

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 02/12/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43454</p> <p>Based on interview and record review, the facility failed to ensure that one of five sampled residents, (Resident 1) received treatment and care accordance with professional standards of practice to meet the resident's physical, mental, and psychosocial needs by failing to ensure the physician 's order was carried out when physician ordered to check Resident 1 ' s vital signs (VS - measurements of the body's basic functions, including breathing, heart rate, blood pressure, and temperature) every shift for the whole month of January, 2025.</p> <p>This deficient practice resulted to failure in the delivery of necessary care and services for Resident 1.</p> <p>Findings:</p> <p>During 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), and major depressive disorder (persistent low mood).</p> <p>During 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>During a review of Resident 1 ' s Order Summary Report dated 4/2/2024 indicated, physician ordered, Monitor vital signs every shift for medical management.</p> <p>During a review of Resident 1 ' s Medication Administration Record (MAR) for the month of January 2025, the MAR indicated, no VS were taken during night shift (11:00 p.m. - 7:00 a.m.) from 1/1/2025 to 1/28/2025.</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 0684</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 of Resident 1 ' s MAR with Quality Assurance Nurse (QAN) on 2/11/2025 at 12:35 p.m., QAN reviewed MAR with the surveyor and stated and confirmed, no VS were taken for Resident 1 during the night shift for the whole month of January. QAN stated, facility did not do a complete assessment and did not follow physician ' s order to check Resident 1 ' s VS throughout the night.</p> <p>During a review of the facility ' s policy and procedures (P&P) titled, Comprehensive Assessments and the Care Delivery Process, revised on 1/2024, the P&P indicated, Comprehensive assessments, care planning and the care delivery process involve collecting and analyzing information, choosing and initiating interventions, and then monitoring results and adjusting interventions. Assessment and information collection includes (WHAT, WHERE and WHEN?). The objective of the information collection (assessment) phase is to obtain, organize, and subsequently analyze information about a patient.</p> <p>During a review of the facility ' s P&P titled, Admission Assessment and Follow-Up: Role of the Nurse, revised on 1/2024, the P&P indicated, The purpose of this procedure is to gather information about the resident ' s physical, emotional, cognitive, and psychosocial condition upon admission for the purposes of managing the resident . Conduct a physical assessment and supplemental assessments.</p>		