

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  11/13/2024
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42342</b></p> <p>Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 1) was free from significant medication errors (causes the resident discomfort or jeopardizes his or her health and safety) according to professional standards of practice by failing to ensure Licensed Vocational Nurse (LVN1) administered Heparin Sodium Injection (medication to thin the blood) 5000 unit/ml (Heparin Sodium) Inject 0.5ml (ml=milliliters) subcutaneously (fatty tissue layer just beneath the skin) two times a day for DVT (Deep Vein Thrombosis-blood clot) prophylaxis (prevention) as per physician ' s order.</p> <p>As a result, on 11/2/2024 LVN 1 gave Resident 1 a double dose of Heparin. This deficient practice placed Resident 1 at risk for bleeding.</p> <p>Findings:</p> <p>A review of Resident 1 ' s Admission Record the facility originally admitted this [AGE] year-old male on 11/30/2023 and most recently on 9/26/2024 with diagnoses including non-traumatic intracerebral hemorrhage (bleeding in the brain), epilepsy (seizures), respiratory failure, malignant neoplasm of Meninges (brain cancer), Diabetes Mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), essential hypertension (high blood pressure), Hyperlipidemia (high cholesterol in the blood), attention to tracheostomy(surgical opening in the windpipe for breathing) and encephalopathy (brain disorder).</p> <p>A review of Resident 1 ' s Minimum Data Set (MDS- a federally mandated resident assessment tool) dated 10/22/2024 indicated Resident 1 ' s cognition (the mental ability to make decisions of daily living) was severely impaired. The MDS indicated Resident 1 was totally dependent (helper does all the effort) on facility staff for bathing, dressing and toileting. The MDS indicated Resident 1 was unable to walk.</p> <p>A review of Resident 1 ' s physician order dated 10/16/2024 indicated Heparin Sodium Injection 5000 unit/ml Inject 0.5ml subcutaneously two times a day for DVT prophylaxis, rotate sites and monitor for signs and symptoms of bleeding.</p> <p>A review of Resident 1 ' s Medication Administration Record (MAR) dated 11/2/2024 at 5:00 PM, indicated the resident was administered Heparin 0.5mL subcutaneously.</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
---	-------	-----------

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  11/13/2024
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/13/2024 at 1:41 p.m. the Resident Representative (RR) stated on 11/2/2024 at approximately 6:30 p.m. LVN 1 entered Resident 1 ' s room with a syringe and a bottle of Heparin. LVN 1 then filled the syringe to the 1ml line with the Heparin and injected it into Resident 1 ' s skin. After which, the RR said to the LVN, Isn ' t the dose supposed to be 0.5ml and not 1ml?. The RR said the LVN 1 looked confused, then the RR asked LVN 1 to check the order. LVN 1 then checked the order and confirmed the dose should have been 0.5ml and seemed confused. The RR witnessed previous nurses administer 0.5ml to Resident 1 and LVN 1 was not the regular medication nurse. The RR also stated the RR had access to Resident 1 ' s orders and showed LVN 1 the Heparin order indicating 0.5ml twice a day. The RR then informed the charge nurse right after and informed the Director of Nursing (DON) and the Administrator (Adm) of the incident on 11/4/2024.</p> <p>During an interview on 11/13/2024 at 11:47 a.m. LVN 1 stated, I gave Resident 1 1ml of Heparin because most of the time that is what you give for DVT prevention. LVN 1 stated after the dose was given, the RR asked how much was given and LVN 1 told the RR 1ml was given then the RR showed LVN 1 the order on the RR ' s phone and that is when LVN 1 realized the dose was supposed to be 0.5ml. LVN 1 stated, I did check the order before I gave it but I did not recognize the 0.5ml as the dose because I usually give 1ml. LVN 1 stated That was my first time giving Resident 1 any medications. LVN 1 stated after leaving the room the charge nurse reminded her to ensure to check the rights of medication administration.</p> <p>During an interview on 11/13/2024 at 1:30 p.m. the DON stated before giving any medications LVN 1 should have ensured it was the right patient, right medication, right dose, right time, right frequency, and the right route. The DON stated the right dose is determined by comparing the dose on the medication package to the order before giving the medication.</p> <p>During an interview on 11/13/2024 at 2:30 p.m. the Registered Nurse Supervisor (RNS) stated on 11/2/2024 the RR informed the RNS that LVN 1 gave Resident 1 1ml of Heparin as opposed to giving 0.5ml. The RNS then went to LVN 1 and asked LVN 1 to demonstrate how she gave the medication and LVN 1 then looked at the order and drew up 1ml of Heparin. The RNS instructed LVN 1 to always check the physician order before giving all medications.</p> <p>A review of the facility policy and procedures titled, Administering Medications revised 1/2024 indicated .</p> <p>5. The individual administering medications must verify the resident's identity before giving the resident his/her medications. Methods of identifying the resident include:</p> <ul style="list-style-type: none"> <li>a. Checking identification band;</li> <li>b. Checking photograph attached to medical record;</li> <li>c. Calling resident by name; and</li> <li>d. If necessary, verifying resident identification with other facility personnel.</li> </ul> <p>6. The individual administering the medication must check the label THREE (3) times to verify the right medication, right dosage, right time and right method of administration before giving the medication.</p> <p>(continued on next page)</p>		

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  11/13/2024
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>7. Check the expiration date on the medication label. When opening a multi-dose container, place the date on the container.</p> <p>8. Medications may not be prepared in advance and must be administered within one (1) hour of their prescribed time, unless otherwise specified (for example, before and after meal orders).</p>

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  11/13/2024
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 0773</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain laboratory tests/services when ordered and promptly tell the ordering practitioner of the results.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42342</p> <p>Based on interview and record review the facility failed to obtain a physician ' s order for a urine culture and sensitivity (C&amp;S=a lab test that checks for bacteria in the urine and which medications will work) prior to obtaining a urine sample with a straight catheter (a thin flexible hollow tube used to drain urine from the bladder) for one of three sampled residents (Resident 1), who was suspected of having a (UTI, an infection in any part of the urinary system including the kidneys [organs in the body that filter waste materials out of the blood and pass them out of the body as urine, regulates blood pressure and the levels of water, salts, and minerals], and ureters [Tube/s that carry urine from the kidneys to the bladder and urethra]).</p> <p>This deficient practiced resulted in a urine specimen expiring, resulting in Resident 1 having to endure a straight catheter procedure twice in one week (10/30/2024 and 11/02/2024).</p> <p>Findings:</p> <p>A review of Resident 1 ' s Admission Record the facility originally admitted this [AGE] year-old male on 11/30/2023 and most recently on 9/26/2024 with diagnoses including non-traumatic intracerebral hemorrhage (bleeding in the brain), epilepsy (seizures), respiratory failure, malignant neoplasm of Meninges (brain cancer), Diabetes Mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), essential hypertension (high blood pressure), Hyperlipidemia (high cholesterol in the blood), attention to tracheostomy(surgical opening in the windpipe for breathing) and encephalopathy (brain disorder).</p> <p>A review of Resident 1 ' s Minimum Data Set (MDS- a federally mandated resident assessment tool) dated 10/22/2024 indicated Resident 1 ' s cognition (the mental ability to make decisions of daily living) was severely impaired. The MDS indicated Resident 1 was totally dependent (helper does all the effort) on facility staff for bathing, dressing and toileting. The MDS indicated Resident 1 was unable to walk.</p> <p>A review of Resident 1 ' s physician order dated 11/2/2024 indicated Urinalysis with Culture and Sensitivity.</p> <p>A review of Resident 1 ' s Nursing Progress Note dated 11/3/2024 indicated critical lab result received, Resident 1 was positive for UTI and the attending physician was made aware.</p> <p>A review of Resident 1 ' s physician order dated 11/3/2024 indicated Cefpodoxime Proxetil (antibiotic)100mg tablet by mouth twice a day for 7 days for UTI.</p> <p>During an interview on 11/13/2024 at 1:41 p.m. the Resident Representative (RR) stated on 10/30/2024 an unnamed staff member collected a urine sample from Resident 1 with a straight catheter to check for a possible UTI after Resident 1 had not urinated for more than 8 hours. The RR stated on 11/2/2024, the RR followed up with the Registered Nurse Supervisor (RNS) to ask about the results and the RNS was not aware of any orders for urine C&amp;S. The RNS then checked the specimen refrigerator and found the urine sample inside of the refrigerator.</p> <p>(continued on next page)</p>		

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  11/13/2024
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 0773</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 11/13/2024 at 2:30 p.m. the RNS stated on 11/2/2024 Resident 1 ' s Nursing Progress note dated 11/2/2024 timed at 8:46 p.m. indicated Resident 1 ' s straight catheter urine sample was in the specimen refrigerator awaiting pickup, order was placed in EMR please follow up. The RNS stated the RR approached and asked about Resident 1 ' s urine C&amp;S results. The RNS was not aware and was not endorsed from the previous shift to follow up on any urine C&amp;S results for Resident 1. The RNS then checked the EMR (electronic medical records) and did not see any orders for urine C&amp;S. The RNS checked the specimen refrigerator and found the specimen. The RNS could not remember the date on the specimen at the time but knew it was not good because the RR stated it was collected approximately four days prior and decided not to send that specimen. The RNS then notified the attending physician, put in the order for a urine C&amp;S, obtained the sample with a straight catheter and sent it to the lab and wrote the note reviewed on 11/2/2024. The RNS stated the facility protocol was to enter the order, obtain the urine sample and then send it to the lab within 24 hours.</p> <p>A review of the facility policy and procedure tiled, Culture Tests revised 1/2024 indicated, Culture tests will only be performed when ordered by a physician.</p> <ol style="list-style-type: none"> <li>1. Should the attending physician order cultures, they shall be obtained and completed as soon as practical. All test results shall be reported to the physician as soon as the results are obtained.</li> <li>2. Cultures of purulent exudate at a break in the skin may be obtained by the charge nurse. An order from the physician must be obtained before the specimen is sent to the laboratory.</li> <li>3. Urine cultures may be obtained by the charge nurse if a resident develops cloudy urine or other signs of urinary tract infection. An order from the physician must be obtained before the specimen is sent to the laboratory.</li> <li>4. Cultures necessary for the investigation of known or suspected Methicillin Resistant Staphylococcus aureus (MRSA) and following eradication protocols may be ordered by the infection preventionist under the direction of the medical director.</li> <li>5. Following acute diarrheal illness in employees, stool cultures may be obtained by the infection preventionist under the direction of the medical director.</li> <li>6. Salmonella and Shigella follow-up stool cultures may be obtained by the infection preventionist, under the direction of the medical director, forty-eight (48) hours after the discontinuance of antimicrobials.</li> <li>7. In emergency situations, the medical director shall have the administrative authority, accountability, and responsibility to:             <ol style="list-style-type: none"> <li>a. request and order screening, surveillance, and follow-up cultures as necessary.</li> <li>b. report laboratory findings to the health department, as appropriate.</li> </ol> </li> <li>8. Completed culture reports shall be reviewed by the infection preventionist and the infection control committee and filed in accordance with established recordkeeping requirements.</li> </ol>		