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	01/07/2025

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 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45455 Based on interview, and record review, facility failed to provide one of three residents (Resident 1) supervision, by failing to ensure that Resident 1 who is a high fall risk was not left unattended in the common area near the nursing station. on 12/18/2024 at 3:30 PM. This deficient practice resulted in Resident 1 had an unwitnessed fall from the wheelchair on 12/18/2024 and sustaining a nasal (nose) fracture. Findings: A review of Resident 1's admission record indicated Resident 1 was originally admitted to the facility on [DATE] with diagnoses that included dementia (loss of cognitive functioning, thinking, remembering, and reasoning), osteoarthritis (a degenerative joint disease, in which the tissues in the joint break down over time), diabetes mellitus type II (lifelong (chronic) disease in which there is a high level of sugar (glucose) in the blood), spinal stenosis (a condition in which the spinal canal is too small for the spinal cord and nerve roots.), abnormalities of the gait (balance), and difficulty walking. A review of Resident 1s Minimum Data Set (MDS-a standardized assessment and care screening tool) dated 10/21/2024, indicated Resident 1's cognition (the mental ability to understand and make decisions of daily living) was severely impaired and the resident required partial/moderate (helper does less than half the effort) assistance from staff with eating, substantial maximum assistance (helper does more than half the effort) with oral hygiene, upper body dressing and personal hygiene, was totally dependent on facility staff for toileting hygiene, shower/bathing, lower body dressing and putting on/taking off footwear. The MDS indicated Resident 1 was non-ambulatory (unable to walk). A review of Resident 1's history and physical dated 12/28/2024, indicated Resident 1 did not have the capacity to understand and make decisions. A review of Resident 1's Nursing - Fall Risk Observation/assessment dated [DATE], indicated Resident 1 was at high risk for falls. (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: 056334	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/07/2025
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)
F 0689 Level of Harm - Actual harm Residents Affected - Few	A review of Resident 1's care plan (a plan of care that summarizes a resident's health conditions, specific care needs, and current treatments) for At Risk for Falls dated 5/26/2022, indicated interventions (specific care and services facility staff need to provide a resident to promote healing and prevent a worsening of a condition) to prevent falls included bed in low position, call light within reach, keep call light within reach, explain all procedures and purpose prior to starting, and close observation. The care plan indicated a revised date of 12/19/2024, however the interventions all were dated 5/26/2022. A review of Resident 1's Change in condition evaluation note dated 12/18/2024 at 4:14 PM, indicated the resident had a fall that was associated with no or minor injury. The note indicated the resident's physician was notified and the resident was to be sent to the local hospital for evaluation. A review of Resident 1's acute care emergency service report dated 12/18/2024, indicated Resident 1 arrived in the emergency room at 5:44PM on 12/18/2024 from facility where he (Resident 1) reportedly had an unwitnessed fall from the wheelchair, and resident was found lying face down next to the wheelchair. A review of Resident 1's computerized tomography scan (CT: a type of imaging that uses X-ray techniques to create detailed images) of the face dated 12/18/2024 at 11:11pm, indicated an impression of comminuted (shattered) and displaced (out of place) nasal fractures. During an interview on 1/6/2025 at 11:13 am Resident 3 (roommate of Resident 1) stated Resident 1 was alert but could be confused at times. Resident 3 stated Resident 1 understood little English. Resident 3 stated he (Resident 3) had tried to get out of bed several times in the past (unable to recall dates and times During an interview on 1/7/2025 at 11:30AM, Licensed Vocational Nurse 1 (LVN1) stated Resident 1 was difficult to understand because he (Resident 1) spoke and understood minimal English. LVN 1 stated Resident 1 was not alert and oriented and was to never be left in a wheelchair unattended because the resident was non-ambulatory and had been assessed to be at high fall risk for falls. During an interview on 1/7/2024 at 11:50AM, the Director of Staff Development (DSD) stated Resident 1's family hired a companion (CP1) who spoke Resident 1's native language. The DSD stated the companion had been going to the facility for a long time (unable to state how long). The DSD stated the Resident's companion would at times wheel Resident 1 to and from his (Resident 1's) room on the 3rd floor to the 2nd floor open air patio for fresh air, to the Rehabilitation room for physical, and occupational therapy services. (continued on next page)

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 01/07/2025

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 0689 Level of Harm - Actual harm Residents Affected - Few	During an interview on 1/7/2025 at 12:50PM, the Director of Nursing (DON) stated on 12/18/2024 at 3:45 PM, Resident 1 was found on the floor by 3rd floor nursing station in prone position (lying face down on one's stomach). The DON stated upon assessment Resident 1's nose was noted slightly deviated (shifted out of place) to the right with a small cut on the bridge with scant amount of blood. The DON stated Resident 1 was assessed and deemed to be stable, and first aid was immediately rendered. The DON stated Resident 1 was transferred to the hospital for evaluation and higher level of care. The DON stated prior to Resident 1's fall, the resident was with CP1, whose job was to provide social stimulation to the Resident 1 in the resident's native language. The DON stated the Resident 1's companion (CP1) had been spending time with Resident 1 and would wheel the resident to the common dining and activity area to watch movies, outdoor patio on the 2nd floor and to the 6th floor for rehab services. The DON stated on 12/28/2024 at 1 PM, LVN2 observed CP1 wheeling Resident 1 to the open-air patio on the 2nd floor, and the resident was seated calmly in his wheelchair. The DON stated around 12/28/2024 at 3:30 PM, CP 1 left the Resident in the common area near the nursing station and did not notify the staff that she was leaving. A review of the facility's policy and procedures (P&P) titled Safety and Supervision of Resident dated 1/2024 indicated, facility strives to make the environment as free from accident hazards as possible. Resident safety and supervision and assistance to prevent accidents are facility-wide priorities. The type and frequency of resident supervision is determined by the individual resident's assessed needs and identified hazards in the environment. A review of the facility's P&P titled Safety and Supervision of Residents with a revision date of January 2024, indicated systems approach to safety included 1. The facility-oriented and resident-oriented approaches to safety are used together to implement a systems approach to safety, which considers the hazards identified in the environment and individual resident risk factors. and then adjusts interventions accordingly. 2. Resident supervision is a core component of the systems approach to safety. The type and frequency of resident supervision is determined by the individual resident's assessed needs and identified hazards in the environment.