

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 01/14/2025
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)
<p>F 0551</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give the resident's representative the ability to exercise the resident's rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42342</p> <p>Based on interview and record review the facility failed to inform the Resident Representative (RR) of Residents return from the general acute care hospital (GACH) for one of four sampled residents (Resident 1).</p> <p>This deficient practice caused the resident Representative to not be informed of the resident's care.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record indicated the facility originally admitted this [AGE] year-old female on 10/21/2021 and most recently on 12/20/2024 with diagnoses including vascular Parkinsonism (a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movements), Hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) affecting the right side, Osteoporosis (weak and brittle bones due to lack of calcium and Vitamin D), Osteoarthritis (a progressive disorder of the joints, caused by a gradual loss of cartilage), Primary Hypertension (high blood pressure), Hyperlipidemia (high cholesterol in the blood), Gastro-Esophageal Reflux disease (indigestion), Dysphagia (difficulty swallowing) and major depressive disorder (persistent low mood).</p> <p>A review of Resident 1's Minimum Data Set (MDS-a resident assessment tool) dated 12/23/2024, indicated Resident 1's cognition (mental ability to make decisions for daily living) was intact. The MDS indicated Resident 1 was dependent (helper does all the effort. Resident does none of the effort to complete the activity. Or the assistance of 2 or more helpers is required for the resident to complete the activity) with toileting, personal hygiene, and transfers (moving between surfaces) from bed to chair.</p> <p>A review of Resident 1's Change in Condition form dated 12/19/2024 indicated a call from the laboratory was received and reported a critically low Hemoglobin level (Hgb-protein on red blood cells that carry oxygen to the tissues) of 5.6g/dl (normal range between 12 and 18 grams per deciliter). The attending physician was notified and ordered to transfer Resident 1 to the GACH. Lastly the note indicated Resident 1's family was notified.</p> <p>A review of Resident 1's Nursing Progress Note dated 12/20/2024 indicated Resident 1 returned from GACH and the RR was made aware.</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 0551</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/13/2025 the California Department of Public Health received a complaint alleging the facility did not inform the Resident representative of Resident 1's return from the GACH.</p> <p>During an interview on 1/14/2025 at 11:19 a.m. the Director of Nursing (DON) stated the RR calls the facility nonstop and sometimes the nurses tell the DON they don't want to talk to the RR because the RR calls so much throughout the day. The DON further stated the RR does have the right to be informed of Resident 1's condition.</p> <p>During an interview on 1/14/2025 at 4:03 p.m., the RR stated she called the facility multiple times for 10 days to get an update on Resident 1 after Resident 1 was transferred to GACH on 12/19/2024. The RR stated the Assistant Director of Nursing (ADON) finally answered the call approximately 10 days later and updated the RR on Resident 1's return and condition.</p> <p>During a review of the facility's policy and procedures (P&P) titled, Resident Rights , revised 1/2024, the P&P indicated,</p> <p>Policy Interpretation and Implementation</p> <ol style="list-style-type: none"> 1. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: <ol style="list-style-type: none"> a. Be informed about what rights and responsibilities he or she has: 2. Residents are entitled to exercise their rights and privileges to the fullest extent possible. 3. Our facility will make every effort to assist each resident in exercising his/her rights to assure that the resident is always treated with respect, kindness, and dignity. 		