

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 07/16/2026
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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on interview and record review, the facility failed to ensure that to adhere to professional standards of practice when the facility staff failed to document services provided to one of four sampled residents (Resident 1) in the resident's chart according to the facility's policy and procedures (P&P) titled Charting and Documentation with revision date of 1/2026. This deficient had resulted in a failure to maintain regulatory compliance and had the potential to result in the delay of the appropriate instructions needed from the physician to prevent decline in Resident 1's health. Findings: A review of Resident 1's admission Record indicated the facility admitted Resident 1 on 7/30/2025 and readmitted Resident 1 on 6/23/2026 with diagnoses Sequelae (residual damage) of cerebral infarction (when blood vessels [body's plumbing system] in the brain get blocked), cognitive communication deficit (having trouble communicating due to problems with thinking and brain processing), and anxiety disorder (a feeling of fear, dread, or unease causing worry about what might happen in the future). A review of Resident 1's Minimal Data Set (MDS -resident assessment tool) dated 4/28/2026, indicated Resident 1 is cognitively impaired (when a person has trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life). The MDS indicated Resident 1 required staff assistance with activities of daily living (ADL -routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves) care. A review of Resident 1's change of condition (COC -when a patient or resident is no longer at their normal health baseline. It indicates an unexpected, sudden shift in a person's physical, mental, or emotional abilities, pointing to an improvement, worsening, or a new underlying medical issue) dated 6/27/2026, at 7:05 A.M., indicated. signs and symptoms identified: Falls. were the change in condition d and notifications reported to care clinician? . Recommendation of Primary Clinician(s): awaiting response. During a concurrent interview and record review, on 7/16/2026, at 1:29 P.M., with the Director of Nursing (DON), Resident 4's electronic medical chart was reviewed. The DON stated that facility communication with a medical doctor (MD) is documented as a new order or as a progress note. The DON stated that the facility process is to call the resident's MD, and if the facility cannot reach the MD, then a follow up call is made within the next 2-4 hours. The DON stated Resident 1's COC indicated that awaiting response means that the nurse was not yet successful in communicating with the MD. The DON stated that on the day of the fall incident on 6/27/2026, there is no documented evidence that the facility made a follow up call with the Resident 1's MD or that the facility was successful in communication with the MD which includes an order. A review of the facility's P&P, titled, titled Charting and Documentation with revision date of 1/2026, indicated, Policy Statement All services provided to the resident, or any changes in the resident's medical or mental condition, shall be documented in the resident's medical record. Policy Interpretation and Implementation 1. All observations, medications administered, services performed, etc., must be (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: 056334	Facility ID: 056334 If continuation sheet Page 1 of 4

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	documented in the resident's clinical records.2. Entries may only be recorded in the resident's clinical record by licensed personnel (e.g., RN, LPN/L VN, physicians, therapists, etc.) in accordance with state law and facility policy. Certified Nursing Assistants may only make entries in the resident's medical chart as permitted by facility policy.3. All incidents, accidents, or changes in the resident's condition must be recorded and include follow up documentation entries if necessary.6. Documentation of procedures and treatments shall include care-specific details and shall include at a minimum: e. Notification of family, physician or other staff, if indicated; A review of the facility's P&P, titled, titled Acute Condition Changes -Clinical Protocol with revision date of 1/2026, indicated, .5. The nursing staff will contact the Physician based on the urgency of the situation. For emergencies, they will call or page the Physician and request a prompt response (within approximately one-half hour or less).6. The Attending Physician (or a practitioner providing backup coverage) will respond in a timely manner to notification of problems or changes in condition and status.a. The staff will notify the Medical Director for additional guidance and consultation if a timely response is not received.		

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F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that a working call system is available in each resident's bathroom and bathing area. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure an alternative accessible call light device was provided to one of three sampled residents (Resident 1), who was unable to operate the button-activated call light device provided. Resident 1 had impairment (is any loss or abnormality of anatomical, physiological, or psychological structure or function) on both sides to the upper extremities (shoulder, elbow, wrist, and hand). This failure resulted in Resident 1 making a lot of noise when calling for help, was unable to utilize the facility's call system, increasing the risk to not meet Resident 1's needs not being met, and placing Resident 1 at an increased risk for falls, injuries, hospitalization and death. Findings: During a review of Resident 1's admission Record, dated 7/15/2026, the admission Record indicated Resident 1 was originally admitted to the facility on [DATE], and readmitted to the facility on [DATE], with diagnoses including sequelae of cerebral infarction (lingering physical, mental, and psychological deficits that remain after a stroke (when blood flow to the brain is blocked or a blood vessel bursts)), dysarthria (a motor speech disorder that weakens or paralyzes the muscles used for speech), and generalized muscle weakness (a total lack of physical strength where most areas of the body feel universally weak). During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 4/28/2026, the MDS indicated Resident 1's cognition (ability to think, read, learn, remember, reason, express thoughts and make decisions) was moderately impaired. The MDS also indicated Resident 1 had impairment on both sides of his upper extremities (shoulder, elbow, wrist, and hand) and lower extremities (hip, knee, ankle, and foot). During a review of Resident 1's fall risk care plan (CP), dated 1/30/2026, the fall risk care plan indicated Resident 1 was at risk for falls related to general weakness. The fall risk CP indicated interventions for Resident 1's fall risk included to remind Resident 1 to call for assistance with all transfers and to keep the call light within Resident 1's reach. During an observation on 7/15/2026 at 8:17 AM in the doorway of Resident 1's room, Resident 1 was observed lying in bed shouting incomprehensible words. During an interview on 7/15/2026 at 8:21 AM with Certified Nursing Assistant (CNA) 1, CNA 1 stated she is the morning CNA assigned to Resident 1. CNA 1 stated when Resident 1 is screaming, she knows he needs something such as repositioning or food. CNA 1 stated Resident 1 can say a few simple words to convey needs such as water, food, or call my family, but cannot speak full sentences for conversation. During a concurrent observation and interview on 7/15/2026 at 12:20 PM with Resident 1 in Resident 1's room, Resident 1 was lying in bed. Resident 1's fingers on bilateral hands, were stiff, straight and in extended position. Next to Resident 1's pillow was a hand-held call light device that required a button to be pressed to be activated. When the surveyor asked Resident 1 to demonstrate using the call light device. Resident 1 attempted to hold the call light device in the left hand. Resident 1 attempted to bend/flex the fingers to the left hand to press down on the call light button but was unable. Resident 1 stated that he could not press the call light button and could not use the current call light device. Resident 1 further stated he has never pushed the call light device button before, and if he needs the help of a nurse, he will make a lot of noise until they (facility staff) come to help him. During a concurrent observation and interview on 7/15/2026 at 12:44 PM with Licensed Vocational Nurse (LVN) 1 in Resident 1's room, Resident 1 was attempting to press down on his call light button but was unsuccessful. LVN 1 stated Resident 1 is unable to press his call light button and does not believe he is able to hold the device in his hand without the device falling. LVN 1 further stated Resident 1's call light device should be replaced with a different type that Resident 1 can use. LVN 1 stated it is not safe for residents to be unable to use (continued on next page)		

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F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	their call light because they may not get the help they need and increases their risk for falls. During an interview on 7/16/2026 at 11:13 AM with CNA 4, CNA 4 stated CNA 4 has provided care of Resident 1 a few times in the past. CNA 4 stated Resident 1 is unable to use the call light because Resident 1's hands are not strong, so Resident 1 screams for help when he needs something. CNA 4 further stated if a resident is unable to use the call light, the resident is at risk for negative outcomes such as falls. During an interview on 7/16/2026 at 1:29 PM with the Director of Nursing (DON), the DON stated the facility has two different types of call light devices: the traditional call light device with a button to press for activation and a soft touch call light pad that requires a small amount pressure on the pad to activate. The DON stated residents that have limited mobility could benefit from a more appropriate form of call light device if they are unable to use the standard call light button. The DON further stated the purpose of the call light device is to give residents a way to call for help. The DON stated that if a resident is unable to use the call light, the resident is at risk for unfavorable outcomes such as any harm. During a review of the facility's policy and procedures (P&P) titled, Answering the Call Light, last reviewed 1/2026, the P&P indicated a general guideline to responding to resident's requests and needs includes to ensure the call light is within easy reach of the resident when they are in bed. The P&P further indicated the call light must be plugged in at all times and defective call lights must be reported to the nurse supervisor promptly.		