

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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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 06/30/2026
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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide necessary respiratory care services by failing to setup the mechanical ventilation (a type of therapy that helps you breathe or breathes for you when you can't breathe on your own) including the alarm settings for two out of four sampled residents (Resident 1 and Resident 2) as indicated in the facility's policy and procedure (P&P), titled, Ventilator Alarm Settings. This deficient practice had the potential to cause complications associated with respiratory treatment. Findings: 1. During a review of the admission Record, the admission Record indicated Resident 1 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis including chronic respiratory failure (condition in which your blood does not get enough oxygen or has too much carbon dioxide), persistent vegetative state (means someone with severe brain damage is in an awake but unaware state) and dependence on respirator status (means a person's body cannot breathe adequately on its own and requires a medical machine [a ventilator] to pump air in and out of their lungs). During a review of the Minimum Data Set (MDS - a resident assessment tool) dated 5/6/2026, the MDS indicated Resident 1's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions were severely impaired. The MDS indicated Resident 1 required total dependent from staff for activities of daily living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves). During a review of Resident 1's Order Summary Report (OSR), dated 6/22/2026, the OSR indicated, physician ordered, Ventilator orders: AC (Assist-Control - is a breathing mode where the machine guarantees a set number of breaths, but also gives a full breath whenever it senses the patient trying to inhale) 12, VT (Tidal Volume - exact amount of air pushed into or drawn out of the lungs with a single, normal breath) 400, 5 LPM (Liters Per Minute - it is a measurement of flow speed-essentially, how fast the ventilator or oxygen machine is pushing a volume of air and oxygen into the patient's lungs every minute), PEEP (Positive End-Expiratory Pressure - is a setting that maintains gentle pressure in the lungs at the end of every breath) +5 every 6 hours. During a concurrent interview and record review of Resident 1's Ventilator Machine (VM) with Respiratory Therapist 1 (RT 1), on 6/29/2026 at 1:20 p.m., observed and reviewed Resident 1's VM Alarm/Event History with RT 1, the Alarm/Event Histories were dated 6/30/2026. Reviewed Resident 1's VM settings with RT 1 and the VM was dated 6/30/2026. RT 1 stated, Resident 1's VM was dated incorrectly which is why the Alarm/Event History showed dates in the future. RT 1 stated, the settings on Resident 1's VM should be the current date and time which is 6/29/2026. 2. During a review of the admission Record, the admission Record indicated Resident 2 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis including encephalopathy (a disease in which the functioning of the brain is affected by some agent or condition-such as viral infection or toxins in the blood), respiratory failure, and pneumonia (lung infection that inflames air sacs with fluid or pus). During a review of the MDS dated [DATE], the MDS indicated Resident 2's cognitive skills for daily decisions were severely impaired. The MDS indicated Resident 2 required total dependent from staff for ADLs. During a review of Resident 2's OSR, dated 6/22/2026, the OSR indicated, physician ordered, Ventilator orders: AC 12, VT 450, 3 LPM (Liters Per Minute - it is a measurement of flow (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 056334
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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	speed-essentially, how fast the ventilator or oxygen machine is pushing a volume of air and oxygen into the patient's lungs every minute), PEEP +5 every 6 hours. During a concurrent interview and record review of Resident 2's VM with RT 1, on 6/29/2026 at 1:33 p.m., observed and reviewed Resident 2's VM Alarm/Event History with RT 1, the Alarm/Event Histories were dated 6/30/2026. Reviewed Resident 2's VM settings with RT 1 and the VM was dated 6/30/2026. RT 1 stated, Resident 2's VM was also dated incorrectly which is why the Alarm/Event History showed dates in the future. RT 1 stated, the settings on Resident 2's VM should be the current date and time which is 6/29/2026. RT 1 stated, if the date on the VM machine are incorrect, they will be unable to review the Events/Alarm History accurately. During an interview with Director of Nursing (DON) on 6/30/2026 at 3:59 p.m., DON stated, the RTs and Registered Nurses are responsible for tracheostomy care. DON stated, he is not familiar with VM but the settings of the date on the machines are to be set. DON stated, the dates on residents medical machine should represent the current date. During a review of the facility's P&P titled, Assessment of Resident on Mechanical Ventilation, reviewed on 3/20/2025, the P&P indicated that, In addition to patient assessments, evaluate ventilator operation and settings every one to two hours, or as needed, to assure that the patient receives therapy as required. Evaluation of the ventilator should include: Check ventilator mode and adjunct. Also check the tidal volume, respiratory rate (for example: ratio, FiO2, peak inspiratory pressure, sighs per minute, and temperature settings); Assess the patient's tidal volume, plateau pressure, and static compliance; Check all alarms to assure they are set; Check the airway pressure gauge; Monitor exhaled tidal volume; If the patient is on a ventilator with a heated airflow, the gauges should be maintained between 95 degree and 98.6 degrees Fahrenheit; maintain the water level marker on the humidifier at the fill line; assess for condensation in large-bore tubing; Assess all connections to assure they are secure. During a review of the facility's P&P titled, Ventilator Alarm Settings, dated 1/2026, the P&P indicated that, To provide for the safety of ventilator-dependent residents on the SNF (Skilled Nursing Facility)/Sub-Acute Unit. It is the policy of this facility to verify the operation of the low-pressure alarm on all ventilators in use on the SNF/Sub-acute unit daily.		