

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

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Form Approved OMB
No. 0938-0391

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 07/25/2025
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)		
F 0554 Level of Harm - Potential for minimal harm Residents Affected - Some	Allow residents to self-administer drugs if determined clinically appropriate. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and the facility P&P review, the facility failed to ensure one of four sampled residents (Resident 3) was assessed to determine if it was safe for the resident to self-administer the medications. * Resident 3 was observed with a medication cup filled with multiple medications at the bedside table. Resident 3 had no assessment, physician's order, and/or care plan problem addressing the self-administration of the medications. This failure had the potential for Resident 3 to administer medications inaccurately. Findings: Review of the facility's P&P titled Self-Administration of Medications (undated) showed the following: a. Residents will be informed that they have a right to self-administer drugs upon admission; b. if a resident requests to self-administer drugs the IDT will determine if the practice is safe before the resident may exercise this right; c. the IDT will determine who is responsible for the storage of the drugs and documentation of the administration of drugs, as well as the location of Drug Administration; d. these determinations need to be included in the residence care plan; e. the physicians order for such drugs will be clarified to include may keep at bedside; and f. residents who self-administer drugs will be periodically reevaluated based on any changes in the resident's status. Medical record review for Resident 3 was initiated on 7/24/25. Resident 3 was admitted to the facility on [DATE]. On 7/24/25 at 1108 hours, a concurrent observation and interview was conducted with Resident 3. A medication cup filled with multiple medications were present at the resident's bedside. When Resident 3 was asked if the medications inside the medication cup belong to him, Resident 3 stated Yes, then proceeded to self-administer the medications without the licensed nurse present. Review of Resident 3's Order Summary Report dated 7/24/25, failed to show a physician's order to self-administer the medications. Further review of Resident 3's medical record failed to show Resident 3 was assessed for the self-administration of the medications. Review of Resident 3's plan of care failed to show a care plan problem to address Resident 3's ability to self-administer the medications. On 7/24/25 at 1114 hours, an interview was conducted with LVN 1. LVN 1 was informed of the above findings. LVN 1 verified Resident 3 was not supposed to have the medications unattended at the bedside. LVN 1 stated the facility's process for the residents to self-administer the medications require an assessment from the physician to indicate the resident could self-administer the medications. On 7/24/25 at 1454 hours, a follow up interview was conducted with LVN 1. LVN 1 verified the medications inside the medication cup were Resident 3's scheduled at 0900 hours medications. When asked what medications were inside the medication cup, LVN 1 stated the following medications: folic acid (supplement), amlodipine (blood pressure medication), carvedilol (blood pressure medication), apixaban (blood thinner medication), aspirin (blood thinner), vitamin D (supplement), and lisinopril (blood pressure medication). On 7/25/25 at 1548 hours, an interview and concurrent medical record review was conducted with the DON. The DON stated the following medications were documented as administered to the resident on 7/24/25 at 0900 hours: amlodipine, aspirin, cyanocobalamin (vitamin b12 supplement), folic acid, Lasix (diuretic), lisinopril, thiamin (supplement), and apixaban. The DON verified Resident 3 had no assessment, physician's order, and/or a care plan problem addressing the self-administration of the medications. On 7/25/25 at 1617 hours, an interview was conducted with the Administrator and DON. The Administrator and the DON were informed and acknowledged 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
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