

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 08/21/2024
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49348</p> <p>The following reflects the findings of the California Department of Public Health during an ABBREVIATED survey for COMPLAINT Numbers: CA00912961 and CA00913318, and FACILITY REPORTED INCIDENT (FRI) Numbers: CA00915155 and CA00915180.</p> <p>The survey team entered the facility on 8/14/24 at 1252 hours.</p> <p>The facility identified the census as 186.</p> <p>The survey sample size was 3.</p> <p>Inspection was limited to the complaints and FRIs investigated and did not represent the findings of a full inspection of the facility.</p> <p>* FOR COMPLAINT NUMBER: CA00912961, NO DEFICIENCIES WERE IDENTIFIED.</p> <p>* FOR COMPLAINT NUMBER: CA00913318, NO DEFICIENCIES WERE IDENTIFIED.</p> <p>HOWEVER, DURING THE ABBREVIATED SURVEY, ADDITIONAL DEFICIENCIES WERE IDENTIFIED AND CITED AT F584</p> <p>* FOR FRI NUMBER: CA00915155, NO DEFICIENCIES WERE IDENTIFIED.</p> <p>* FOR FRI NUMBER: CA00915180, NO DEFICIENCIES WERE IDENTIFIED.</p> <p>GLOSSARY OF ABBREVIATIONS:</p> <p>DON - Director of Nursing</p> <p>P&P - Policy and Procedure</p> <p>F584 - D ([NAME])</p> <p>Based on interview, medical record review, and facility P&P review, the facility failed to ensure the personal property was protected from theft or loss for one of three sampled residents (Resident 3). This failure had the potential for the resident's property to get lost or stolen.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Findings:</p> <p>Review of the facility's P&P titled Discharging the Resident revised 12/2016 showed to review the personal effects inventory with the resident or responsible party and have them sign off what they have received all personal effects.</p> <p>Closed medical record review for Resident 3 was initiated on 8/14/24. Resident 3 was admitted to the facility on [DATE], and discharged on [DATE].</p> <p>Review of Resident 3's Clothing and Possessions form dated 7/9/24, showed the resident had the following personal items upon admission: airlife machine, black charger, non-rinse cleanser, wipes, grey pants, foam wedge, grey basin, trousers, and hearing aids. However, further review of the Clothing and Possessions form showed under the discharge section, the signatures for the resident or responsible party and the staff who released the belongings were blank.</p> <p>On 8/16/24 at 1231 hours, an interview and concurrent closed medical record review for Resident 3 was conducted with RN 1. RN 1 stated the process when discharging a resident from the facility would include going over the inventory list together to ensure nothing was missing and the form was signed by the resident or responsible party and the discharging nurse. When asked if all resident personal items were released to Resident 3 based on Resident 3's Clothing and Possessions form under the discharge section showing blank, RN 1 stated no. RN 1 verified the form did not show a signature from Resident 3 or the responsible party and the staff who released the belongings.</p> <p>On 8/16/24 at 1515 hours, an interview, a concurrent closed medical record and facility P&P review for Resident 3 was conducted with the DON. The DON verified the above findings.</p>		