STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056334	A. Building B. Wing	12/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beachwood Post-Acute & Rehab	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)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. 50714 Based on interviews and record reviews the facility failed to provide skin and pressure ulcer (injuries to the skin and underlying tissue, primarily caused by prolonged pressure on the skin) prevention care per the care plan for one out of four sampled residents (Resident 2) by failing to reposition Resident 2 every 2 hours per the resident ' s care plan. This deficiency had the potential to result in Residents 2 ' s left gluteal (buttocks) pressure ulcer/injury stage 2 (Partial-thickness loss of skin, presenting as a shallow open sore or wound) to worsen. Findings: During a review of Resident 2 ' s Admission Record (Face Sheet), dated 12/20/2024 the face sheet indicated the facility admitted Resident 2 on 7/9/2024 with diagnoses including a left tibial fracture (a broken shinbone), pressure ulcer of the left buttocks stage 2, other malaise (a feeling of general discomfort, weakness, or lack of health), lack of coordination (the ability to use multiple body parts at the same time to perform a task smoothly and accurately), peripheral vascular disease (a chronic condition that occurs when blood vessels outside of the heart and brain narrow or become blocked, reducing blood flow to the affected area), dementia (,(a progressive state of decline in mental abilities) and severe protein-calorie malnutrition (a condition that occurs when the body doesn't receive enough protein and calories over a prolonged period). During a record review of Resident 2 ' s care plan, dated 7/9/2024, the care plan indicated Resident 2 was to be on a turning/repositioning program. The care plan was initiated 7/9/2024 and last revised on 7/13/2024. During a record review of Resident 2 ' s history and physical (H&P), dated 7/11/2024, indicated Resident 2 had a stage 2 ulcer on her left gluteus and frequent turning was needed per protocol. The H&P indicated Resident 2 lacked the capacity to make and understand decisions. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056334	A. Building B. Wing	12/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beachwood Post-Acute & Rehab	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)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and closed record review on 12/20/2024 at 12:30 pm with the Director of Nursing (DON), the medication administration record (MAR) dated 12/20/2024 for Resident 2 was reviewed. The MAR indicated; the facility did not turn Resident 2 every 2 hours for the month of August 2024. The DON stated there was a lack of documentation regarding repositioning in the MAR. The DON stated if the staff did not document, it was not done. The DON stated the facility should have followed their policy regarding pressure ulcers. The DON stated not repositioning Resident 2 would increase the risk for the pressure ulcer to worsen. During a concurrent interview and record review on 12/20/2024 at 12:30 pm with the DON, the facility ' s policy and procedure (P&P), titled Prevention of Pressure Ulcers (Bedsores, areas of damaged skin and tissue caused by sustained pressure), dated January 2024, was reviewed. The Prevention of Pressure Ulcers \ indicated, a change in position at least every two hours or as needed. The DON stated Resident 2 should have been turned every 2 hours.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056334	A. Building B. Wing	12/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beachwood Post-Acute & Rehab	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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 50714 Based on observation, interview and record review, the facility staff failed to ensure one of one sampled residents (Resident 2) received appropriate treatment and services for spontaneous peritonitis (a serious infection of the fluid in the abdomen that occurs when the lining of the abdomen, becomes infected without an obvious cause) by failing to clarify the correct use of Ciprofloxacin 250 milligrams (mg- metric unit of measurement, used for medication dosage and/or amount), one tablet orally daily given after hemodialysis on hemodialysis days, for one out of four sampled residents, Resident 3. This deficiency resulted in a medication error and for Resident 3 to receive the Ciprofloxacin for the correct diagnosis. Findings: During a review of Resident 3 ' s Admission Record (Face Sheet), dated 12/20/2024 the face sheet indicated the facility admitted Resident 3 on 7/12/2024 with diagnoses including enterococcus (bacteria) as the cause of diseases classified elsewhere, sepsis, and spontaneous bacterial peritonitis (a serious infection of fluid that builds up in the abdomen without a clear cause). During a concurrent interview and record review on 12/20/2024 at 1:40 pm with Licensed Vocational Nurse (LVN) 1, Resident 3 ' s face sheet dated 12/12/2024, history and physical (H&P) dated 12/16/2024 and orders dated 12/18/2024 were reviewed. The order indicated Ciprofloxacin (an antibiotic) 250 milligrams (mg- metric unit of measurement, used for medication dosage and/or amount) orally daily for urinary tract infection (UTI- an infection in the bladder/urinary tract) on dialysis (a treatment to cleanse the blood of wastes and extra fluids artificially through a machine when the kidney(s) have failed) days (give after dialysis). The H&P indicated enterococcus (a species of bacteria that is naturally found in the intestines) UTI with plan to ensure proper antibiotic therapy. The face sheet did not indicate a diagnosis of UTI and there was no order for urine culture. LVN1 stated, she could not explain the lack of a urine culture. LVN stated, she could not identify why the H&P indicated a UTI on 12/16/2024 and why it took until 12/19/2024 to start Ciprofloxacin. During a concurrent interview and record review on 12/20/2024 at 1:52 pm with the Director of Nursing (DON), Resident 3 ' s medication list, dated 12/17/2024 was reviewed. Resident 3 ' s medication list indicated Ciprofloxacin 250 mg by mouth daily only after dialysis 7 days a week. The resident only has dialysis 3 days a week. The DON stated the Ciprofloxacin was not for a UTI but was being used prophylactically (prophylaxis, measures designed to preserve health and prevent the spread of disease) for paracentesis (a medical procedure where a doctor uses a needle to drain excess fluid that has built up in your abdomen) to prevent spontaneous peritonitis. The DON stated that she had difficulty finding the order. The DON stated that the ward clerk transcribed (write down, record) the orders in the system and a licensed nurse reviewed the orders the Ciprofloxacin was for a UTI. The DON stated that she could not identify the licensed nurse who verified the order because it was handwritten in Resident 3 ' s medication list. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056334	A. Building B. Wing	12/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beachwood Post-Acute & Rehab	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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and record review on 12/20/2024 at 2:00 pm with the Director of Nursing (DON), Resident 3 ' s order for Ciprofloxacin, dated 12/17/2024 was located by the DON and reviewed. The order indicated, Ciprofloxacin 250 mg by mouth daily to be given after dialysis to be used for spontaneous peritonitis. The DON stated the order had not been uploaded into the facility ' s electronic medical record (EMR). The DON stated that a licensed person should have verified and transcribed the correct order. The DON stated that medication errors could be made by her staff if the order is not verified and transcribed correctly. The DON stated she would give her staff an in-service (designating or of training, as in special courses, workshops, etc., given to employees in connection with their work to help them develop skills) for transcribing and verifying orders. During a review of the facility ' s policy, titled Core Elements of a SNF Antibiotic Stewardship Program, dated 1/2024, the Core Elements of a SNF Antibiotic policy indicated nurses review medications as part of their routine duties. The policy also indicated the patient is the patient should be on the right antibiotic and how long they are to receive it. During a review of the facility ' s policy, titled Administering Medications, dated 1/2024, the Administering Medications policy indicated medications are to be administer in accordance with orders. During a review of the facility ' s policy, titled Physician Orders, dated 1/2024, the Physician Orders policy indicated, indicated orders for medication must include the reason for which it is given.