STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055711	A. Building B. Wing	04/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brentwood Health Care Center	1321 Franklin 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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to test a tab alarm (a tab placed on wheelchair with sensors connected to the resident that will alarm when a resident stands up unassisted to help prevent falls by alerting staff) for one of three sampled residents (Resident 2).This deficient practice placed Resident 2 at risk of getting up undetected and having a fall.A review of Resident 2's admission record indicated the facility originally admitted this [AGE] year old male on 12/23/2025 and most recently on 3/27/2026 with diagnosis including type 2 diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), atherosclerotic heart disease, chronic kidney disease (long term progressive loss of kidney function), dysphagia (difficulty swallowing), cognitive communication deficit, pressure ulcer of sacral region stage 3 (Full-thickness loss of skin dead and black tissue may be visible), benign prosthetic hyperplasia (BPH-enlarged prostate gland), anemia (a condition where the body does not have enough healthy red blood cells), hypothyroidism (low functioning thyroid), peripheral vascular disease (PVD - a slow progressive narrowing of the blood flow to the arms and legs) and prosthetic heart valve.A review of Resident 2's Minimum Data Set (MDS- a resident assessment) dated 3/27/26 indicated resident 2's cognition (mental ability to make decisions for daily living) was not intact. The MDS indicated Resident 2 was dependent (helper does all the effort. Resident does none of the effort to complete the activity. Or the assistance of 2 or more helpers is required for the resident to complete the activity) with toileting, personal hygiene, and transfers (moving between surfaces) from bed to chair.A review of resident 2's fall risk assessment dated [DATE] indicated Resident 2 was a high risk for fall.A review of resident 2's physician order dated 3/28/26 indicated tab alarm while in bed and wheelchair to alert staff that resident is getting up from wheelchair or bed without assistance every shift.A review of Resident 2's physician order dated 3/28/26 indicated to monitor tab alarm placement and functionality every shift.On 4/7/26 the California Department of Public Health (CDPH) received an anonymous complaint alleging the facility was not placing alarms on residents with orders for alarms. During a concurrent observation and interview on 4/21/26 At 12:55pm with the licensed vocational nurse (LVN) 1, inside resident 2's room, resident 2 was sitting in a wheelchair with a tab alarm attached to the wheelchair. LVN 2 stated the tab alarm was attached to the chair but not the resident and the alarm did not have batteries. LVN 1 stated the director of staff development (DSD) rounds daily to check the alarms.During an interview with the Director of Nursing (DON) on 4/21/26 at 1:52 PM, the DON stated it is everyone's responsibility to check the alarms. The DSD does rounds in the morning and checks for placement and functionality; if any are broken or stopped working, it should be replaced. If the alarm is not functioning properly the resident could potentially get up without assistance because staff did not hear the alarm and attempt to ambulate (walk) without assistance and fall.During an interview with the DSD on 4/21/26 at 2:00pm, the DSD stated that morning Resident 2's pad alarm was checked while Resident 2 was in bed however Resident 2's tab alarm for the wheelchair was not checked at that time.A review of the facility's policy and procedures (P&P) titled, TAB ALARM I PAD ALARM POLICY & PROCEDURE, revised on 7/25, the P&P indicated, It is the (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055711	A. Building B. Wing	04/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brentwood Health Care Center	1321 Franklin 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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	policy of this facility to utilize tab alarms and/or pressure pad alarms as safety interventions to alert staff of resident movement when clinically indicated, in order to reduce risk of falls and injury while maintaining resident dignity and rights.Use of alarms shall not be considered a restraint when used solely as a monitoring device and not to restrict movement.Purpose- Provide early staff notification when a resident attempts to rise unassisted- Support fall prevention interventions- Promote safe mobility- Ensure alarms are used appropriately and effectivelyDefinitionsTab Alarm: Clip-style device attached to clothing that sounds when disengaged Pad Alarm: Pressure-sensitive device placed on bed/chairAlarm Fatigue: Reduced response due to frequent alarmsProcedure - Assessment & Initiation- Assess fall risk, cognition, mobility- Determine type of alarm- Obtain order if required- Update care planProcedure - ApplicationTab Alarm: Attach securely and testPad Alarm: Place under resident and ensure flat positioningMonitoring- Respond immediately- Assess resident safety- Reassess need each shiftMaintenance- Test each shift- Check batteries and cords- Clean per infection control policyDocumentation- Record initiation, type, response, reassessment