

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056334	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2024
NAME OF PROVIDER OR SUPPLIER Beachwood Post-Acute & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 1340 15th 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)
<p>F 0635</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide doctor's orders for the resident's immediate care at the time the resident was admitted.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45455</p> <p>Based on observation, interview record review, the facility failed to ensure one out of 3 sampled Residents (Resident 1) received treatment and care in accordance with professional standards of practice to meet the resident's physical, mental, and psychosocial needs by:</p> <p>Failing to timely administer bowel medication timely per doctors on order.</p> <p>This failure caused Resident 1 to experience unnecessary pain and placed the Resident 1 at risk for bowel impaction, bowel perforation, unnecessary hospitalization and even death.</p> <p>Findings:</p> <p>On 7/22/2024 at 8:45am an unannounced visit was made to the facility to investigate a complaint regarding neglect and quality of care.</p> <p>A review of Resident 1 ' s Admission Record, indicated, Resident 1 was originally admitted to the facility on [DATE] with diagnoses that included osteomyelitis (an infection in a bone), neuromuscular bladder dysfunction (lack of bladder control due to a brain, spinal cord or nerve injury), anxiety disorder (persistent and excessive worry that interferes with daily activities), lumbar injury to spinal cord (Injuries resulting in having little or no voluntary control of their bowel or bladder, but can manage on their own with special equipment). post-traumatic stress disorder (PTSD- disorder that develops when a person experiences a shocking, scary, or dangerous event.), and hypertension (high blood pressure).</p> <p>A review of Resident 1 ' s the Minimum Data Set (MDS-a standardized assessment care screening tool) dated 7/4/2024 indicated Resident 1 ' s cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) was intact, required supervision or touching assistance with toileting and personal hygiene, upper and lower body dressing and ambulation up to 10 feet.</p> <p>A review of Resident 1 ' s History and Physical (H&P) titled Progress Notes *NEW* dated effective 6/29/2024 indicated Resident 1 had the capacity to understand and make decisions.</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 0635</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview a telephone interview on 7/22/2024 11:09 AM Resident 1 stated he suffers from chronic (ongoing) constipation due to a spinal cord injury sustained while serving in the military. Resident 1 stated he notified Licensed Vocational Nurse 2 (LVN 2) that he felt severely constipated and needed Golytely (a medication solution that stimulates bowel movement) a medication he takes weekly to clear his bowels. Resident 1 stated it took the facility three days to get him the Golytely, Resident 1 stated he suffered a great deal of pain and almost passed out.</p> <p>During a follow-up in person interview on 7/22/2024 at 1:40 pm, Resident 1 stated his chronic constipation was exacerbated by narcotics he was taking for the treatment of a bone infection. Resident 1 states he was administered Golytely medication on 7/9/2024 at 3:15am and was able to move his bowels shortly thereafter.</p> <p>A review of Resident 1 ' s titled Progress Notes dated 7/22/2024 titled Nurses Note effective 7/6/2024 at 10:54 pm indicated a doctor ' s order for Golytely one time only.</p> <p>A review of Resident 1 ' s titled Progress Notes dated 7/22/2024 titled Nurses Note effective 7/7/2024 at 9:06 pm indicated, waiting for Golytely Oral Solution to arrive from staff pharmacy. Estimated time of arrival (eta) is after midnight . Patient is uncomfortably and irritable .</p> <p>A review of Resident 1's Electronic Medication Administration Record (eMAR) dated 7/22/2024, indicated Resident 1 was administered Golytely on 7/8/2024 at 3:19 am.</p> <p>During an interview on 7/23/2024 at 12:15pm with Licensed Vocational Nurse 2 (LVN2), LVN2 stated that on 7/7/2024 in the morning, Resident 1 complained of constipation and that the resident needed to take Golytely, because the resident did not have peristalsis (series of wave-like muscle contractions that move food through the digestive tract) due to a spinal cord injury. LVN2 stated Resident 1 ' s told to LVN2 that Resident 1 was uncomfortable, irritable and was in pain. LVN 2 stated Resident 1 ' s doctor was notified who an order for Golytely entered and pharmacy was notified of the medication order request. LVN2 stated LVN 2 endorsed the order to the incoming shift charge nurse (licensed nurse).</p> <p>During an interview on 7/23/2024 at 1:56pm with the Director of Nursing (DON), the DON stated pharmacy medication delivery times were 7pm, 4pm, 9pm, and 12am daily. The DON stated Golytely medication was not available in the pharmacy and that the DON did not have control of the pharmacy delivery times. The DON stated bowel assessment is part of the nurse ' s daily assessment, the assessment is done to know the condition of a patient [resident] and determine patient's needs and concerns. The DON stated a delay in administering severe constipation medication as ordered by the physician placed Resident1 at risk for nausea, vomiting, pain, bowel perforation, bleeding poor outcomes and unnecessary hospitalization .</p> <p>A review of the facility's Policy and Procedures (P&P), title Administering Medication dated 01/2024 indicated, Medications shall be administered n a safe and timely manner and as prescribed. The DON will supervise and direct all nursing personnel who administer medications and/or have related concerns.</p> <p>(continued on next page)</p>		

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<p>F 0635</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility's P&P titled Bowel Management Protocol indicated, the facility will ensure that residents are free from complications secondary to constipation. This will be accomplished through adequate assessment, tracking and treatment as indicated . The nurse will provide medication as ordered by the physician .</p>