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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555039 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/12/2024 |
| NAME OF PROVIDER OR SUPPLIER Fireside Health Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 947 3rd Street Santa Monica, CA 90403 | |

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) |
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| <p>F 0841</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Designate a physician to serve as medical director responsible for implementation of resident care policies and coordination of medical care in the facility.</p> <p>44252</p> <p>Based on interview, and record review the facility failed to ensure the Medical Director had filed an application with the State Licensing and Certification department ' s Centralized Applications Branch (CAB).</p> <p>This failure resulted in the Medical Director (MD) not being listed in the Electronic Licensing Management System (ELMS) and had the potential to affect resident care and medical oversight in the facility.</p> <p>Findings:</p> <p>A review of ELMS on 9/5/2024, indicated the facility did not have a listed MD.</p> <p>During an interview on 9/5/24 at 6:24 pm with the Administrative Assistant (AA), AA stated facility had a MD.</p> <p>During an interview on 9/5/24 at 6:45 pm Licensed Vocational Nurse (LVN) 1, LVN 1 stated the facility had a MD but didn ' t know the name of the MD.</p> <p>During an interview on 9/5/24 at 6:55 pm, the Interim Director of Nursing (IDON) stated the facility had a MD and was able to verbalize the name of the MD.</p> <p>During an interview on 9/12/24 at 2:00 pm with the facility Administrator (ADM), Administrator confirmed the MD ' s name and stated he was getting the application ready to submit to CAB for processing for processing. The Administrator further stated the MD was not part of the governing body of the facility but did participate in the Quality Assessment and Assurance (QAA) meetings.</p> <p>A review of the facility ' s Job Description: Medical Director dated 4/2024, indicated a Physician shall guide, approve, and help oversee the development, implementation, and monitoring/evaluation of Facility ' s resident care policies and procedures in the following areas: Admission policies and care practices that address the type of residents that may be admitted and retained based upon the ability of the Facility to provide the services and care to meet their needs.</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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