STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555027	A. Building B. Wing	04/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beachside Nursing Center	7781 Garfield Avenue Huntington Beach, CA 92648

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and closed medical record review, the facility failed to ensure a care plan was developed to reflect the individual care needs for one of three sampled residents (Resident 1). * The facility failed to develop a care plan to address Resident 1's pacemaker (a small, battery-operated device implanted under the skin, usually near the collarbone, to regulate a slow or irregular heart rhythm using electrical impulses). This failure posed the risk of the resident not receiving the appropriate treatment and services). Findings:On 4/3/26, CDPH received a complaint related to Resident 1's care.Closed medical record review for Resident 1 was initiated on 4/15/26. Resident 1 was admitted to the facility on [DATE].Review of Resident 1's acute care hospitalist H&P examination dated 3/25/26, showed Resident 1's diagnoses included post status cardiac pacemaker placement.Review of Resident 1's Care Plan Report dated 3/29-4/1/26, failed to show a care plan problem was initiated to address Resident 1's pacemaker.On 4/16/26 at 1043 hours, a concurrent interview and closed medical record review for Resident 1 was conducted with the DON. The DON verified the above findings.

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