STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555388	A. Building B. Wing	05/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beach Creek Post-Acute	645 South Beach Blvd. Anaheim, CA 92804

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, medical record review, and facility P&P review, the facility failed to notify the resident's physician and resident's representative of a change in condition for one of six sampled residents (Resident 4). * The facility failed to notify Resident 4's physician and resident's representative of the resident's unwitnessed fall timely. This failure had the potential to result in Resident 4 not receiving timely and appropriate care.Findings: Review of the facility's P&P titled Fall Prevention and Response dated 7/2025 showed following a fall accident, a licensed nurse shall promptly respond and take actions, which may include:a. Evaluating for signs of physical injury or trauma prior to moving the Resident;b. Addressing emergency condition or fist-aid needs;c. Assisting Resident to a safe and comfortable position;d. Obtaining vital signs and conduct a physical assessment;e. Implementing neurological checks for known, reasonably suspected, or verbalized head injury;f. Notifying Physician and Resident Representative;g. Attempting to determine precipitating or contributing factors (when possible);h. Documenting assessment findings and actions;i. Reviewing care plan and updated (as indicated) to address immediate safety needs;j. Monitoring Resident's condition for at least 72 hours for post fall complications.Medical record review for Resident 4 was initiated on 5/28/26. Resident 4 was admitted to the facility on [DATE].Review of Resident 4's H&P examination dated 3/5/26, showed Resident 4 had the capacity to understand and make decisions. Review of Resident 4's SBAR Fall Report dated 5/4/26, showed the resident had a fall incident on 5/3/26 at 2330 hours. However, further review of Resident 4's SBAR report showed documentation the resident's physician and resident representative were notified on 5/4/26 at 0744 hours. On 5/28/26 at 1343 hours, a telephone interview was conducted with LVN 1. LVN 1 stated Resident 4 had a fall incident on 5/3/26 at 2330 hours and was monitored closely following the fall incident. LVN 1 further stated the physician and resident's representative were not notified immediately after the incident because to resident did not exhibit any change in condition. LVN 1 stated she notified the physician and resident's representative the following morning at approximately 0745 hours. On 5/29/26 at 1615 hours, an interview and concurrent medical record review was conducted with RN 1. RN 1 verified Resident 4 had a fall incident on 5/3/26 at 2330 hours. RN 1 stated the licensed nurse should notify the physician and resident's representative immediately after assessing the resident, rather than waiting until the following morning when the notification occurred at 0744 hours. On 5/29/26 at 1715 hours, an interview was conducted with the DON. The DON was informed and acknowledged the 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