

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 07/25/2024
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 0558</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>36872</p> <p>Based on observation and interview, the facility failed to provide reasonable accommodation to meet the needs for one of five sampled residents (Resident 5) and two nonsampled residents (Residents B and E).</p> <p>* The facility failed to ensure the TV remote controls were available for Residents 5, B, and E. This failure had the potential to negatively impact the residents' physical and psychosocial well-being.</p> <p>Findings:</p> <p>On 7/23/23 from 0920 to 1045 hours, a tour of the facility and concurrent interview was conducted with the Maintenance Director. The following was identified:</p> <ul style="list-style-type: none"> - Resident 5 was observed lying in bed, awake, and looking at the ceiling. When asked how her day was, Resident 5 stated it was boring and the TV was not working because there was no remote control. - Resident B was observed sitting up in her wheelchair. When asked about her TV, Resident B stated there was no remote control. Resident B further stated she wanted to watch TV at night to keep up with the news. Resident B stated she told the nurse there was no remote control for her TV. - Resident E was observed sitting up in his wheelchair. When asked about the TV, Resident E stated the TV was not working. Resident E stated he told the nurse about it, but nothing had been done so he gave up. <p>The Maintenance Director verified the above findings and stated each bed should have a remote control for the TV.</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 0686</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36872</p> <p>Based on interview, medical record review, and facility P&P review, the facility failed to complete the weekly and discharge skin assessments for one of five sampled residents (Resident 1). This failure had the potential for not providing necessary care and services to Resident 1.</p> <p>Findings:</p> <p>Review of the facility's P&P titled Prevention of Pressure Injuries pressure Skin revised 2/2024 showed the licensed nurse conducts a comprehensive skin evaluation for each admission, and prior to discharge.</p> <p>Closed medical record review for Resident 1 was initiated on 7/15/24. Resident 1 was admitted to the facility on [DATE], and discharged on [DATE].</p> <p>Review of Resident 1's Skin/Wound note Inspection dated 5/25/24, showed Resident 1 had the following:</p> <ul style="list-style-type: none"> - BUE multiple skin discoloration (purple/red) - [NAME] with pacemaker recent site with Dermabond (topical skin adhesive) - right groin area with scab - left and right buttock MASD (moist/red) - BLE edema, left and right heels blanchable redness - BLE dryness - left and right toes with scattered diabetic ulcers. <p>Review of Resident 1's Discharge Instruction form dated 6/7/24, showed Resident 1 had the following skin problems:</p> <ul style="list-style-type: none"> - right lateral foot diabetic ulcers - left and right toes scattered diabetic ulcers: to cleanse with normal saline, paint with PVP solution and leave open to air - apply RLE and LLE with vitamin A&D ointment (skin protectant) and leave open to air for dryness - right and left heels blanchable redness: to cleanse with normal saline, pat dry, apply vitamin A & D ointment and leave open to air <p>(continued on next page)</p>

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<p>F 0686</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>- right and left buttocks MASD: tocleanse with NS, pat dry, apply anti-fungal powder and leave open to air</p> <p>- [NAME] pacemaker site with Dermabond: tomonitor for sign and symptoms of infection.</p> <p>Review of Resident 1's medical record failed to show documented evidence the weekly and discharge assessments were performed by the licensed nurse.</p> <p>On 7/22/24 at 1155 hours, an interview and concurrent closed medical record review was conducted with LVN 2. LVN 2 stated she was one of the wound treatment nurses caring for Resident 1. LVN 2 was asked what the process was for skin assessments. LVN 2 stated a skin assessment should be completed on initial admission, weekly, and upon discharge. LVN 2 stated the treatment nurse would take a picture with the measurement and document the details of the wounds in the PCC. However, there was no pictures of the wounds. LVN 2 stated she did not know what happened with the pictures. When asked if there was the skin assessment of Resident 1's wounds completed weekly and at discharge, LVN 2 stated no. When asked why there were no weekly wound assessments or at discharge, LVN 2 stated she was not sure how she and the other treatment nurse missed it.</p> <p>On 7/24/24 at 1420 hours, an interview and concurrent closed medical record review was conducted with the DON. The DON stated any wounds should be assessed on initial admission, weekly, and upon discharge. The DON verified the wound assessments for Resident 1 were not completed weekly and upon discharge.</p>		