Data Set (MDS &ndash; a resident assessment tool) dated 9/16/2025, the MDS indicated Resident 84 had severe problems with thinking and memory. The MDS indicated Resident 84 was independent with eating, needed setup or clean up assistance with oral hygiene, maximal assistance (helper does more than half of the effort to complete the activity) with toileting, showering, and lower body dressing, supervision or touching assistance (helper provides verbal cues and or touching steadying and or contact guard assistance as resident completes activity) with upper body dressing, and dependent assistance (helper does all of the effort to complete the activity) with putting on or taking off footwear. During a review of Resident 84's physician order dated 7/1/2025, the physician order indicated, Lidocaine External Patch 5% (Lidocaine) Apply to L (Left) and R (Right) knee topically one time a day for pain management Apply 1 patch to right knee and 1 patch to left knee and remover per schedule. During an observation on 12/18/2025 at 8:06 a.m. with Licensed Vocational Nurse (LVN) 1 in Resident 84's room, Resident 84 had lidocaine patches on both right and left knee dated 12/17/2025. LVN 1 removed the old lidocaine patches and applied new lidocaine patches. During a concurrent interview and record review on 12/18/2025 at 9:46 a.m. with LVN 1, Resident 84's medication administration record (MAR) for 12/2025 was reviewed. The MAR indicated, on 12/17/2025 at 9:00 p.m. the lidocaine patch was removed. LVN 1 stated Resident 84's lidocaine patch was removed on 12/17/2025 at 9:00 p.m. LVN 1 stated the nurse documented the removal of the patches but did not remove the patches. LVN 1 stated the afternoon nurse should have removed the patches, if the lidocaine patches were applied for extended periods, the patches would lose effectiveness, and the resident will not have pain relief due to increased tolerance to the medication. (continued on next page)		

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 12/19/2025
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)		
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 12/18/2025 at 3:00 p.m. with LVN 3 for lidocaine patches, LVN 3 stated she should not have clicked the MAR to document the removal before removing the patches. LVN 3 stated the importance of removing lidocaine patches at the scheduled time per physician's order was to ensure the resident does not obtain skin irritation or breakdown and the resident does not develop tolerance to the medication and experience prolonged side effects. During an interview on 12/18/2025 at 3:15 p.m. with the Director of Nursing (DON) for lidocaine patches, The DON stated lidocaine patches should be removed by the afternoon shift. The DON stated it is important to remove the lidocaine patches to protect the skin from irritation and breakdown and to ensure the lidocaine patches would have the same effect to the resident when the patches were reapplied. The DON stated if the lidocaine patches were left on the resident for extended periods there would be potential for skin irritation or breakdown, and the resident would build tolerance to the medication and the resident would not have pain relief to perform daily activities. During a review of the facility's policy and procedures (P&P) titled Administering Medications dated 2001, the P&P indicated .4. Medication are administered in accordance with prescriber orders, including any required time frame. 2. During a review of Resident 113's admission Record, the admission Record indicated Resident 113 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses of but not limited to hypertension (HTN-high blood pressure), heart failure (heart muscle is unable to pump enough blood to meet the body's needs for blood and oxygen) and diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing). During a review of Resident 113's Order Summary Report, the Order Summary Report indicated on 11/15/2025 Resident 113 had an order for spironolactone (medication used to treat heart failure and blood pressure related conditions) 25 milligram (mg- metric unit of measurement) give one tablet by mouth in the morning for heart failure, hold if the systolic blood pressure is less than 110 mmHg. During a review of Resident 113's Care Plan, titled Hypertension, dated revised 11/19/2025, the Care Plan indicated Resident 113 was at risk for fluctuating blood pressure. The Care plan indicated to monitor, document, and report side effects such as orthostatic hypotension (a sudden drop in blood pressure when standing up from sitting or lying down, causing dizziness, lightheadedness, blurred vision, or fainting) . During a review of Resident 113's Care Plan, dated 11/25/2025, the Care Plan indicated, Resident 113 is on diuretic (water pill) therapy spironolactone medication related to heart failure. The Care Plan indicated Resident 113 was at risk for hypotension (low blood pressure) . The Care Plan indicated to monitor, document, report as needed adverse reactions to diuretic therapy including dizziness, postural hypotension, fatigue, and increased risk for fall. During a review of Resident 113's Minimum Data Set (MDS-a resident assessment tool), dated 11/28/2025, the MDS indicated Resident 113 had the ability to express ideas and wants. The MDS indicated Resident 113 usually understands verbal content. The MDS indicated Resident 113 was dependent on nursing staff for eating, oral hygiene, toileting, showering, dressing, and transferring. During a record review with Licensed Vocational Nurse (LVN 2), Resident 113's blood pressure readings dated 11/26/2025, 11/27/2025 and 11/28/2025 were reviewed. (continued on next page)		

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 12/19/2025
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)		
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident 113's blood pressure reading indicated on: 11/21/2025 at 10:08 a.m. blood pressure was 105/67 mmHg 11/27/2025 8:45 a.m. blood pressure was 108 /64 mmHg During a concurrent interview and record review on 12/19/2025 at 9:14 a.m. with Registered Nurse Supervisor (RNS 2), Resident 113's Medication Administration Record (MAR) dated 11/2025 was reviewed. The MAR indicated that on 11/21/2025 and 11/27/2025 at 9:00 a.m., Resident 113 received spironolactone 25 mg by mouth in the morning for heart failure, despite a physician order to hold the medication if systolic blood pressure was less than 110 mmHg. RNS 2 stated spironolactone was administered on those dates and stated, licensed nurse should not give spironolactone because the systolic blood pressure was below 110 mmHg. RNS 2 further stated that administering the medication under these conditions could cause Resident 113 to experience dizziness, nausea, vomiting, headaches, and lethargy. During an interview on 12/19/2025 at 11:44 a.m. with the Director of Nursing (DON), the DON stated on 11/21/2025 and 11/27/2025, Resident 113's blood pressure should have been reassessed and the physician notified. The DON stated medication parameters (specific, measurable instructions that guide the appropriate administration and monitoring of a drug to ensure effectiveness and safety) were in place, so licensed staff know which medications to administer and which to hold. The DON stated that if spironolactone was given when the resident's blood pressure was low, the resident could experience negative effects such as dizziness, lightheadedness, headaches, and fatigue, and the blood pressure could decrease further. During a review of the facility's policy and procedures (P&P), titled Administering Medications, dated 4/2029, the P&P indicated, Medications are administered in a safe and timely manner, and as prescribed. Medications are administered in accordance with prescriber orders, including any required time frame. The following information is checked/verified for each resident prior to administering medications are allergies to medications and vital signs, if necessary.		

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 12/19/2025
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)		
F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep all essential equipment working safely. Based on observation, interview and record review, the facility failed to ensure the two dryers' gas hoses connected to the gas line were intact and free from leaks. This failure had the potential to increase the risk of fire or carbon monoxide exposure to residents which could result in injury or harm. Findings: a. During a concurrent observation and interview on 12/17/2025 at 10:45 a.m. with Laundry Aid (LA) 1 in the laundry room, the laundry room had a strong pungent distinct odor. LA 1 stated she did not smell any odor that was different from any other chemicals used for laundering. LA 1 stated if a gas leak was suspected, she would stop the dryers, turn off the gas supply and report it to the maintenance supervisor. During an interview on 12/17/2025 at 10:45 a.m. with the Administrator (ADM) in the laundry room, the ADM stated she smelled a slight odor like gas in the laundry room. During an interview on 12/17/2025 at 12:20 p.m. with the ADM, the ADM stated the gas company was contacted and found minimal leaks in three different areas of the hoses connected to the dryers prior to the gas shut off valve connected to the gas line. The ADM stated the laundry room gas line was separate from the kitchen gas line and leaks were not on the main gas line. During an interview on 12/17/2025 at 12:30 p.m. with the ADM, the dryers were not in use until the local gas company cleared the facility to use the dryers. During an interview on 12/19/2025 at 11:45 a.m. with the Maintenance Supervisor (MS), the MS stated the leak was on the hoses connected to the dryers and not the main gas line. The MS stated he turned off the gas supply as there was a gas valve prior to the hoses connected to the dryers. The MS stated since he was not certified nor had the tools to test for gas leaks, he turned off the gas and informed the Administrator. During a concurrent interview and record review on 12/19/2025 at 11:50 a.m. with the ADM, the ADM stated the importance of making sure the dryer hoses were being checked was to ensure dryers remain functional to supply linen and clothes to the residents and to ensure residents, staff, and visitors would not be exposed to odorless gas that may result in injury or harm. During a review of the facility's policy and procedure (P&P) titled Natural Gas Emergencies dated 12/22/2023, the P&P did not indicate procedures to prevent and monitor for potential gas leak in the facility.		