

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056010	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/12/2024
NAME OF PROVIDER OR SUPPLIER  Seal Beach Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3000 N Gate Road Seal Beach, CA 90740	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49348</b></p> <p>Based on interview, medical record review, and facility P&amp;P review, the facility failed to provide the pharmaceutical services to ensure the medications was administered as ordered for one of two sampled residents (Resident 1).</p> <p>* Resident 1's sevelamer carbonate (phosphorus binder-medication used to lower phosphorus levels) was not administered as ordered on the hemodialysis days (Tuesdays, Thursdays, and Saturdays). This failure had the potential for the residents' medical needs to go untreated.</p> <p>Findings:</p> <p>Review of the facility's P&amp;P titled Documentation of Medication Administration revised 11/2022 showed documentation of medication administration includes, as a minimum, reasons why a medication was withheld, not administered, or refused (as applicable).</p> <p>Review of the facility's P&amp;P titled Administering Medications revised 4/2023 showed the following:</p> <ul style="list-style-type: none"> <li>- Medications are administered within one hour of their prescribed time, unless specified (for example before and after meal orders).</li> <li>- For residents not in their rooms, or otherwise unavailable to receive medication on the pass, the MAR may be flagged. After completing the medication pass, the nurse will return to the missed resident to administer the medication.</li> </ul> <p>Medical record review for Resident 1 was initiated on 4/11/24. Resident 1 was admitted to the facility on [DATE], and readmitted on [DATE].</p> <p>Review of Resident 1's Physician Order Summary report showed the following orders:</p> <ul style="list-style-type: none"> <li>- dated 2/24/24, for hemodialysis: schedule on Tuesday-Thursday-Saturday at 1030 hours.</li> <li>- dated 6/22/23, for hemodialysis: may bring sack lunch at Dialysis Center.</li> <li>- dated 6/22/23, for sevelamer carbonate oral tablet 800 mg four tablets by mouth with meals related to end stage renal disease.</li> </ul> <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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident 1's MARs for March and April 2024 showed Sevelamer Carbonate should be administered at 0730, 1230, and 1730 hours. Resident 1's sevelamer carbonate medication was not administered on the following dates and times:</p> <ul style="list-style-type: none"> <li>- Saturday, 3/2/24 at 1230 hours</li> <li>- Tuesday, 3/5/24 at 1230 hours</li> <li>- Tuesday, 3/19/24 at 1230 hours</li> <li>- Thursday, 3/21/24 at 1230 hours</li> <li>- Saturday, 3/23/24 at 1230 hours</li> <li>- Tuesday, 3/26/24 at 1230 hours</li> <li>- Thursday, 3/28/24 at 1230 hours</li> <li>- Saturday, 3/30/24 at 1230 hours</li> <li>- Tuesday, 4/2/24 at 1230 hours</li> <li>- Thursday, 4/4/24 at 1230 hours</li> <li>- Saturday, 4/6/24 at 1230 hours</li> <li>- Tuesday, 4/9/24 at 1230 hours</li> </ul> <p>On 4/11/24 at 1633 hours, an interview and concurrent medical record review with the ADON was conducted for Resident 1. The ADON verified Resident 1 was out of the facility at 1230 hours, on Tuesdays, Thursdays, and Saturdays. The ADON verified there was no documentation Resident 1 was re-offered a meal and medication for the missed sevelamer doses.</p> <p>On 4/12/24 at 0958 hours, an interview was conducted with LVN 1. LVN 1 verified Resident 1 had a physician's order to administer sevelamer at 0730, 1230, and 1730 hours. LVN 1 stated Resident 1's sevelamer was not administered at 1230 hours due to Resident 1 being out of the facility. LVN 1 stated the physician's orders need to be clarified with the physician regarding the medications that were not administered as scheduled when Resident 1 was not in the facility during their dialysis days.</p>		