

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555249	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2024
NAME OF PROVIDER OR SUPPLIER  Sea Cliff Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 18811 Florida St 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)
<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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49348</b></p> <p>Based on interview, medical record review, and facility P&amp;P review, the facility failed to provide the necessary care and services for two of seven sampled residents (Residents 2 and 5).</p> <p>* Resident 2 did not receive Marinol (medication to stimulate appetite) as ordered from 2/2 - 2/7/24, and the physician was not notified. Additionally, there was no follow up with the pharmacy about the medication not being delivered timely.</p> <p>* Resident 5 complained of numbness and feeling like having a stroke; however, the physician was not notified until six hours and 11 minutes later.</p> <p>These failures had the potential to negatively affect the residents'health conditions and well-being.</p> <p>Findings:</p> <p>1. Review of the facility's P&amp;P titled Medication Administration (undated) showed the medications are to be administered within one hour before or one hour after the prescribed time.</p> <p>Medical record review for Resident 2 was initiated on 5/31/24. Resident 2 was admitted to the facility on [DATE], and readmitted on [DATE].</p> <p>Review of Resident 2's Order Recap Report showed the following orders:</p> <ul style="list-style-type: none"> <li>- dated 2/2 - 2/7/24, showed Marinol 2.5 mg one capsule by mouth two times a day for appetite stimulant.</li> <li>- dated 2/7 - 5/8/24, showed Marinol 5 mg one capsule by mouth two times a day for appetite stimulant.</li> </ul> <p>Review of Resident 2's February 2024 MAR showed Resident 2 was not administered Marinol 2.5 mg one capsule by mouth two times a day from 2/2 - 2/7/24, as ordered with the reason documented as 7 (other, see progress notes).</p> <p>Review of Resident 2's Progress Notes eMAR Medication Administration Note for Marinol 2.5 mg one capsule by mouth two times a day showed the following dates and times with comments:</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>	<ul style="list-style-type: none"> <li>- 2/2/24 at 1853 hours, pending delivery and MD paged for possible dosage change</li> <li>- 2/3/24 at 0919 hours,not available at this time.</li> <li>- 2/3/24 at 1917 hours,not available at this time.</li> <li>- 2/4/24 at 1000 hours, no additional notes shown.</li> <li>- 2/4/24 at 1739 hours, no additional notes shown.</li> <li>- 2/5/24 at 0952 hours, no additional notes shown.</li> <li>- 2/5/24 at 1728 hours, no additional notes shown.</li> <li>- 2/6/24 at 1817 hours, the pharmacy follows up in progress.</li> <li>- 2/7/24 at 1043 hours, new order (clarified).</li> </ul> <p>On 6/13/21 at 1415 hours, an interview was conducted with the ADON. The ADON stated thepharmacy delivered themedications within the day that they were ordered. In addition, a follow-up with the pharmacy wouldbe done if the medications were not delivered. The ADON stated there was a nationwide shortage of Marinol, and the ADON verified there was no follow up with the pharmacy regarding the delay of thismedication delivery until 2/8/24, six days after the order was obtained. The ADON verified there was no documented evidence the physician was notified Resident 2 was not administered Marinol on these days.</p> <p>On 6/13/24 at 1613 hours, the DON was informed and acknowledged the above findings.</p> <p>2. Review of the facility's P&amp;P titled Change of Condition Reporting dated 5/2019 showed it is the policy of this facility that all changes in a resident's condition will be communicated to the physician. The purpose is to clearly define the guidelines for the timely notification of a change in the resident condition.</p> <p>According to the National Institute of Neurological Disorders and Stroke titled Stroke Overview-What is Stroke dated 4/20/24, showed signs of stroke can range from mild weakness to paralysis, or numbness on one side of the face or body. A stroke is a serious medical emergency and requires immediate medical attention, just like a heart attack. Stroke is the fifth leading cause of death in the United States. It is the most common cause of adult disability. With stroke, the sooner treatment begins, the better. Knowing the signs of stroke and calling 911 immediately can help save the person from death or disability. Timely treatment can save brain cells and greatly reduce or even reverse the damage. Healthcare professionals also use a variety of brain imaging techniques to assess stroke risk, diagnose stroke, determine stroke type (and the extent and exact location of damage), and evaluate individuals for clinical studies and beast treatment, including CT (computed tomography, MRI (magnetic resonance imaging), and catheter-based angiography.</p> <p>According to the CDC's guidelines titled Risk Factors for Stroke dated 5/14/24, conditions that can increase risks are high blood pressure, high cholesterol, heart disease, and obesity.</p> <p>(continued on next page)</p>

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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>According to the CDC's guidelines titled Signs and Symptoms of Stroke dated 5/15/24, sudden numbness or weakness in the face, arm, or leg, especially on one side of the body, and to call 911 right away.</p> <p>Medical record review for Resident 5 was initiated on 5/31/21. Resident 5 was admitted to the facility on [DATE], and readmitted on [DATE]. Resident 5 [NAME] medical history of hypertension, congestive heart failure, hyperlipidemia, and obesity.</p> <p>Review of Resident 5's Weights and Vital Summary dated 5/14/24, showed two documented sets of vital signs for Resident 5 dated 5/14/24 at 0921 and 1535 hours.</p> <p>Review of Resident 5's Progress Notes dated 5/14/24 at 0932 hours, showed Resident 5 complained of feeling numb and stated, I feel like I'm having a stroke.</p> <p>Review of Resident 5's Progress Notes dated 5/14/24, showed no documented evidence the resident's physician was contacted when Resident 5 complained of numbing and feeling like he was having a stroke until 5/14/23 at 1543 hours (six hours and 11 minutes later), when Resident 5 was being sent out to an acute care hospital.</p> <p>Review of Resident 5's Progress Notes dated 5/14/24 at 1550 hours, showed Resident 5 was transferred to the acute care hospital via 911 due to the uneven smile and left-side numbness.</p> <p>Review of Resident 5's Discharge Summary Final Report from the acute care hospital dated 5/17/24, showed Resident 5 was brought in by the ambulance and had a tingling sensation on the left side of the body. Resident 5 stated the feeling started from his foot, then went to his lungs and brain. Resident 5 thought his speech was a little altered. In addition, the differential diagnoses (possible causes) listed stroke.</p> <p>On 5/31/24 at 1125 hours, an interview was conducted with Resident 5. Resident 5 stated he had an incident when he was not treated right and stated he could barely talk; had weakness, progressive numbness, and tingling; and thought he was having a stroke. Resident 5 stated when he told the overnight CNA, she did not alert anyone until the shift change, and it took a while to get to the acute care hospital on the following day.</p> <p>On 6/7/24 at 1147 hours, an interview was conducted with the ADON. When asked if a resident stated, I feel like I'm having a stroke if an RN should have assessed the resident, the ADON stated, yes, they should have.</p> <p>On 6/7/24 at 1417 hours, an interview was conducted with LVN 4. LVN 4 stated the physician and nursing supervisor should have been notified when Resident 5 stated, I feel like I'm having a stroke .</p> <p>On 6/7/24 at 1453 hours, a follow-up interview was conducted with LVN 4. LVN 4 stated a message was sent to the physician on 5/14/24 at 1225 hours, stating Resident 5 complained of numbing on the left side and worried about a stroke.</p> <p>On 6/7/24 at 1532 hours, an interview was conducted with the DON. When asked if LVN 4 should have notified the RN or physician to assess the resident, the DON stated, yes.</p>		