

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

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No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>555388                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY<br>COMPLETED<br><br>01/26/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Beach Creek Post-Acute                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>645 South Beach Blvd.<br>Anaheim, CA 92804 |                                                 |
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| F 0695<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | <p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, medical record review, and facility P&amp;P review, the facility failed to provide the necessary respiratory care services for six of six of final sampled (Residents 1, 2, 6, 9, 121, and 131) and five non-sampled residents (Residents 24, 26, 52, 66, 115) reviewed for respiratory care. * The facility failed to administer oxygen to Resident 24 per the physician's order. * The facility failed to administer oxygen to Resident 66 per the physician's order. In addition, the facility failed to ensure the set-up bag for the nasal cannula for Resident 66 was changed every seven days. * The facility failed to ensure the nasal cannula tubing and oxygen concentrator near Resident 2's bed was hers and not her roommate's. In addition, the facility failed to ensure the set-up bag for the nasal cannula for Resident 2 was changed every seven days. * The facility failed to ensure the nasal cannula tubing for Resident 26 was labeled and dated. * The facility failed to ensure there was a physician's order to administer oxygen to Resident 6. In addition, the facility failed to ensure the nasal cannula tubing for Resident 6 was stored inside a set-up bag when not in use. * The facility failed to ensure the nebulizer mask and set-up bag were changed every seven days for Resident 1. The set-up bag was dated 12/3/25. * The facility failed to ensure the set-up bag to which the nebulizer mask was stored in was changed for Resident 52. The nebulizer mask was dated 1/13/25, however, the set-up bag was observed worn and brownish in color. * The facility failed to administer oxygen Residents 9 and 115 according to the physician's orders. * The facility failed to ensure Resident 131's suction machine tubing were dated and bagged when not in use. * The facility failed to administer oxygen to Resident 121 per the physician's order. These failures had the potential for these residents not to receive the appropriate respiratory care, for increased risks of infection, and potential to affect the residents' well-being. Findings:</p> <p>Review of the facility's P&amp;P titled Oxygen Administration revised 10/2010 showed to verify that there is a physician's order for this procedure.</p> <p>1. On 1/20/26 at 0859 hours, during the initial tour of the facility, Resident 24 was observed in bed with nasal cannula tubing connected to an oxygen concentrator and turned on at three LPM of oxygen. However, the nasal cannula tubing was not properly placed in the resident's nostrils.</p> <p>Medical record review for Resident 24 was initiated on 1/20/26. Resident 24 was readmitted to the facility on [DATE].</p> <p>Review of Resident 24's Order Summary Report showed a physician's order dated 10/23/25, to administer oxygen at two LPM via nasal cannula continuously to keep oxygen above 92%.</p> <p>On 1/20/26 at 0945 hours, an observation for Resident 24, interview and concurrent medical record review was conducted with RN 1. RN 1 verified Resident 24's nasal cannula prongs were not properly placed in the resident's nose. RN 1 placed Resident 24's nasal cannula prongs into the resident's (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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0695</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>nostrils. RN 1 verified Resident 24 was receiving oxygen at three LPM. RN 1 stated Resident 24 should have received oxygen at two LPM as per the physician's order.</p> <p>2. On 1/20/26 at 0815 hours, during the initial tour of the facility, Resident 66 was observed in bed receiving four LPM of oxygen. The set-up bag for the nasal cannula tubing was dated 1/12/26.</p> <p>Medical record review for Resident 66 was initiated on 1/20/26. Resident 66 was admitted to the facility on [DATE].</p> <p>Review of Resident 66's Order Summary Report showed the following physician's order dated 1/2/26:</p> <ul style="list-style-type: none"> <li>- to administer oxygen at three LPM via nasal cannula, may titrate up to four LPM to maintain oxygen saturation between 88 to 92%; and</li> <li>- to change the nasal cannula and oxygen tubing every seven days.</li> </ul> <p>Review of Resident 66's MAR for January 2026 showed Resident 66's oxygen saturation ranged from 93 to 96% from 1/1 to 1/21/26.</p> <p>Further review of Resident 66's medical record did not show Resident 66 had any episodes of desaturation to warrant the titration of oxygen to four LPM.</p> <p>On 1/20/26 at 1000 hours, an observation for Resident 66, interview and concurrent medical record review was conducted with RN 1. RN 1 verified Resident 66 was receiving oxygen at four liters minute. RN 1 stated Resident 66's oxygen could be titrated to four LPM to keep oxygen at 88 to 92% per the physician's order. However, RN 1 could not provide any documented evidence to show Resident 66 had any episodes of desaturation. RN 1 also verified the set-up bag for the nasal cannula was dated 1/12/26, and not changed every seven days.</p> <p>3. On 1/20/26 at 0820 hours, during the initial tour of the facility, Resident 2 was observed in bed. An oxygen concentrator was observed by the resident's bed. The set-up bag for the nasal cannula was dated 1/12/26, and labeled for Resident 2's roommate (Resident 51).</p> <p>a. Medical record review for Resident 2 was initiated on 1/20/26. Resident 2 was readmitted to the facility on [DATE].</p> <p>Review of Resident 2's Order Summary Report dated 1/26/26, did not show any physician's order to administer oxygen to the resident.</p> <p>Further review of Resident 2's medical record did not show any physician's order to administer oxygen to Resident 2.</p> <p>b. Medical record review for Resident 51 was initiated on 1/20/26. Resident 51 was readmitted to the facility on [DATE].</p> <p>Review of Resident 51's Order Summary Report showed the following physician's orders dated 1/2/26:</p> <ul style="list-style-type: none"> <li>- to administer oxygen at two LPM via nasal cannula as needed for shortness of breath; and</li> </ul> <p>(continued on next page)</p> |                                                                                         |                                                 |

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| <p>F 0695</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>- to change the nasal cannula and oxygen tubing every seven days.</p> <p>On 1/20/26 at 0956 hours, an observation for Resident 2, interview and concurrent medical record review was conducted with RN 1. RN 1 verified an oxygen concentrator was beside Resident 2's bed. RN 1 also verified the set-up bag for the nasal cannula was labeled for Resident 2's roommate, and dated 1/12/26, and not changed every seven days.</p> <p>4. On 1/20/26 at 0910 hours, during the initial tour of the facility, Resident 26 was observed in bed receiving three LPM of oxygen. The nasal cannula tubing was observed undated, and no set-up bag was observed.</p> <p>Medical record review for Resident 26 was initiated on 1/20/26. Resident 26 was admitted to the facility on [DATE].</p> <p>Review of Resident 26's Order Summary Report showed the following physician's orders dated 1/7/26:</p> <p>- to administer oxygen at three LPM via nasal cannula continuously to keep oxygen above 92%; and</p> <p>- to change the nasal cannula every fourteen days.</p> <p>On 1/20/26 at 0940 hours, an observation for Resident 26 interview and concurrent medical record review was conducted with RN 1. RN 1 verified Resident 26 was receiving oxygen at three LPM. RN 1 also verified the nasal cannula tubing was undated and there was no set-up bag provided for the nasal cannula. RN 1 stated when the NOC shift licensed nurses changed the nasal cannula tubing, it should be dated, and a set-up bag, which is also dated and labeled with the resident's name should be provided.</p> <p>On 1/26/26 at 1047 hours, an interview for Resident 26 was conducted with Nurse Consultant 1. When asked about the facility's policy for changing the nasal cannula tubing, Nurse Consultant 1 stated the nasal cannula tubing should be changed every seven days and provide a set-up bag dated and labeled with the resident's name, by the NOC shift RN or LVN.</p> <p>5. On 1/20/26 at 0848 hours, during the initial tour of the facility, Resident 6 was observed in bed. A nasal cannula tubing dated 1/13/26 was observed on top of an oxygen concentrator beside Resident 6's bed. There was no set-up bag.</p> <p>Medical record review for Resident 6 was initiated on 1/20/26. Resident 6 was readmitted to the facility on [DATE].</p> <p>Further review of Resident 6's medical record did not show any physician's order to administer oxygen to Resident 6.</p> <p>On 1/20/26 at 0949 hours, an observation for Resident 6 and concurrent interview and medical record review were conducted with RN 1. RN 1 verified a nasal cannula tubing dated 1/13/26, was observed on top of an oxygen concentrator beside Resident 6's bed. RN 1 verified there was no set-up bag provided to place the nasal cannula when not in use. RN 1 also verified there was no physician's order to administer oxygen to Resident 6.</p> <p>(continued on next page)</p> |                                                                                         |                                                 |

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| <p>F 0695</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>6. On 1/20/26 at 0849 hours, during the initial tour of the facility, Resident 1 was observed in bed. An undated nebulizer mask was observed inside a set-up bag. The set-up bag was dated 12/3/25.</p> <p>Medical record review for Resident 1 was initiated on 1/20/26. Resident 1 was readmitted to the facility on [DATE].</p> <p>Review of Resident 1's Order Summary Report showed the following physician's order dated 2/13/25, to administer ipratropium-albuterol solution (bronchodilator) 0.5-2.5 mg/ 3ml one dose inhale via nebulizer every six hours as needed for shortness of breath.</p> <p>On 1/20/26 at 0952 hours, an observation for Resident 1, interview and concurrent medical record review was conducted with RN 1. RN 1 verified an undated nebulizer mask was observed inside a set-up bag which was dated 12/3/25. RN 1 stated the nebulizer mask, and the set-up bag should be dated and changed every seven days.</p> <p>7. On 1/20/26 at 0912 hours, during the initial tour of the facility, Resident 52 was observed in bed. A nebulizer mask was observed dated 1/13/26, and stored inside a set-up bag, which was undated and observed worn and brownish in color.</p> <p>Medical record review for Resident 52 was initiated on 1/20/26. Resident 52 was admitted to the facility on [DATE].</p> <p>Review of Resident 52's Order Summary Report showed the following physician's orders dated 12/30/25:</p> <ul style="list-style-type: none"> <li>- to administer levalbuterol solution (bronchodilator) 1.25 mg/ 3ml one dose inhale via nebulizer every six hours four times a day; and</li> <li>- to change the nebulizer set-up (mouthpiece, mask, tubing, chamber) every 14 days and as needed every night shift.</li> </ul> <p>Review of Resident 52's MAR for January 2026 showed Resident 52 was administered the levalbuterol medication via nebulizer from 1/1 to 1/20/26 at 0630, 1100, 1600 and 2000 hours, and on 1/21/26 at 0630 and 1100 hours.</p> <p>On 1/20/26 at 0943 hours, an observation for Resident 52 and concurrent interview and medical record review were conducted with RN 1. RN 1 verified the nebulizer mask was dated 1/13/26, and stored inside an undated set-up bag, which was worn and brownish in color. RN 1 stated when the NOC shift licensed nurses changed the nebulizer mask and tubing, the set-up bag should also be changed, dated and labeled.</p> <p>8. Review of the facility's P&amp;P titled Oxygen Administration dated October 2010 showed:</p> <ul style="list-style-type: none"> <li>- Under the Preparation section: verify there is a physician's order for this procedure.</li> <li>- Under the Steps in the Procedure section: turn on the oxygen, unless otherwise ordered, start the flow of oxygen at the rate of two to three LPM.</li> </ul> <p>On 1/20/26 at 0855 hours, during the initial tour of the facility, an observation was conducted in (continued on next page)</p> |                                                                                         |                                                 |

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| <p>F 0695</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Resident 115's room. Resident 115 was observed in bed with the oxygen being administered via nasal cannula at 3.5 LPM.</p> <p>Medical record review for Resident 115 was initiated on 1/20/26. Resident 115 was admitted to the facility on [DATE].</p> <p>Review of Resident 115's Order Summary Report showed a physician's order dated 1/15/26, to administer oxygen at two LPM via nasal cannula, continuously.</p> <p>Review of Resident 115's H&amp;P examination dated 1/16/26, showed Resident 115 had the capacity to make medical decisions.</p> <p>On 1/20/26 1438 hours, an observation and concurrent interview was conducted with CNA 7. CNA 7 verified Resident 115's oxygen rate was at 3.5 LPM. CNA 7 further stated the RN Supervisors were the ones who adjusted the oxygen rate.</p> <p>On 1/20/26 1447 hours, an observation, interview and concurrent medical record review was conducted with LVN 4. LVN 4 verified Resident 115's oxygen rate administered was at 3.5 LPM and stated the resident's oxygen should be at two LPM.</p> <p>9. On 1/20/26 at 1426 hours, during the initial tour of the facility, Resident 9 was observed lying in bed with the oxygen being administered between 1 and 1.5 LPM via nasal cannula.</p> <p>Medical record review for Resident 9's was initiated on 1/23/26. Resident 9 was admitted to the facility on [DATE].</p> <p>Review of Resident 9's MDS assessment dated [DATE], showed the resident had a BIMS score of seven, indicating severe impaired cognition.</p> <p>Review of Resident 9's Order Summary Report dated 1/21/26, showed a physician's order dated 8/20/25, to administer oxygen at two LPM via nasal cannula continuously.</p> <p>On 1/20/26 at 1439 hours, an interview was conducted with CNA 7. CNA 7 verified Resident 9's oxygen rate was at 1.5 LPM. CNA 7 stated the RN Supervisors were the ones responsible for adjusting the oxygen.</p> <p>On 1/20/26 at 1445 hours, an observation, interview and concurrent medical record review were conducted with LVN 4. LVN 4 verified Resident 9's oxygen rate was between 1 and 1.5 LPM. LVN 4 also verified Resident 9's physician's order showed to administer oxygen at two LPM via nasal cannula continuously. LVN 4 stated the resident's oxygen rate was being checked during the start of the shift to make sure the resident was receiving the correct oxygen rate. LVN 4 stated she did not know what happened to Resident 9's oxygen rate.</p> <p>10. Review of the facility's P&amp;P titled Suctioning the Upper Airway dated 10/2010 showed to place the catheter in a clean, dry area.</p> <p>On 1/20/26 at 1127 hours, during the initial tour of the facility, an observation was conducted for Resident 131. A suction machine was observed on top of Resident 131's nightstand at the bedside. Two tubing were attached to the suction machine and observed hanging on the front of the nightstand (continued on next page)</p> |                                                                                         |                                                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>Beach Creek Post-Acute                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>645 South Beach Blvd.<br>Anaheim, CA 92804 |                                                 |
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| <p>F 0695</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>with no date and stored inside a set-up bag.</p> <p>Medical record review for Resident 131 was initiated on 1/20/26. Resident 131 was admitted to the facility on [DATE].</p> <p>Review of Resident 131's H&amp;P examination dated 8/10/25, showed Resident 131 had no capacity to understand and make decisions.</p> <p>Review of Resident 131's Order Summary Report dated 1/21/26, did not show a physician's order for the suction machine.</p> <p>On 1/20/26 1131 hours, an observation and concurrent interview was conducted with RN 4. RN 4 verified the two suction tubing were not stored inside a set-up bag and undated. LVN 4 stated the tubing should have been dated and placed inside a bag.</p> <p>On 1/20/26 at 1137 hours, an observation and concurrent interview was conducted with the IP. The IP verified the two suction tubing were not stored inside a bag and undated. The IP stated the tubing should have been stored inside a bag and dated.</p> <p>11. On 1/20/26 at 0830hours, during initial tour of the facility, Resident 121 was observed with oxygen at 2.5 LPM via a nasal cannula.</p> <p>Medical record review for Resident 121 was initiated on 1/20/26. Resident 121 was admitted on [DATE], and readmitted on [DATE].</p> <p>Review of Resident 121's H&amp;P examination dated 5/10/25, showed Resident 121 had no capacity to understand and make decisions.</p> <p>Review of Resident 121's Order Summary Report showed a physician's order dated 7/10/25, to administer oxygen at three LPM via nasal canula continuously for shortness of breath every shift.</p> <p>On 1/20/26 at 1228 and 1429 hours, Resident 121 was observed receiving oxygen via nasal canula at 2.5 LPM.</p> <p>On 1/20/26 at 1530 hours, an observation and concurrent interview was conducted with LVN 2. LVN 2 verified Resident 121 was receiving oxygen at 2.5 LPM.</p> <p>On 1/21/26 at 1430 hours, an observation, interview, and concurrent medical record review was conducted with LVN 1. LVN 1 verified Resident 121 was receiving oxygen via nasal cannula at 2.5 LPM. LVN 1 reviewed Resident 121's physician's order and verified the resident should have been receiving oxygen at three LPM. LVN 1 stated the importance of having the rate at the correct setting was to ensure sufficient oxygen flow was being administered to the residents due to their shortness of breath.</p> <p>On 1/26/26 at 1549 hours, an interview was conducted with the Administrator, DSD, and Nurse Consultant 1. The Administrator, DSD, and Nurse Consultant 1 were informed and acknowledged the above findings.</p> |                                                                                         |                                                 |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, facility document review, and facility P&amp;P review, the facility failed to ensure the food safety and sanitation requirements were met in the kitchen. * The facility failed to ensure the proper labeling and dating of the foods in the kitchen was utilized once the food item was opened. * The facility failed to ensure the kitchen utensils and equipment were stored or kept in sanitary conditions. * The facility failed to ensure the food preparation equipment was in good condition. *The facility failed to ensure a dented can was removed. *The facility failed to ensure the resident food refrigerator was clean. * The facility failed to ensure the chlorine strips for the low-temperature dishwashing machine had not expired * The facility failed to air dry the blender prior to the puree preparation. These failures had the potential for exposure to food-borne illnesses for medical vulnerable population of 134 residents who received food prepared in the kitchen. Findings: Review of the facility's Order Listing Report dated 1/20/26, showed 134 of 137 residents in the facility received food prepared in the kitchen. 1. Review of the facility's P&amp;P titled Food Receiving and Storage revised 11/2022 showed all foods stored in the refrigerator or freezer are covered, labeled, and dated ( use-by date). On 1/20/26 at 0800 hours, an initial tour of the kitchen was conducted with the DSS. The following was observed:- a bag of orange colored beverage was connected to the juice dispenser. The bag was not observed labeled with the opened date;- five juice boxes labeled cranberry, prune, orange, apple, and sugar-free strawberry kiwi juice were connected to the juice dispenser. The juice boxes were not observed labeled with the opened date. The label on the juice boxes showed to use the product 45 days after connecting;- an opened bag of frozen veggie patties was observed in the walk-in freezer. The bag was not observed labeled with the open or use-by date;- three opened bags of bread were observed on the bread rack inside the dry storage room. The bags of bread were not observed with the opened date; The DSS verified the above findings. The DSS stated the juice boxes should be labeled with the delivery date and the opened date when it was first opened and connected to the juice dispenser. The DSS stated the food items in the kitchen should be labeled with the opened date when it was opened. 2. According to FDA Food Code 2022, 4-601.11, Equipment, Food-Contact Surfaces, Nonfood Contact Surfaces, and Utensils (undated), showed the equipment food-contact surfaces and utensils shall be clean to sight and touch, the food-contact surfaces of cooking equipment and pans shall be kept free of encrusted grease deposits and other soil accumulations; and the nonfood- contact surface of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris. According to FDA Food Code 2022, 4-602.13, Non-Food Contact Surfaces (undated), showed the presence of food debris or dirt on nonfood contact surfaces may provide a suitable environment for the growth of microorganisms which employees may inadvertently transfer to food. If these areas are not kept clean, they may also provide harborage for insects, rodents, and other pests. Review of the facility P&amp;P titled Sanitation revised 11/2022 showed all utensils, counters, shelves, and equipment are kept clean, maintained in good repair and are free from breaks, corosions, open seams, cracks and chipped areas that may affect their use or proper cleaning. On 1/20/26 at 0800 hours, an initial tour of the kitchen was conducted with the DSS. The following was observed:- the drawer containing multiple clean kitchen utensils was observed with a clear, thick residue at the bottom of the drawer.- the can opener was observed with the can opener blade containing a brown colored residue and the rotating compartment was observed with brownish-orange discoloration. The DSS verified the above findings. 3. According to FDA Food Code 2022, Section 4-101.11, Multiuse, Characteristics (undated) showed multiuse equipment is subject to deterioration because of its nature, i.e., intended use over an extended period of time. Certain materials allow harmful chemicals to be transferred to the food being prepared which could lead to foodborne illness. Surfaces that are unable to be routinely cleaned and sanitized because of the materials used could harbor foodborne pathogens. Deterioration of the surfaces of equipment such (continued on next page)</p> |                                                                                         |                                                 |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>as pitting may inhibit adequate cleaning of the surfaces of equipment, so that food prepared on or in the equipment becomes contaminated. According to FDA Food Code 2022, Section 4-501.12, Cutting Surfaces (undated), showed surfaces such as cutting boards and blocks that become scratched and scored may be difficult to clean and sanitize. As a result, pathogenic microorganisms transmissible through food may build up or accumulate. These microorganisms may be transferred to foods that are prepared on such surfaces. Review of the facility P&amp;P titled Sanitation revised 11/2022 showed plastic ware, China, and glassware that cannot be sanitized or are hazardous because of chips, cracks, or loss of glaze are discarded. Damaged or broken equipment that can't be repaired is discarded. On 1/20/26 at 0800 hours, an initial tour of the kitchen was conducted with the DSS. The following was observed:- one brown cutting board was observed heavily marred and fuzzy, with brown colored stain,- one green cutting board was observed heavily marred and fuzzy, and- one blue-handle spatula had a melted and discolored handle. The DSS verified the above findings. 4. On 1/20/26 at 0800 hours, an initial tour of the kitchen was conducted with the DSS. A can of tomato sauce was observed dented and placed in rotation for use. The DSS verified the above findings. The DSS stated the cans were checked when the shipment was received and when the cans were placed on the shelf. The DSS stated if dents were noted on the cans, then the can should be placed on the shelf labeled dented cans. 5. According to FDA Food Code 2022 Section 4-601.11, Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils, (A) Equipment, Food-Contact and utensils shall be clean to sight and touch. On 1/20/26 at 0855 hours, an inspection of the resident food refrigerator and concurrent interview was conducted with the DSS. The resident food refrigerator was located in the therapy room. The resident food refrigerator was observed with multiple black colored particles on the shelf, and observed with a brownish color stain on the handle of the top and bottom left refrigerator drawers. A paper towel was used to wipe the refrigerator shelf and was observed with brownish-black residue on the paper towel. The DSS verified the above findings. The DSS stated the refrigerator storing the residents' food should be kept clean. On 1/26/26 at 1030 hours, an interview was conducted with the DSD. The DSD stated the residents' food refrigerator should be cleaned by the housekeeping weekly. When asked to see the cleaning log for the residents' refrigerator, the DSD stated a log was not kept for the cleaning of the residents' refrigerator. 6. According to FDA Food Code 2022, 4-501.18, Ware washing Equipment, Clean Solutions (undated), showed failure to maintain clean wash, rinse, and sanitizing solutions adversely affects the ware washing operation. Equipment and utensils may not be sanitized, resulting in subsequent contamination of food. Review of the facility P&amp;P titled Sanitation revised 11/2022 showed the dishwashing machines are operated according to manufacturer's instructions. General recommendations for heat and chemical sanitations are: b. Low-Temperature Dishwasher (Chemical Sanitization): 1. Wash temperature (120 degrees F); 2. Final rinse with 50 parts per million (ppm) hypochlorite (chlorine) on dish surface in final rinse; and 3. The chemical solution is maintained at the correct concentration, based on periodic testing, at least once per shift, and for the effective contact time according to manufacturer's guidelines. On 1/21/26 at 0940 hours, an interview and concurrent observation was conducted with the Dietary Aide. When asked about the process for checking the concentration of the sanitizer solution used for the low temperature dishwasher, the Dietary Aide stated during the rinse cycle she would use the chlorine dip strip and dip the strip into the rinse water for one second. The Dietary Aide performed how she would check the chlorine test strip with the key located on the chlorine test strip bottle. The Dietary Aide stated the concentration should be between 50 to 100 ppm. However, the Precision Chlorine Test Paper container was observed with the expiration date of 8/2025. On 1/21/26 at 0948 hours, an interview and concurrent observation was conducted with the DSS. The DSS verified the above findings. The DSS was asked about the purpose of checking the sanitation concentration levels for the low temperature dishwasher and the DSS stated it was to ensure the adequate sanitation of the dishes and utensils for the residents. 7. According to FDA Food Code 2022, 4-901.11, Equipment and Utensils, Air-Drying Required (undated), (continued on next page)</p> |                                                                                         |                                                 |

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

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Form Approved OMB  
No. 0938-0391

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| F 0812<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | showed items must be allowed to drain and to air-dry before being stacked or stored. Review of the facility P&P titled Sanitation revised 11/2022, showed food preparation equipment and utensils that are manually washed and allowed to air dry whenever practical. On 1/21/26 at 0951 hours, a pureed food preparation observation and concurrent interview was conducted with the Cook. The [NAME] was observed placing a stainless-steel blender on the blender base. The stainless-steel blender with the blade attached was observed wet. The [NAME] was observed preparing to add the chicken to the blender. The [NAME] verified the blender and blender blade was still wet. The [NAME] stated the blender should be completely air dried before use. On 1/26/26 at 1357 hours, an interview was conducted with the Administrator, Nurse Consultants 1 and 2, DSD, DSS, and RD. The Administrator, Nurse Consultants 1 and 2, DSD, DSS, and RD were informed and acknowledged the above findings. |                                                                                         |                                                 |

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| <p>F 0605</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview, medical record review, and facility P&amp;P review, the facility failed to ensure seven of seven final sampled residents (Residents 1, 3, 6, 8, 10, 68, and 121) reviewed for unnecessary medications were free from unnecessary psychotropic medications. * The facility failed to ensure Resident 10's orthostatic BP was monitored for the use of the olanzapine (antipsychotic medication); and failed to ensure the nonpharmacological interventions and its effectiveness were documented for the documented observed behaviors related to the use of the olanzapine, hydroxyzine (antihistamine) and Ativan (antianxiety) medications. * The facility failed to ensure Resident 68's orthostatic BP was monitored for the use of the aripiprazole (antipsychotic medication); failed to ensure the diagnoses for Resident 68's use of the aripiprazole (schizophrenia) and Cymbalta (schizoaffective depressive disorder) were appropriate when Resident 68 did not have those diagnoses; and failed to ensure the appropriate monitoring of Resident 68's behavior related to the use of the temazepam (hypnotic) medication. * The facility failed to ensure an appropriate behavior manifestation was identified for Resident 6 related to the use of Cymbalta. In addition, the facility failed to ensure the monitoring for pain, used as the behavior manifestation related to the use of Cymbalta medication, was accurate. * The facility failed to ensure the monitoring of Resident 1's meal intake was accurate to identify when the resident had a meal intake of less than 50% and failed to complete the monthly behavior summary related to the use of Remeron (antidepressant medication). *The facility failed to ensure the non-pharmacological interventions were implemented prior to the use of lorazepam (antianxiety medication) and Remeron medications for Resident 8. * The facility failed to ensure Resident 3's orthostatic blood pressure, side-effects, and non-pharmacological interventions were monitored and accurately documented for the use of quetiapine fumarate (antipsychotic) and sertraline (antidepressant) medications. * The facility failed to ensure Resident 121's non-pharmacological interventions were monitored and accurately documented for the use of lorazepam medication. These failures had the potential for the residents to experience potential harm from the adverse consequences from the use of the psychotropic medications and prevented the facility from accurately monitoring the behaviors and the effectiveness of the behavioral interventions in an effort to discontinue the use of the psychotropic medications.</p> <p>Findings:</p> <p>Review of the facility's P&amp;P titled Psychotropic Medication Use dated 7/2022 showed psychotropic medication management includes:</p> <ul style="list-style-type: none"> <li>a. indications for use;</li> <li>b. dose (including duplicate therapy);</li> <li>c. duration;</li> <li>d. adequate monitoring for efficacy and adverse consequences; and</li> <li>e. preventing, identifying, and responding to adverse consequences.</li> </ul> <p>Nonpharmacological approaches are used (unless contraindicated) to minimize the need for medications, permit the lowest possible dose, and allow for the discontinuation of the medication (continued on next page)</p> |                                                                                         |                                                 |

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| <p>F 0605</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>when possible. The residents receiving the psychotropic medications are monitored for adverse consequences, including:</p> <p>b. cardiovascular effects &amp;ndash; irregular heart rate or pulse, palpitation, lightheadedness, shortness of breath. orthostatic hypotension.</p> <p>If the psychotropic medications are identified as possibly causing or contributing to adverse consequences, the prescriber will determine whether the medication(s) should be continued and document the rationale for the decision.</p> <p>Further review of the P&amp;P showed the categories of medications which affect brain activity such as antihistamines, anticholinergic medications, and central nervous system medications that are prescribed as a substitute for or an adjunct to a psychotropic medication are monitored and managed as psychotropic medications.</p> <p>1. Medical record review for Resident 10 was initiated on 1/20/26. Resident 10 was admitted to the facility on [DATE], and readmitted on [DATE].</p> <p>Review of Resident 10's MDS assessment dated [DATE], showed Resident 10 was cognitively intact and had diagnoses including anxiety disorder and bipolar disorder.</p> <p>a. Review of Resident 10's Order Summary Report dated 1/21/26, showed the following physician's orders:</p> <ul style="list-style-type: none"> <li>- dated 5/13/25, to administer olanzapine 15 mg one tablet by mouth at bedtime for bipolar disorder manifested by mood swings high to low;</li> <li>- dated 8/18/25, to administer olanzapine 5 mg one tablet by mouth in the morning for bipolar disorder manifested by mood swings from high to low; and</li> <li>- dated 8/18/25, related to the use of olanzapine, to monitor Resident 10 for the behavior of mood swings from high to low, every shift.</li> </ul> <p>Further review of Resident 10's Order Summary Report failed to show a physician's order to monitor Resident 10 for orthostatic hypotension related to the use of the olanzapine medication.</p> <p>Review of Resident 10's care plan for the use of the psychotropic medications for bipolar disorder, psychosis, and anxiety dated 5/3/25, showed the interventions included observing the resident closely for significant side effects of the olanzapine antipsychotic medications. Postural hypotension was listed under the common side effects.</p> <p>Review of Resident 10's MAR for January 2026 showed Resident 10 was administered the olanzapine medication 5 mg one tablet by mouth every morning from 1/1 to 1/21/26 at 0900 hours, and olanzapine 15 mg one tablet by mouth at bedtime from 1/1 to 1/22/26 at 2100 hours. Further review of Resident 10's MAR showed from 1/1 to 1/20/26, the licensed nurses' documented Resident 10 had a total of 122 episodes of mood swings from high to low.</p> <p>Further review of Resident 10's medical record failed to show the documentation of the monitoring for the orthostatic hypotension and failed to show the documentation of the non-pharmacological<br/>(continued on next page)</p> |                                                                                         |                                                 |

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| <p>F 0605</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>interventions implemented for the documented observed behaviors of mood swings from high to low, for Resident 10's use of the olanzapine medication.</p> <p>b. Review of Resident 10's Order Summary Report dated 1/21/26, showed the following physician's orders:</p> <ul style="list-style-type: none"> <li>- dated 10/20/25, to initiate the non-pharmacological interventions first before offering as needed psychotropics for the behaviors. To document 1- Redirect, 2- 1:1 intervention, 3- Speak in calm manner, 4- Reposition, 5- Kept clean/comfortable, 6- Offer snacks/fluids, 7- Provide quiet environment, dim light, 8- adjust temperature, 9- Encourage to express feelings/concerns, 10- Backrub/massage, 11- Meaningful activities, 12- Encourage slow, deep breaths, 13- Offer toileting assist, 14- Essential oils, 15- Reminiscing, 16- Diversional activities, 17- Assign consistent caregiver, 18- Other, describe;</li> <li>- dated 10/22/25, for the use of the antianxiety medication, to monitor for the behavior of uncontrolled crying causing physical exhaustion. To document the number of episodes per shift of target behavior and tall by hashmarks;</li> <li>- dated 1/17/26, to administer hydroxyzine 25 mg by mouth every 12 hours as needed for anxiety manifested by uncontrolled crying causing physical exhaustion for 14 days. To be used as first line treatment prior to any Ativan use; and</li> <li>- dated 1/17/26, to administer Ativan 1 mg tablet by mouth every 12 hours as needed for anxiety manifested by uncontrolled crying causing physical exhaustion for 14 days, this medication is to be used as second line treatment if hydroxyzine is not effective.</li> </ul> <p>Review of Resident 10's MAR for January 2026 showed the following licensed nurses' documentation:</p> <ul style="list-style-type: none"> <li>* for the hydroxyzine 25 mg by mouth every 12 hours as needed for anxiety, Resident 10 was administered the medication from 1/3 to 1/6, from 1/8 to 1/15, and on 1/17/26;</li> <li>* for the Ativan 1 mg by mouth every 12 hours as needed for anxiety, Resident 10 was administered the medication from 1/3 to 1/8 and from 1/10 to 1/15/26; and</li> <li>* for the monitoring of the behavior of uncontrolled crying causing physical exhaustion, the MAR showed from 1/1 to 1/20/26, the licensed nurses' documented Resident 10 had a total of 112 episodes.</li> </ul> <p>Further review of Resident 10's MAR, for the documentation of the nonpharmacological interventions initiated prior to offering the PRN medication for the behavior, failed to showed the licensed nurses' documentation of the non-pharmacological interventions implemented for the above dates.</p> <p>On 1/21/26 at 1603 hours, an interview and concurrent medical record review for Resident 10 was conducted with LVN 5. LVN 5 stated Resident 10 had behaviors of crying for no apparent reason and mood changes from happy to sad. LVN 5 stated Resident 10 was administered the Zyprexa (brand name for olanzapine) medication for her mood swings and the hydroxyzine and Ativan medication for her anxiety related to her uncontrolled crying. LVN 5 stated for the residents administered psychotropic medications, the residents were monitored for the specific behavior manifestations related to the use of each psychotropic medication. LVN 5 further stated, if the specific behaviors (continued on next page)</p> |                                                                                         |                                                 |

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| <p>F 0605</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>were observed, the nonpharmacological interventions would be implemented and its effectiveness documented in the MAR. LVN 5 reviewed Resident 10's medical records and verified there were no documentation of the non-pharmacological interventions implemented for the documented observed behaviors for the olanzapine, hydroxyzine, and Ativan medications.</p> <p>On 1/22/26 at 1352 hours, an interview and concurrent medical record review for Resident 10 was conducted with the DON. The DON stated the residents prescribed with the antipsychotic medications should be monitored for orthostatic hypotension. Additionally, the DON stated the residents administered with the psychotropic medications would be monitored by the licensed nurses for the specific behaviors related to the use of the psychotropic medication. The DON stated if the behaviors were observed, the non-pharmacological interventions should be implemented and documented. The DON reviewed Resident 10's medical record and verified Resident 10 was not being monitored for orthostatic hypotension related to the use of the olanzapine medication and verified there were no documentation in Resident 10's medical record of the non-pharmacological interventions implemented for the observed behaviors for the routine olanzapine and PRN hydroxyzine and Ativan medications.</p> <p>2. Medical record review for Resident 68 was initiated on 1/20/26. Resident 68 was admitted to the facility on [DATE].</p> <p>Review of Resident 68's MDS assessment dated [DATE], showed Residents 68 had moderately impaired cognition and had diagnoses including non-Alzheimer's dementia and major depressive disorder.</p> <p>a. Review of Resident 68's Order Summary Report dated 1/22/26, showed the following physician's orders:</p> <p>-dated 1/7/26, to administer aripiprazole (antipsychotic) 15 mg one tablet by mouth at bedtime for schizophrenia manifested by resistive to care; and</p> <p>- dated 1/14/26, to administer Cymbalta (medication to treat several mental heal health and chronic pain condition) 60 mg delayed-release by mouth in the evening for schizoaffective depressive type manifested by verbally feeling depressed.</p> <p>Review of Resident 68's care plan for the use of psychotropic medications dated 12/30/25, showed interventions including to observe the resident closely for significant side effects related to the use of the antipsychotic medications. Postural hypotension was listed under common side effects.</p> <p>Review of Resident 68's MAR for January 2026 showed Resident 68 was administered the following:</p> <p>- aripiprazole 15 mg at bedtime, from 1/1 to 1/7, and from 1/9 to 1/21/26 at 2100 hours; and</p> <p>- Cymbalta 60 mg DR (delayed release) in the evening, from 1/14 to 1/21/26 at 1800 hours.</p> <p>Further review of Resident 68's medical record failed to show the documentation Resident 68 was monitored for orthostatic hypotension for the use of the aripiprazole antipsychotic medication.</p> <p>On 1/22/26 at 1026 hours, an interview and concurrent medical record review for Resident 68 was conducted with LVN 6. LVN 6 stated Resident 68 had diagnoses including dementia and major depressive disorder and was taking the aripiprazole and Cymbalta medications. LVN 6 reviewed (continued on next page)</p> |                                                                                         |                                                 |

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| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                         |                                                 |
| <p>F 0605</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Resident 68's medical record and verified Resident 68 did not have the diagnoses for the use of the aripiprazole and Cymbalta medications. LVN 6 further stated the indication for the use of the medication should match the resident's diagnoses. LVN 6 was asked about the monitoring of the side effects related to the use of the aripiprazole antipsychotic medication. LVN 6 stated the orthostatic hypotension was a side effect related to the use of the antipsychotic medication and the residents should be monitored. LVN 6 was asked how Resident 68 was monitored for orthostatic hypotension. LVN 6 reviewed Resident 68's medical record and verified there were no documentation Resident 68 was monitored for orthostatic hypotension related to the use of the aripiprazole medication.</p> <p>b. Review of Resident 68's Order Summary Report dated 1/22/26, showed the following physician's orders:</p> <ul style="list-style-type: none"> <li>- dated 12/30/25, for the use of the temazepam (medication to treat insomnia), monitor Resident 68 for the number of hours of sleep every evening and night shift for insomnia,</li> <li>- dated 1/18/26, to administer temazepam 15 mg one capsule by mouth every 24 hours as needed for insomnia for 14 days manifested by the inability to sleep.</li> </ul> <p>Review of Resident 86's MAR for January 2026 showed Resident 86 was administered the temazepam 15 mg delayed release capsule on the following dates and times:</p> <ul style="list-style-type: none"> <li>- on 1/2/26 at 2205 hours;</li> <li>- on 1/3/26 at 2000 hours;</li> <li>- on 1/4/26 at 2216 hours;</li> <li>- on 1/5/26 at 2000 hours;</li> <li>- on 1/7/26 at 0230 hours;</li> <li>- on 1/10/26 at 2000 hours;</li> <li>- on 1/11/26 at 2000 hours;</li> <li>- on 1/12/26 at 2100 hour;</li> <li>- on 1/18/26 at 2000 hours, and</li> <li>- on 1/21/26 at 2100 hours.</li> </ul> <p>Further review of Resident 68's MAR for January 2026 showed Resident 86 was only monitored for the hours of sleep every shift from 1/1 to 1/6/26.</p> <p>On 1/22/26 at 1026 hours, an interview and concurrent medical record review for Resident 68 was conducted with LVN 6. LVN 6 reviewed Resident 68's medical record and verified the above findings. LVN 6 verified there was no documentation Resident 68 was monitored for the hours of sleep related to the use of the temazepam medication after 1/6/26.<br/>(continued on next page)</p> |                                                                                         |                                                 |

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| <p>F 0605</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>On 1/22/26 at 1429 hours, an interview and concurrent medical record review for Resident 68 was conducted with the DON. The DON reviewed Resident 68's medical record and verified the above findings. The DON stated major depressive disorder and schizoaffective depressive type were not the same diagnosis. The DON further stated Resident 68 should be monitored for orthostatic hypotension related to the use of the aripiprazole medication. The DON stated for the use of psychotropic medications, routine and/or PRN medications, the residents should be monitored for the behaviors related to the use of the medication. The DON verified there was no monitoring of Resident 68's hours of sleep for the use of the temazepam medication from 1/7 to 1/21/26.</p> <p>On 1/26/26 at 1410 hours, an interview was conducted with the Administrator, Nurse Consultants 1 and 2, and the DSD. The Administrator, Nurse Consultants 1 and 2, and the DSD were informed and acknowledged the above findings.</p> <p>3. Medical record review for Resident 6 was initiated on 1/20/26. Resident 6 was readmitted to the facility on [DATE].</p> <p>Review of Resident 6's Order Summary Report showed the following physician's orders:</p> <ul style="list-style-type: none"> <li>- dated 5/11/25, to assess pain level every shift;</li> <li>- dated 11/20/25, to administer Cymbalta 60 mg one capsule by mouth for depression manifested by pain;</li> <li>- dated 11/20/25, to monitor behavior for Cymbalta manifested by pain. Document number of episodes per shift of target behaviors; and</li> <li>- dated 11/21/25, to add up all behaviors of pain exhibited from previous month for antidepressant medication (Cymbalta) use every night shift starting on the 5th and ending on the 5th every month.</li> </ul> <p>Review of Resident 6's neuro-psychiatric note dated 12/16/25, did not show a justification from the prescribing physician for using pain as the behavior manifestation related to the use of Cymbalta.</p> <p>Review of Resident 6's MAR for December 2025 and January 2026 showed the following:</p> <ul style="list-style-type: none"> <li>-Resident 6 was administered the Cymbalta medication from 12/1 to 12/31/25 at 0900 hours, and 1/1 to 1/20/26 at 0900 hours; and</li> <li>-Resident 6 was assessed with nine episodes of pain in December 2025, and zero episodes of pain in January 2026.</li> </ul> <p>Review of Resident 6's IV record for January 2026 showed the monthly behavior monitoring for December 2025 related to antidepressant medication was documented as zero episodes.</p> <p>On 1/22/26 at 1046 hours, an interview and concurrent medical record review for Resident 6 was conducted with RN 1. RN 1 verified there was no documentation from the prescribing physician to justify pain as the behavior manifestation related to the use of Cymbalta. RN 1 also verified there was no documentation the nurses clarified from the prescribing physician why pain was the behavior manifestation related to the use of Cymbalta. When asked about the monthly behavior summary, RN 1 stated the RN from the noc shift completed the monthly behavior summary by tallying the number of (continued on next page)</p> |                                                                                         |                                                 |

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| <p>F 0605</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>episodes documented from the previous month every 5th day of the current month. RN 1 verified there were nine episodes when Resident 6 was assessed with pain as documented in the MAR, however, the monthly behavior summary related to the use of Cymbalta showed Resident 6 had zero episodes.</p> <p>4. Medical record review for Resident 1 was initiated on 1/20/26. Resident 1 was readmitted to the facility on [DATE].</p> <p>Review of Resident 1's Order Summary Report showed the following physician's orders:</p> <ul style="list-style-type: none"> <li>- dated 11/12/24, behavior monitoring for depression manifested by poor oral intake;</li> <li>- dated 11/29/24, to add up all behaviors exhibited from previous month for antidepressant medication manifested by poor oral intake, every night shift starting on the 5th and ending on the 5th every month; and</li> <li>- dated 12/16/25, to administer Remeron (antidepressant) 30 mg by mouth at bedtime for depression manifested by poor oral intake, eating less than 50% every meal.</li> </ul> <p>Review of Resident 1's MAR for December 2025 and January 2026 showed the following:</p> <ul style="list-style-type: none"> <li>- Resident 1 was administered the Remeron medication from 12/16 to 12/31/25 at 2100 hours, and from 1/1 to 1/8/26, and from 1/10 to 1/21/26 at 2100 hours; and</li> <li>- There were zero episodes of poor oral intake every shift for Remeron use.</li> </ul> <p>Review of Resident 1's Documentation Survey Report v2 for December 2025 and January 2026, under Amount Meal Eaten section, showed Resident 1's meal intake as follows:</p> <ul style="list-style-type: none"> <li>- no documented meal intake on 12/4, 12/5, 12/10, and 12/12/25 for dinner, and 12/12 and 12/16/25 for breakfast and lunch;</li> <li>- 0 to 25% meal intake on 12/4/25 for breakfast and lunch, on 12/7/25 for dinner, on 12/4/25 for breakfast and lunch, and on 12/25/25 for breakfast; and</li> <li>- 26 to 50% meal intake on 12/1/25 for breakfast and lunch, 12/2 and 12/9/25, and 1/15/26 for breakfast and dinner, 12/5/25 and 1/1/26 for breakfast, 12/10 and 12/25/25 for lunch, 12/14 and 12/15, 12/23 and 12/25/25, and 1/6, 1/9, 1/10, 1/12, 1/16, and 1/20/26 for dinner.</li> </ul> <p>Review of Resident 1's IV record for January 2026, showed the monthly behavior monitoring for December 2025 related to antidepressant medication was documented as zero episode.</p> <p>On 1/22/26 at 1120 hours, an interview and concurrent medical record review for Resident 1 was conducted with RN 1. When asked what the licensed nurses considered as poor intake, RN 1 stated the poor intake was when a resident consumed less than 50% of the meal tray. RN 1 stated Resident 1's meal intake was documented by the CNAs in the Task Documentation Survey Report, and by the charge nurses in the MAR. RN 1 verified the documentation of Resident 1's meal intake as documented by the CNAs and charge nurses did not match. When asked how the facility monitored Resident 1's poor oral intake when the CNAs were documenting 26 to 50%, RN 1 stated they could not identify when it would be less than 50% because the range was documented as 26 to 50%. RN 1<br/>(continued on next page)</p> |                                                                                         |                                                 |

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| <p>F 0605</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>verified there were eight episodes when there were no documented meal intake and six episodes when Resident 1 was documented to have eaten 0 to 25% in December 2025, however, the monthly behavior summary related to the use of Remeron showed Resident 1 had zero episodes of poor oral intake</p> <p>5. Medical record review for Resident 8 was initiated on 1/21/26. Resident 8 was admitted to the facility on [DATE].</p> <p>Review of Resident 8's H&amp;P examination dated 12/7/25, showed Resident 8 had no capacity to understand and make decisions.</p> <p>Review of Resident 8's Order Summary Report showed the following physician's orders:</p> <ul style="list-style-type: none"> <li>- dated 12/18/25, to administer lorazepam 1 mg one tablet by mouth in the evening for anxiety manifested by inability to relax due to health issues. In addition, to document the following non-pharmacological interventions used: 1&amp;ndash; music / radio / TV, 2&amp;ndash; 1:1 conversation, 3- food / drink, 4- act. / exercise, 5- verbal cues / prompting;</li> <li>- dated 12/6/25, for the use of antianxiety medication, to monitor for the behavior of the inability to relax. To document the number of episodes per shift of target behaviors and tally by hashmarks; and</li> <li>- dated 1/16/26, to administer Remeron 15 mg half a tablet by mouth at bedtime for depression manifested by poor oral intake eating less than 50%.</li> </ul> <p>Further review of Resident 8's Order Summary Report failed to show a physician's order to implement non-pharmacological interventions attempted prior to the administration of Resident 8's Remeron medication.</p> <p>Review of Resident 8's MAR for January 2026 showed for the monitoring of the behavior of the inability to relax, the licensed nurses documented Resident 8 had a total of 20 episodes from 1/1 to 1/22/26 during the day shift. Further review of Resident 8's MAR failed to show the licensed nurses' documentation of the non-pharmacological interventions implemented prior to offering lorazepam medication.</p> <p>On 1/23/26 at 1342 hours, an interview and concurrent medical record review for Resident 8 was conducted with LVN 3. LVN 3 stated Resident 8 had an order for lorazepam for their inability to relax and had an order for Remeron due to her poor oral intake. When asked if Resident 8's Remeron and lorazepam medications had documented evidence of implemented non-pharmacological interventions, LVN 3 stated no and verified the above findings.</p> <p>On 1/26/26 at 1500 hours, an interview was conducted with the Administrator, DSD, and Nurse Consultant 2. The Administrator, DSD, and Nurse Consultant 2 were informed and acknowledged the above findings.</p> <p>6. Review of the facility's P&amp;P titled Antipsychotic Medication Use revised 12/2016 showed the nursing staff shall monitor for and report any of the following side effects and adverse consequences of the antipsychotic medications to the Attending Physician:</p> <p>a. General/anticholinergic: constipation, blurred vision, dry mouth, urinary retention, sedation;<br/>(continued on next page)</p> |                                                                                         |                                                 |

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| <p>F 0605</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>b. Cardiovascular: orthostatic hypotension (a condition where blood pressure drops suddenly when a person stands up from sitting or lying down), arrhythmia (an irregular heartbeat, where the heart beats too fast, too slow, or in an erratic rhythm);</p> <p>c. Metabolic: increase in total cholesterol/triglycerides, unstable or poorly controlled blood sugar, weight gain; or</p> <p>d. Neurologic: Akathisia (feeling of inner restlessness and an urge to move, often making it difficult to stay still), dystonia (involuntary muscle contractions), extrapyramidal effects (involuntary movements, muscle stiffness, and tremor), akinesia (loss or impairment of voluntary movement); or tardive dyskinesia (involuntary, repetitive, and rhythmic movements, often of the face and limbs), stroke or TIA (transient ischemic attack, a short period of symptoms similar to those of a stroke);</p> <p>And for enduring psychiatric conditions, antipsychotic medications will not be used unless behavioral symptoms are:</p> <p>Not due to a medical condition or problem (e.g., headache or joint pain, fluid or electrolyte imbalance, pneumonia, hypoxia, unrecognized hearing or visual impairment, medication side effects, or polypharmacy) that can be expected to improve or resolve as the underlying condition is treated or the offending medication(s) are discontinued; and</p> <p>Persistent or likely to reoccur without continued treatment; and</p> <p>Not sufficiently relieved by non-pharmacological interventions; and</p> <p>Not due to environmental stressors (e.g., alteration in the resident's customary location or daily routine, unfamiliar care provider, hunger or thirst, excessive noise for that individual, inadequate or inappropriate staff response, physical barriers) that can be addressed to improve the psychotic symptoms or maintain safety; and</p> <p>Not due to psychological stressors (e.g., loneliness, taunting, abuse), or anxiety or fear stemming from misunderstanding related to his or her cognitive impairment (e.g., the mistaken belief that this is not where he/she lives or inability to find his or her clothes or glasses) that can be expected to improve or resolve as the situation is addressed.</p> <p>Review of the facility's P&amp;P titled Psychotropic Medication Use dated 7/2022 showed non-pharmacological approaches are used (unless contraindicated) to minimize the need for medications permit the lowest possible dose, and allow for discontinuation of medications when possible. Residents receiving psychotropic medications are monitored for adverse consequences, including:</p> <p>anticholinergics effects &amp;ndash; flushing, blurred vision, dry mouth, altered mental status, difficulty urinating, falls, excessive sedation and constipation;</p> <p>cardiovascular effects &amp;ndash; irregular heart rate or pulse, palpitations, lightheadedness, shortness of breath, diaphoresis, chest/arm pain, increased blood pressure, orthostatic hypotension;</p> <p>metabolic effects &amp;ndash; increased cholesterol and triglycerides, poorly controlled or unstable blood sugar, weight gain;</p> <p>(continued on next page)</p> |                                                                                         |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>555388                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                | (X3) DATE SURVEY<br>COMPLETED<br><br>01/26/2026 |
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| <p>F 0605</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>neurologic effects &amp; agitation, distress, extrapyramidal symptoms, neuroleptic malignant syndrome, Parkinsonism, tardive dyskinesia, cerebrovascular events; and</p> <p>psychosocial effects &amp; inability to perform ADLs or interact with others, withdrawal or decline from usual social patterns, decreased engagement in activities, diminished ability to think or concentrate.</p> <p>Medical record review for Resident 3 was initiated on 1/26/26. Resident 3 was admitted to the facility on [DATE].</p> <p>Review of Resident 3's H&amp;P examination dated 3/12/25, showed Resident 3 had no capacity to understand and make decisions.</p> <p>Review of Resident 3's Order Summary Report showed the following physician's orders:</p> <ul style="list-style-type: none"> <li>- dated 3/13/25, monitor black box warning atypical antipsychotics QS &amp; quetiapine (Seorquel). Increases risk for mortality in the elderly with dementia-related psychosis. Monitor closely for clinical worsening and for emergence of suicidal thoughts and behaviors. Every shift notify MD if any symptoms are identified;</li> <li>- dated 12/19/25, quetiapine fumarate oral tablet, give 12.5 mg by mouth in the morning for bipolar disorder m/b mood swings;</li> <li>- dated 12/19/25, quetiapine fumarate oral tablet, give 25 mg by mouth at bedtime for bipolar disorder m/b mood swings;</li> <li>- dated 10/20/25, sertraline HCL (hydrochloride) oral tablet, give 25 mg by mouth one time a day for bipolar disorder m/b mood swings;</li> <li>- dated 12/17/25, antidepressant: add up all behaviors exhibited from previous month for antidepressant medication use. Every night shift starting on the 5th and ending on the 5th of every month for antidepressant use. Specify number of behaviors being monitored in the supplementary documentation below; and</li> <li>- dated 10/20/35, antidepressant: behavior monitoring for sertraline for bipolar disorder m/b mood swings. Document number of episodes per shift of target behaviors every shift.</li> </ul> <p>Review of Resident 3's care plan for sertraline and quetiapine fumarate dated 3/13/25, showed the goal would be for Resident 3 to be free from adverse effects of these medications through next review of medications. Interventions to be implemented were to monitor signs and symptoms, side effects, black box warning, behavior monitoring every shift, follow-up by social services as needed and mental health consultation as needed.</p> <p>Review of Resident 3's medical record failed to show the resident was monitored for the side effects, orthostatic hypotension, or non-pharmacological interventions for quetiapine fumarate, and for monitoring for orthostatic hypotension or non-pharmacological interventions for Sertraline.</p> <p>On 1/26/26 at 1208 hours, an interview and concurrent medical record review for Resident 3 was conducted with RN 2. RN 2 verified there was no order for the monitoring of the side effects, (continued on next page)</p> |                                                                                         |                                                 |

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| <p>F 0605</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>orthostatic hypotension, or non-pharmacological interventions for quetiapine fumarate. RN 2 also verified there was no order for monitoring for orthostatic hypotension or non-pharmacological interventions for sertraline.</p> <p>On 1/26/26 at 1435 hours, an interview and concurrent medical record review for Resident 3 was conducted with LVN 2. LVN 2 stated when monitoring for antipsychotic use, the facility monitored for mood changes, abnormal activities or behaviors, side effects, non-pharmacological interventions, and orthostatic hypotension. LVN 2 verified Resident 3 was not monitored for side effects, orthostatic hypotension, or implementing non-pharmacological interventions. LVN 2 verified Resident 3 was not monitored for orthostatic hypotension or implementation of non-pharmacological interventions.</p> <p>On 1/26/26 at 1549 hours, the Administrator, DSD, and Nurse Consultant 1 acknowledged the above findings.</p> <p>7. Medical record review for Resident 121 was initiated on 1/26/26. Resident 121 was admitted to the facility on [DATE] and readmitted on [DATE].</p> <p>Review of Resident 121's H&amp;P examination dated 5/10/25, showed Resident 121 had no capacity to understand and make decisions.</p> <p>Review of Resident 121's Order Summary Report dated 1/26/26, showed the following physician's orders:</p> <p>- dated 3/15/23, monitor black box warning side effects of lorazepam &amp;ndash; risk from concomitant use with opioids: concomitant use of benzodiazepines and opioids may result in profound sedation, respiratory depression, coma, and death. Reserve concomitant prescribing of these drugs fo</p> |                                                                                         |                                                 |

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| <p>F 0684</p> <p>Level of Harm - Minimal harm<br/>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**</b> Based on interview and medical record review, the facility failed to ensure the quality care and services were provided for one of one final sampled resident (Resident 31) reviewed for hospitalization. * The facility failed to provide necessary care when Resident 31's blood pressure was 76/51 mmHg. This failure had the potential for Resident 31 to not receive the necessary care and services to maintain their highest physical well-being. Findings: Medical record review for Resident 31 was initiated on 1/21/26. Resident 31 was admitted to the facility on [DATE], and readmitted on [DATE]. Review of Resident 31's H&amp;P examination dated 1/10/26, showed Resident 31 had no capacity to understand and make decisions. Review of Resident 31's Weights and Vitals Summary - Blood Pressure Summary showed blood pressure readings on the following dates:- dated 12/28/25 at 1800 hours, Resident 31 had a blood pressure reading of 76/51 mmHg;- dated 12/28/25 at 1818 hours, Resident 31 had a blood pressure reading of 90/51 mmHg; and- dated 12/28/25 at 1935 hours, Resident 31 had a blood pressure reading of 153/74 mmHg. Further review of Resident 31's medical record did not show an intervention was implemented for Resident 31's low blood pressure reading between 1800 and 1818 hours on 12/28/25. Review of Resident 31's progress note dated 12/29/25 at 0100 hours, showed at 0005 hours Resident 31 was lethargic, slow to respond to verbal and tactile stimuli, and had a blood pressure reading of 68/80 mmHg. At 0020 hours, RN 5 called the paramedics via 911. At 0037 hours, the paramedics transported Resident 31 to the acute care hospital. At 0500 hours, RN 5 contacted the acute care hospital and Resident 31 was admitted with a diagnosis of septic shock. On 1/26/26 at 1138 hours, an interview and concurrent medical record review for Resident 31 was conducted with RN 2. RN 2 verified the above findings. RN 2 stated when the residents had low blood pressure readings, the expectation was to inform the clinician for further evaluation at the acute care hospital, to implement interventions such as elevating the resident's legs, and/or to start the resident on intravenous fluids. RN 2 stated she did not find further documentation to show an intervention or notification about Resident 31's low blood pressure was implemented. On 1/26/26 at 1500 hours, an interview was conducted with the Administrator, DSD, and Nurse Consultant 2. The Administrator, DSD, and Nurse Consultant 2 were informed and acknowledged the above findings.</p> |                                                                                         |                                                 |

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| <p>F 0686</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, medical record review, and facility P&amp;P review, the facility failed to ensure the necessary care and services were provided to prevent the development of pressure injuries for one of two final sampled residents (Resident 135) reviewed for pressure injuries. * The facility failed to reposition Resident 135, who had a pressure injury, at least every two hours as addressed in Resident 135's plan of care. This failure had the potential for Resident 135 to develop pressure injuries or worsening of the existing pressure injuries. Findings: Review of the National Pressure Ulcer Advisory Panel's (NPIAP) Guideline titled Prevention and Treatment of Pressure Ulcers/Injuries: Clinical Practice Guideline 2025 showed under the Repositioning for Pressure Injury Prevention section, extended periods of lying or sitting on a particular part of the body without redistribution of the pressure could lead to a pressure injury. Furthermore, repositioning and mobilization were essential preventative measures for reducing pressure injury occurrences. Review of the facility's P&amp;P titled Pressure Ulcers / Skin Breakdown - Clinical Protocol revised 4/2018 showed the nursing staff and practitioner will assess and document an individual's significant risk factors for developing pressure ulcers. The physician will guide the care plan as appropriate. Review of the facility's P&amp;P titled Care Plans, Comprehensive Person-Centered revised 3/2022 showed a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs was developed and implemented for each resident. The care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment. On 1/21/26 at 1036, 1230, and 1420 hours, Resident 135 was observed in her bed in a supine position and on a low air loss mattress. Medical record review for Resident 135 was initiated on 1/21/26. Resident 135 was admitted to the facility on [DATE]. Review of Resident 135's H&amp;P examination dated 11/28/25, showed Resident 135 had the capacity to understand and make decisions. Review of Resident 135's Skin Assessment (Non-Pressure Injury) - WGC - V2 dated 11/28/25, showed Resident 135 had blanchable redness on her coccyx (tailbone) area that was present on admission to the facility. Review of Resident 135's care plan risk for skin breakdown/further skin breakdown due to decreased mobility/immobility and incontinence dated 11/29/25, showed interventions including intervention included repositioning Resident 135 at least every two hours and as needed. Review of Resident 135's Skin Assessment (Non-Pressure Injury) - WGC - V2 dated 12/7/25, showed Resident 135 had non-blanchable redness on her sacrum and Resident 135 stated there was tenderness to the site. Review of Resident 135's Skin Assessment (Non-Pressure Injury) - WGC - V2 dated 12/24/25, showed Resident 135's coccyx showed evidence of superficial skin breakdown with reddened, fragile tissue and areas of excoriation (a scrape or scratch to the skin). The skin was at high risk for further deterioration and progression to pressure injury due to moisture exposure, limited mobility, and recent unintentional weight loss. The resident was encouraged and assisted as needed to reposition and shift weight while in bed to relieve pressure to the buttocks and coccyx. Review of Resident 135's Skin Assessment (Pressure Injury) - WGC - V3 dated 12/30/25, showed Resident 135 had an unstageable pressure injury (full thickness tissue loss in which the base of the ulcer is covered by slough in the wound bed) that was acquired during the resident's stay at the facility. Resident 135's unstageable pressure injury to the coccyx had 100% slough (dead tissue that is usually yellow, tan, gray, or green in color, usually moist and stringy in texture, that may be found in wounds). Review of Resident 135's Documentation Survey Report V2 for December 2025, Section - Turning and Repositioning every two hours and PRN, showed Resident 135 was not turned in bed every two hours. For example, the following dates and times showed when Resident 135 was not turned in bed prior to her unstageable pressure injury:- on 12/7/25 at 0121, 0509, 1139, 1402, 1605, and 2108 hours;- on 12/24/25 at 0425, 0643, 1050, 1149, 1454, and 2136 hours; and- on 12/29/25 at 0024, 0559, 0745, 1045, 1153, 1353, 1909, and 2254 hours. Review of (continued on next page)</p> |                                                                                         |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>555388                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                | (X3) DATE SURVEY<br>COMPLETED<br><br>01/26/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Beach Creek Post-Acute                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>645 South Beach Blvd.<br>Anaheim, CA 92804 |                                                 |
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| <p>F 0686</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Resident 135's Documentation Survey Report V2 for January 2026, Section - Turning and Repositioning every two hours and PRN, showed Resident 135 was not turned in bed every two hours. For example, the following dates and times showed when Resident 135 was not turned in bed after her unstageable pressure injury:- on 1/4/26 at 0033, 0603, 1031, 1441, and 2148 hours; and- on 1/10/26 at 0043, 0609, 1123, 1400, and 2159 hours.- on 1/21/26 at 0044, 0507, 0850, 0950, 1150, 1454, 2018, and 2112 hours. On 1/21/26 at 1230 hours, an interview was conducted with Resident 135 in her room. Resident 135 stated she developed the pressure injury on her coccyx while in the facility. Resident 135 stated the facility staff members were not turning her every two hours prior to the development of her pressure injury. Furthermore, Resident 135 stated the facility staff members were not turning her every two hours after her pressure injury was present. On 1/21/26 at 1420 hours, a follow up interview was conducted with Resident 135 and Family Member 1 in Resident 135's room. When asked if Resident 135 was able to turn on her own in bed, Resident 135 stated she was able to turn, however, it was hard for her to turn due to the low air loss mattress. In addition, Resident 135 stated she would put her hands under her coccyx to help reduce the pressure. When asked if a facility staff member would assist her to turn in bed or remind her to turn in bed every two hours, Resident 135 stated no. In addition, when asked if Resident 135 refused to turn in bed, Resident 135 stated no. On 1/22/26 at 1045 hours, an interview and medical record review for Resident 135 was conducted with LVN 1. LVN 1 stated Resident 135 had an unstageable pressure injury due to her incontinence. LVN 1 stated Resident 135 was able to turn herself in bed, however, LVN 1 also stated Resident 135 was forgetful. LVN 1 stated she expected the facility staff members to remind Resident 135 to turn every two hours and to let her know if Resident 135 was refusing to turn and reposition. LVN 1 verified the above findings. On 1/22/26 at 1112 hours, an interview and medical record review was conducted with the DON for Resident 135. The DON stated the risk factors for pressure injuries included nutrition, positioning, mobility, and the resident's co-morbidities. The DON further stated the interventions to prevent development or worsening of Resident 135's pressure injury included nutritional supplements, a low air loss mattress and turning and repositioning every two hours. The DON stated he expected the facility staff members to follow Resident 135's care plan interventions. The DON verified the above findings. On 1/26/26 at 1500 hours, an interview was conducted with the Administrator, DSD, and Nurse Consultant 2. The Administrator, DSD, and Nurse Consultant 2 were informed and acknowledged the above findings.</p> |                                                                                         |                                                 |

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| <p>F 0689</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, medical record review, and facility P&amp;P review, the facility failed to ensure the residents remained free from accident hazards for two of 27 final sampled residents (Residents 14 &amp; 22). * The facility failed to implement the bilateral floor mats as per the physician's order and plan of care for Residents 14 and 22. These failures had the potential to place Residents 14 and 22 at risk for serious injuryFindings: Review of the facility's P&amp;P titled Falls and Fall Risk, Managing revised 3/2018 showed the staff, with the input of the attending physician, will implement a resident-centered fall prevention plan to reduce the specific risk factor(s) of falls for each resident at risk or with a history of falls. 1. On 1/22/26 at 0851, 0951 and 1021 hours, Resident 14 was observed lying in bed and had one floor pad positioned on the left side of the bed. Medical record review for Resident 14 was initiated on 1/19/26. Resident 14 was admitted to the facility on [DATE]. Review of Resident 14's plan of care showed a care plan problem dated 8/19/24, addressing Resident 14's risk for falls/injuries related to behavior of getting up without asking for assistance, confusion, impaired mobility, weakness. The interventions included having floor pads on both sides of the bed for safety. Review of Resident 14's H&amp;P examination dated 3/30/25, showed Resident 14 had no capacity to understand and make decisions. On 1/22/26 at 1053 hours, an interview was conducted with CNA 8. CNA 8 stated Resident 14 was confused and at times the resident thought they could walk and try to get up unassisted. CNA 8 stated Resident 14 only used one floor pad and the resident attempted to pull themselves up on the right side of the bed. However, there was no floor pad observed on the right side of the bed. On 1/22/26 at 1508 hours, an interview and concurrent medical record review was conducted with RN 2. RN 2 verified Resident 14 had care plan intervention for floor pads on both sides of the bed for safety. RN 2 stated there should always be two floor pads positioned on each side of the bed when Resident 14 was lying in bed. 2. On 1/22/26 at 0846 and 0956 hours, Resident 22 was observed lying in bed with one of the bilateral floor pads observed folded up and leaning up against the foot of the bed. Medical record review for Resident 22 was initiated on 1/22/26. Resident 22 was admitted to the facility on [DATE], and readmitted on [DATE]. Review of Resident 22's H&amp;P examination dated 11/5/25, showed Resident 22 had the capacity to understand and make decisions. Review of Resident 22's plan of care showed a care plan problem revised 11/12/25, addressing Resident 23's risk for falls/further falls due to poor/no safety awareness, impaired vision/hearing, unsteady gait/balance problem. and episodes of wandering. The interventions included having bilateral floor mats. On 1/22/26 at 1029 hours, an observation and concurrent interview was conducted with CNA 3. CNA 3 verified one of Resident 22's floor pads was folded up against the foot of the bed while Resident 22 was lying in bed. CNA 3 stated sometimes both floor pads were used and other times only one floor pad was used. CNA 3 verified Resident 22 had history of falls and was considered a fall risk. On 1/22/26 at 1455 hours, an interview and concurrent medical record review was conducted with RN 2. RN 2 verified Resident 22 was considered a fall risk and the resident's last fall episode was on 12/20/25. RN 2 verified Resident 22 had a care plan intervention for bilateral floor pads when in bed. RN 2 was informed of the above observations for Resident 22's floor pad. RN 2 stated both floor pads should be on each side of the bed. On 1/26/26 at 1549 hours, an interview was conducted with Administrator, DSD, and Nurse Consultant 1. The Administrator, DSD, and Nurse Consultant 1 were informed and acknowledged the above findings.</p> |                                                                                         |                                                 |

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| <p>F 0697</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, medical record review, and facility P&amp;P review, the facility failed to ensure appropriate pain management for three of three final sampled residents (Residents 3, 8, and 10) reviewed for pain management. * The facility failed to administer the pain medication according to the physician's orders for Resident 8. In addition, the facility failed to ensure the nonpharmacological interventions were provided to Resident 8 prior to the administration of the pain medication. * The facility failed to ensure the hydrocodone-acetaminophen (narcotic pain medication) pain medication was administered per the physician's orders for Resident 10. In addition, the facility failed to ensure non-pharmacological interventions were provided to Resident 10 and documented prior to the administration of the PRN hydrocodone-acetaminophen and Tylenol medications. * The facility failed to implement the non-pharmacological interventions to Resident 3 prior to the administration of pain medication. These failures had the potential to put the residents at risk for ineffective pain management and adverse effects related to the use of unnecessary pain medication. Findings:</p> <p>Review of the facility's P&amp;P titled Administering Pain Medications revised 3/2020 showed the pain management program was based on a facility-wide commitment to appropriate assessment and treatment of pain. The steps in the program included to conduct a pain assessment, to evaluate and document the effectiveness of non-pharmacologic interventions, to administer pain medications as ordered, and to re-evaluate the resident's level of pain 30-60 minutes after administration.</p> <p>1. Medical record review for Resident 8 was initiated on 1/21/26. Resident 8 was admitted to the facility on [DATE].</p> <p>Review of Resident 8's H&amp;P examination dated 12/7/25, showed Resident 8 had no capacity to understand and make decisions.</p> <p>Review of Resident 8's Care Plan Report dated 12/7/25, showed a care plan problem addressing Resident 8's risk for pain related to their right femoral fracture status post open reduction and internal fixation (ORIF &amp;ndash; a surgery to repair broken bones). The interventions showed to administer pain medications as ordered and assess for pain every shift using the following pain scale: 0 = no pain, 1-3 = mild pain, 4-6= moderate pain, and 7-10 = severe pain.</p> <p>Review of Resident 8's Order Summary Report dated 1/26/26, showed a physician's order dated 12/5/25, to indicate the non-pharmacological interventions attempted prior to PRN pain medication administration. To document 1. Reposition / limb evaluation, 2. Dim light / quiet environment / rest periods, 3. Snacks / drinks, 4. Therapeutic touch / massage, if not contraindicated, 5. Redirect / reassurance / emotional support, 6. Music, 7. Guided imagery / meditation, 8. Provide distraction / diversionary activities, 9. Exercise / ROM / ambulation / stretching, 10. Deep breathing / relaxation exercises, 11. Laughter / socialization, 12. Other (describe).</p> <p>Review of Resident 8's January 2026 MAR showed the following:</p> <p>- dated 12/29/25, and discontinued on 1/23/26, to administer acetaminophen ( over the counter pain medication) 325 mg one tablet by mouth every six hours as needed for mild to moderate pain and</p> <p>- dated 12/7/25, and discontinued 1/23/26, to administer hydrocodone &amp;ndash; acetaminophen 5-325 mg one tablet by mouth every six hours as needed for severe pain.</p> <p>(continued on next page)</p> |                                                                                         |                                                 |

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| <p>F 0697</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>a. Review of Resident 8's December 2025 and January 2026 MAR showed Resident 8 was administered hydrocodone-acetaminophen 5-325mg for a pain level of 6 on the following dates and times:</p> <ul style="list-style-type: none"> <li>- on 12/10/25 at 0027 hours;</li> <li>- on 12/15/25 at 1753 hours;</li> <li>- on 12/19/25 at 1717 hours;</li> <li>- on 12/22/25 at 1359 hours;</li> <li>- on 12/29/25 at 0814 hours;</li> <li>- on 12/30/25 at 0816 hours;</li> <li>- on 12/31/25 at 0835 hours; and</li> <li>- on 1/22/26 at 2146 hours.</li> </ul> <p>On 1/23/26 at 1342 hours, an interview and concurrent medical record review was conducted with LVN 3 for Resident 8. LVN 3 verified the above findings. LVN 3 stated per the Resident 8's pain level, Resident 8 should have been administered acetaminophen 325 mg per physician's order.</p> <p>On 1/23/26 at 1535 hours, an interview and concurrent medical record review was conducted with RN 2 for Resident 8. RN 2 verified the above findings. RN 2 stated the numerical pain scale from 1 to 3 indicated mild pain, 4 to 6 indicated moderate pain, and 7 to 10 indicated severe pain. Furthermore, RN 2 stated Resident 8 should have been administered acetaminophen 325 mg for a pain level of 6.</p> <p>b. Further review of Resident 8's December 2025 and January 2026 MAR showed Resident 8 was administered hydrocodone-acetaminophen 5-325mg on the following dates and times:</p> <ul style="list-style-type: none"> <li>- on 12/11/25 at 0200 hours, for a pain level of 7; and at 2026 hours, for a pain level of 8;</li> <li>- on 12/12/25 at 0253 hours, for a pain level of 7; and at 1915 hours, for a pain level of 8;</li> <li>- on 12/13/25 at 0136 hours, for a pain level of 7;</li> <li>- on 12/14/25 at 0018 hours, for a pain level of 8;</li> <li>- on 12/16/25 at 0600 hours, for a pain level of 7;</li> <li>- on 12/17/25 at 0004, 0607, and 1544 hours, for a pain level of 7;</li> <li>- on 12/18/25 at 0257 hours, for a pain level of 7;</li> <li>- on 12/19/25 at 0319 hours, for a pain level of 7;</li> <li>- on 12/22/25 at 0545 hours, for a pain level of 7;</li> </ul> <p>(continued on next page)</p> |                                                                                         |                                                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>Beach Creek Post-Acute                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>645 South Beach Blvd.<br>Anaheim, CA 92804 |                                                 |
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| (X4) ID PREFIX TAG                                                                                                                 | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                         |                                                 |
| <p>F 0697</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>- on 12/23/25 at 0613 hours, for a pain level of 7;</p> <p>- on 12/24/25 at 1717 hours, for a pain level of 8; and</p> <p>- on 1/3/26 at 0122 hours, for a pain level of 8.</p> <p>However, further review of Resident 8's medical record failed to show the documented evidence to show what non-pharmacological pain interventions were attempted prior to the administration of the hydrocodone-acetaminophen pain medication for the above dates and times.</p> <p>On 1/23/26 at 1342 hours, an interview and concurrent medical record review was conducted with LVN 3 for Resident 8. LVN 3 verified the above findings. LVN 3 stated the non-pharmacological interventions should be implemented first, as it might address the resident's pain. If the non-pharmacological interventions were ineffective, the resident's pain should be reassessed for the need of pain medication.</p> <p>On 1/26/26 at 1500 hours, an interview was conducted with the Administrator, DSD, and Nurse Consultant 2. The Administrator, DSD, and Nurse Consultant 2 were informed and acknowledged the above findings.</p> <p>2. Medical record review for Resident 10 was initiated on 1/20/26. Resident 10 was admitted to the facility on [DATE], and readmitted on [DATE].</p> <p>Review of Resident 10's MDS assessment dated [DATE], showed Residents 10 was cognitively intact.</p> <p>Review of Resident 10's plan of care showed a care plan problem dated 5/3/25, addressing Resident 10's risk for pain. The interventions included administering medications as ordered, and to assess Resident 10 for pain every shift, using the pain scale: 0- no pain, 1 to 3- mild pain, 4 to 6- moderate pain, and 7 to 10- severe pain.</p> <p>Review of Resident 10's Order Summary Report dated 1/21/26, showed the following physician's orders:</p> <p>- dated 5/2/25, to indicate the non-pharmacological interventions attempted prior to the PRN pain medication administration. To document 1. Reposition/limb elevation 2. Dim light/quiet environment/rest periods 3. Snacks/drink 4. Therapeutic touch/massage if not contraindicated 5. Redirect/reassurance/emotional support 6. Music 7. Guided imagery/meditation 8. Provide distraction/diversionary activities 9. Exercise/ROM/ambulation/stretching 10. Deep breathing/relaxation exercises 11. Laughter/socialization 12. Other (describe).</p> <p>- dated 5/2/25, to administer hydrocodone-acetaminophen 5-325 mg, one tablet by mouth every six hours as needed for severe pain.</p> <p>- dated 5/2/25, to administer Tylenol 325 mg, two tablets by mouth every six hours as needed for mild pain.</p> <p>a. Review of Resident 10's MAR for January 2026, showed Resident 10 was administered the hydrocodone-acetaminophen 5-325 mg one tablet by mouth every six hours as needed for severe pain (continued on next page)</p> |                                                                                         |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>555388                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY<br>COMPLETED<br><br>01/26/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Beach Creek Post-Acute                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>645 South Beach Blvd.<br>Anaheim, CA 92804 |                                                 |
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| <p>F 0697</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>(pain levels of 7 to 10) on the following dates and times, when the resident's pain level was not within the pain levels of 7 to 10 as ordered by the physician:</p> <ul style="list-style-type: none"> <li>- On 1/3/26 at 0900 hours, for a pain level of 3; and at 1558 hours, for a pain level of 5.</li> <li>- On 1/4/26 at 1600 hours, for a pain level of 5.</li> <li>- On 1/5/26 at 1607 hours, for a pain level of 6.</li> <li>- On 1/6/26 at 1800 hours, for a pain level of 5.</li> <li>- On 1/7/26 at 1546 hours, for a pain level of 5.</li> <li>- On 1/8/26 at 1531 hours, for a pain level of 6.</li> <li>- On 1/9/26 at 1600 hours, for a pain level of 5.</li> <li>- On 1/10/26 at 2028 hours, for a pain level of 6.</li> <li>- On 1/11/26 at 1754 hours, for a pain level of 5.</li> <li>- On 1/14/26 at 1048 hours, for a pain level of 5.</li> <li>- On 1/15/26 at 1622 hours, for a pain level of 5.</li> <li>- On 1/17/26 at 1545 and 2145 hours, for a pain level of 5.</li> <li>- On 1/18/26 at 1553 hours, for a pain level 5.</li> </ul> <p>b. Further review of Resident 10's MAR for January 2026, showed Resident 10 was administered the following medications for pain:</p> <p>* for the Tylenol 325 mg, two tablets by mouth every six hours as need for mild pain (pain levels of 1 to 3). Resident 10 was administered the Tylenol pain medication on the following dates and times:</p> <ul style="list-style-type: none"> <li>- On 1/1/26 at 0600 hours, for a pain level of 3; and at 1532 hours, for a pain level of 4.</li> <li>- On 1/16/26 at 0500 hours, for a pain level of 3.</li> </ul> <p>* for the hydrocodone-acetaminophen 5-325 mg, one tablet by mouth every six hours as needed for severe pain(pain levels of 7 to 10). Resident 10 was administered the hydrocodone-acetaminophen pain medication on the following dates and times:</p> <ul style="list-style-type: none"> <li>- On 1/1/26 at 0904 hours, for a pain level of 7.</li> <li>- On 1/2/26 at 0755 and 1845 hours, for a pain level of 7.</li> <li>- On 1/4/26 at 0828 hours, for a pain level of 7.</li> </ul> <p>(continued on next page)</p> |                                                                                         |                                                 |

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| <p>F 0697</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <ul style="list-style-type: none"> <li>- On 1/5/26 at 0808 hours, for a pain level of 7.</li> <li>- On 1/6/26 at 0809 hours, for a pain level of 7.</li> <li>- On 1/7/26 at 0041 and 0800 hours, for a pain level of 7.</li> <li>- On 1/8/26 at 0731 hours, for a pain level of 7.</li> <li>- On 1/9/26 at 0132 and 0746 hours, for a pain level of 7.</li> <li>- On 1/10/26 at 1001 hours, for a pain level of 7.</li> <li>- On 1/11/26 at 0817 hours, for a pain level of 7.</li> <li>- On 1/12/26 at 0823 and 1754 hours, for a pain level of 7.</li> <li>- On 1/13/26 at 0756 and 1614 hours, for a pain level of 7.</li> <li>- On 1/15/26 at 0809 hours, for a pain level of 7.</li> <li>- On 1/17/26 at 0929 hours, for a pain level of 7.</li> <li>- On 1/18/26 at 0905 and 2352 hours, for a pain level of 7.</li> <li>- On 1/20/26 at 0747 hours, for a pain level of 7.</li> </ul> <p>However, further review of Resident 10's medical record failed to show the documentation of the non-pharmacological pain interventions attempted prior to the administration of the hydrocodone-acetaminophen and Tylenol pain medications for the above dates and times.</p> <p>On 1/21/26 at 1542 hours, an interview and concurrent medical record review was conducted with LVN 5 for Resident 10. LVN 5 stated when the residents complained of pain, the pain would be assessed and the non-pharmacological interventions would be implemented. LVN 5 stated if the non-pharmacological interventions were ineffective, then the resident would be administered the pain medication as per the physician's order. LVN 5 reviewed Resident 10's medical record and verified the above findings.</p> <p>On 1/22/26 at 1352 hours, an interview was conducted with the DON. The DON stated when the resident reported pain, the licensed nurses were expected to implement and document the non-pharmacological interventions. The DON stated if the non-pharmacological interventions were ineffective, the licensed nurse should administer the PRN pain medication as per the physician's orders.</p> <p>On 1/26/26 at 1410 hours, an interview was conducted with the Administrator, Nurse Consultants 1 and 2, and the DSD. The Administrator, Nurse Consultants 1 and 2, and the DSD were informed and acknowledged the above findings.</p> <p>3. Medical record review for Resident 3 was initiated on 1/26/25. Resident 3 was admitted to the facility on [DATE].<br/>(continued on next page)</p> |                                                                                         |                                                 |

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| <p>F 0697</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Review of Resident 3's H&amp;P examination dated 3/12/25, showed Resident 3 had no capacity to understand and make decisions.</p> <p>Review of Resident 3's plan of care showed a care plan problem dated 3/12/25, addressing Resident 3's risk for pain. The interventions showed to assess for pain every shift using pain scale, consider non-pharmacological measures &amp; relaxation, diversion activities, music therapy, positioning, turning, application of heat or cold, massage, back rub.</p> <p>Review of Resident 3's Order [NAME] Report for January 2026 showed the following physician's orders:</p> <ul style="list-style-type: none"> <li>- dated 4/30/25, to apply lidocaine patch (topical pain medication) 4% to the right knee topically one time a day for pain management. Apply at 0900 hours and remove at 2100 hours.</li> <li>- dated 1/24/26, to administer Norco 5-325 mg (hydrocodone-acetaminophen) one tablet by mouth every 12 hours for chronic pain.</li> </ul> <p>Review of Resident 3's MAR for January 2026 showed Resident 3 administered the lidocaine patch 4% medication to the right knee once a day from 1/1-1/26/26 and the Norco tablet 5-325 mg tablet was administered every 12 hours for chronic pain on the following dates:</p> <ul style="list-style-type: none"> <li>- on 1/3 through 1/26/26 at 0900 hours; and</li> <li>-on 1/2 through 1/25/26 at 2100 hours.</li> </ul> <p>However, further review of Resident 3's MAR for January 2026 showed the licensed nurses documented Resident 3's pain level as zero for the following dates and shifts:</p> <ul style="list-style-type: none"> <li>- on 1/3 through 1/8/26 and 1/11 through 1/26/26 at 0900 hours, for the Norco pain medication; and</li> <li>- on 1/2 through 1/6/26 and on 1/9, 1/10, 1/12, 1/13, 1/15 through 1/25/26 at 2100 hours for the Norco pain medication.</li> </ul> <p>In addition, further review of Resident 3's medical record failed to show the documentation of the non-pharmacological pain interventions attempted prior to the administration of the Norco and lidocaine patch medications for the above dates and times.</p> <p>On 1/26/26 at 1435 hours, an interview and concurrent medical record review was conducted with LVN 2 for Resident 3. LVN 2 stated for the residents who reported pain, the non-pharmacological pain interventions would be implemented and documented prior to the administration of the pain medication. LVN 2 stated if the non-pharmacological pain interventions were effective, then pain medication would not be needed. LVN 2 further stated if the pain level was zero, then the pain medication shouldn't have been given, and the physician should have been notified of the consistent pain level of zero. LVN 2 verified the non-pharmacological interventions were not being implemented or monitored for Resident 3's pain medications.</p> <p>On 1/26/26 at 1549 hour, an interview was conducted with the Administrator, DSD, and Nurse Consultant 1. The Administrator, DSD, and Nurse Consultant 1 acknowledged the above findings.</p> |                                                                                         |                                                 |

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| <p>F 0698</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview, and medical record review, the facility failed to accurately monitor the fluid intake and output for one of two final sampled residents (Resident 145) reviewed for hemodialysis care. * The facility failed to ensure Resident 145's fluid intake and output was accurately monitored. This failure had the potential for Resident 145 to not be provided with the appropriate care and treatment, and to experience life threatening conditions associated with fluid deficit/overload. Findings: Medical record review for Resident 145 was initiated on 1/20/26. Resident 145 was readmitted to the facility on [DATE], with a diagnosis of ESRD requiring hemodialysis treatment. Review of Resident 145's Order Summary Report showed the following physician's orders dated 10/31/25:- for hemodialysis treatment on Tuesdays, Thursdays, and Saturdays;- to record intake and output every shift; and- for fluid restriction of 1200 ml day. The kitchen will provide 840 ml total (360 ml for breakfast, 240 ml for lunch, and 240 ml for dinner), and the nursing will provide 360 ml total (180 ml in the AM shift, 120 ml in the PM shift, and 60 ml in the NOC shift). Review of Resident 145's Documentation Survey Report v2 for December 2025 and January 2026 showed Resident 145 exceeded the prescribed dietary fluid intake of 840 ml. For example:- On 12/2/25, Resident 145 had a total of 860 ml fluid intake;- On 12/4/25, Resident 145 had a total of 1340 ml fluid intake;- On 12/9/25, Resident 145 had a total of 920 ml fluid intake;- On 12/10/25, Resident 145 had a total of 960 ml fluid intake;- On 12/11/25, Resident 145 had a total of 1160 ml fluid intake;- On 12/12/25, Resident 145 had a total of 940 ml fluid intake;- On 12/13/25, Resident 145 had a total of 1140 ml fluid intake;- On 12/16/25, Resident 145 had a total of 1280 ml fluid intake;- On 12/16/25, Resident 145 had a total of 900 ml fluid intake;- On 12/19/25, Resident 145 had a total of 960 ml fluid intake;- On 12/25/25, Resident 145 had a total of 1000 ml fluid intake;- On 12/30/25, Resident 145 had a total of 880 ml fluid intake;- On 1/2/26, Resident 145 had a total of 960 ml fluid intake;- On 1/11/26, Resident 145 had a total of 940 ml fluid intake;- On 1/16/26, Resident 145 had a total of 1160 ml fluid intake;- On 1/18/26, Resident 145 had a total of 960 ml fluid intake; and- On 1/21/26, Resident 145 had a total of 860 ml fluid intake; Review of Resident 145's MAR for December 2025 and January 2026 showed Resident 145 exceeded the prescribed nursing fluid intake of 360 ml, and the total 1200 ml daily, including the amount of fluid intake documented under TI (total intake). For example:- On 12/1, 12/5 and 12/24/25, Resident 145 had a total of 1660 ml fluid intake;- On 12/3/25, Resident 145 had a total of 1800 ml fluid intake;- On 12/4/25, Resident 145 had a total of 1860 ml fluid intake;- On 12/6, 12/16 and 12/23/25, and 1/1/26, Resident 145 had a total of 1460 ml fluid intake;- On 12/7/25, Resident 145 had a total of 1380 ml fluid intake;- On 12/8/25, Resident 145 had a total of 2280 ml fluid intake;- On 12/9/25, Resident 145 had a total of 1280 ml fluid intake;- On 12/14/25, Resident 145 had a total of 1260 ml fluid intake;- On 12/20 and 12/21/25, Resident 145 had a total of 2000 ml fluid intake;- On 12/22/25, Resident 145 had a total of 2620 ml fluid intake;- On 12/25/25, Resident 145 had a total of 2240 ml fluid intake;- On 12/29/25 and 1/10 and 1/15/26, Resident 145 had a total of 1440 ml fluid intake;- On 1/2/26, Resident 145 had a total of 1740 ml fluid intake;- On 1/3/26, Resident 145 had a total of 1600 ml fluid intake;- On 1/4 and 1/5/26, Resident 145 had a total of 1620 ml fluid intake;- On 1/7/26, Resident 145 had a total of 1780 ml fluid intake;- On 1/8/26, Resident 145 had a total of 1420 ml fluid intake;- On 1/9/26, Resident 145 had a total of 1270 ml fluid intake;- On 1/16 and 1/22/26, Resident 145 had a total of 1540 ml fluid intake;- On 1/19/26, Resident 145 had a total of 1940 ml fluid intake; and- On 1/21/26, Resident 145 had a total of 1530 ml fluid intake. Further review of Resident 145's MAR for January 2026 showed Resident 145 had a total fluid intake of 400 ml during the day shift. On 1/23/26 at 1339 hours, an interview was conducted with CNA 2 for Resident 145. CNA 2 stated Resident 145 was on fluid restriction for a total of 360 ml for breakfast, and 120 ml for lunch. CNA 2 stated Resident 145 had a total of 240 ml fluid intake for breakfast, and 120 ml fluid intake for lunch. CNA 2 stated she reported Resident 145's fluid intake today to the licensed nurse. On 1/23/26 at 1355 hours, an (continued on next page)</p> |                                                                                         |                                                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>Beach Creek Post-Acute                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>645 South Beach Blvd.<br>Anaheim, CA 92804 |                                                 |
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| <p>F 0698</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>interview and concurrent medical record review for Resident 145 was conducted with LVN 2. When asked about Resident 145's fluid intake, LVN 2 stated Resident 145 was on fluid restriction, and the charge nurses documented the daily total of Resident 145's fluid intake from the nursing and dietary in the resident's MAR. When asked to explain where the licensed nurse got the fluid intake amount documented under TI, LVN 2 stated TI meant the total intake and this was the total of Resident 145's breakfast and lunch intake from the dietary services. LVN 2 stated Resident 145's fluid intake on his shift was 180 ml, and he reported this to RN 3. On 1/23/26 at 1355 hours, an interview and concurrent medical record review was conducted with RN 3 for Resident 145. When asked about Resident 145's fluid intake, RN 3 stated she documented Resident 145's fluid intake today. RN 3 verified CNA 2 reported Resident 145 had 240 ml fluid intake from breakfast, and LVN 2 reported Resident 145 had a 180 ml fluid intake from the morning medication pass. RN 3 verified Resident 145 had a total of 420 ml fluid intake in the AM shift. RN 3 verified she documented 400 ml total fluid intake for Resident 145. When asked why she documented 400 ml instead of 420 ml, RN 3 stated she was in a rush. On 1/23/26 at 1425 hours, an interview and concurrent medical record review was conducted with RN 1 for Resident 145. RN 1 verified Resident 145's MAR showed TI, which meant the total intake of Resident 145's fluid intake from the nursing and dietary department from all shifts. RN 1 verified the amount of Resident 145's fluid intake documented under TI was inaccurate, as it did not match the total of Resident 145's fluid intake from the nursing and dietary department from all shifts. RN 1 also verified Resident 145 exceeded the prescribed dietary fluid intake as documented by the CNAs in the Documentation Survey Report. RN 1 also verified Resident 145 exceeded the prescribed total fluid intake of 1200 ml daily as documented in the resident's MAR.</p> |                                                                                         |                                                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>Beach Creek Post-Acute                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>645 South Beach Blvd.<br>Anaheim, CA 92804 |                                                 |
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| <p>F 0757</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview, medical record review, and facility P&amp;P review, the facility failed to ensure two of 27 final sampled residents (Residents 6 and 10) were free from the unnecessary medications. * The facility failed to ensure Resident 10's carvedilol (blood pressure medication) was administered as per the physician's order. * The facility failed to ensure Resident 6's pulse was monitored prior to the administration of the atenolol (blood pressure medication). These failures had the potential for Residents 6 and 10 to receive unnecessary medications and develop significant adverse effects related to the use of the medications. Findings:</p> <p>Review of the facility's P&amp;P titled Administering Medications revised 4/2019 showed medications are administered in a safe and timely manner, and as prescribed. The following information is checked/verified for each resident prior to administering medications: a. allergies to medications; and b. vital signs, if necessary.</p> <p>1. Medical record review for Resident 10 was initiated on 1/20/26. Resident 10 was admitted to the facility on [DATE], and readmitted on [DATE].</p> <p>Review of Resident 10's MDS assessment dated [DATE], showed Residents 10 was cognitively intact.</p> <p>Review of Resident 10's Order Summary Report showed a physician's order dated 10/15/25, to administer carvedilol 3.125 mg one tablet by mouth two times a day for hypertension. To hold if the SBP (systolic blood pressure-the top number in a blood pressure reading measuring the pressure in the arteries when the heart beats and pushes blood out) was less than 110 mmHg or the heart rate was less than 60 beats per minute; and to call the physician.</p> <p>Review of Resident 10's MAR for January 2026 showed Resident 10 was administered the carvedilol 3.125 mg medication on the following dates and times, when the BP was outside of the ordered parameters, to hold if the SBP was less than 110 mmHg:</p> <ul style="list-style-type: none"> <li>- on 1/1 at 0900 hours, the BP was 106/68 mmHg.</li> <li>- on 1/7 at 1700 hours, the BP was 93/64 mmHg.</li> <li>- on 1/10 at 0900 hours, the BP was 107/78 mmHg.</li> <li>- on 1/14 at 0900 hours, the BP was 108/67 mmHg.</li> <li>- on 1/18 at 0900 hours, the BP was 109/68 mmHg.</li> </ul> <p>On 1/21/26 at 1603 hours, an interview and concurrent medical record review for Resident 10 was conducted with LVN 5. LVN 5 stated for the administration of the BP medication, the residents' blood pressure and heart rate were obtained by the licensed nurses and the BP medication administered to the residents if the BP and heart rate were within the ordered parameters. LVN 5 stated after the administration of the medication, the licensed nurses signed in the MAR and the check mark in the MAR indicated the medication was administered. LVN 5 reviewed Resident 10's medical record and verified the above findings and stated the medication should have not been administered as per the (continued on next page)</p> |                                                                                         |                                                 |

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

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Form Approved OMB  
No. 0938-0391

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| <p>F 0757</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>physician's orders.</p> <p>On 1/22/26 at 1352 hours, an interview was conducted with the DON. The DON stated for the administration of the BP medications, the licensed nurses were expected to obtain the residents' vital signs and administer the BP medication if the vital signs were within the ordered parameters.</p> <p>On 1/26/26 at 1410 hours, an interview was conducted with the Administrator, Nurse Consultants 1 and 2, and the DSD. The Administrator, Nurse Consultants 1 and 2, and the DSD were informed and acknowledged the above findings.</p> <p>2. Medical record review for Resident 6 was initiated on 1/20/26. Resident 6 was readmitted to the facility on [DATE].</p> <p>Review of Resident 6's Order Summary Report showed a physician's order dated 5/11/25, to administer atenolol 50 mg one tablet by mouth in the morning. Hold if SBP is less than 110 mmHg, or pulse less than 60 beats per minute.</p> <p>Review of Resident 6's MAR for January 2026 showed Resident 6 was administered the atenolol medication from 1/1 to 1/22/26. Further review of the MAR showed Resident 6's blood pressure readings were monitored, but there was no monitoring of Resident 6's pulse prior to the administration of the atenolol medication.</p> <p>Further review of Resident 6's medical record failed to show documented evidence Resident 6's pulse was monitored prior to the administration of the atenolol medication.</p> <p>On 1/22/26 at 1046 hours, an interview and concurrent medical record review for Resident 6 was conducted with RN 1. RN 1 verified the above findings. RN 1 stated the licensed nurses should have monitored the blood pressure and the pulse before administering the atenolol medication.</p> |                                                                                         |                                                 |

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| <p>F 0761</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, medical record review, facility document review, and facility P&amp;P review, the facility failed to provide the necessary pharmacy services. * The facility failed to ensure orally administered medications were stored separate from the externally used medications in Medication room [ROOM NUMBER]. *The facility failed to ensure the expired supplies were removed from the current treatment supply in Treatment Cart A. * The facility failed to ensure there were no medications left at bedside. * The facility failed to ensure RN 4 and LVN 7 did not leave medications on top of medication cart during medication pass observation. * The facility failed to ensure a medication cup with white paste was not left on Resident 1's overbed table. These failures had the potential to negatively impact the residents' well-being, and the potential for the medications to lose the stability and effectiveness. Findings:</p> <p>Review of the facility's P&amp;P titled Storage of Medications revised on 4/2007 showed the facility shall not use discontinued, outdated, or deteriorated drugs or biologicals, all such drugs shall be returned to the dispensing pharmacy or destroyed; external use drugs in liquid, tablet, capsule or powder form shall be stored separately from drugs for internal use.</p> <p>1. On [DATE] at 0850 hours, a medication room inspection for Medication room [ROOM NUMBER] was conducted with RN 3. The following was observed on the second shelf of the cabinet:</p> <ul style="list-style-type: none"> <li>- one bottle of omeprazole (acid reducer) 20 mg tablet was stored with one box of bisacodyl (stool softener) suppositories and one bottle of earwax softener drops on the right side of the second shelf of the cabinet; and</li> <li>- one bottle of vitamin B complex (nutritional supplement) and one bottle of probiotic capsules were stored with one bottle of fluticasone propionate nasal spray (medication to relieve allergy symptoms).</li> </ul> <p>On [DATE] at 0900 hours, an observation and concurrent interview was conducted with LVN 1. LVN 1 stated the external and internal medications needed to be stored separately to prevent accidental mix up of the medications. LVN 1 verified the above findings.</p> <p>2. On [DATE] at 0920 hours, an observation of Treatment Cart A and concurrent interview was conducted with LVN 1. The following was observed:</p> <ul style="list-style-type: none"> <li>- alcohol wipes with an expiration date of 7/2025; and</li> <li>- five packs individuals DermaCol/Ag Collagen Matrix (collagen dressing with silver) with an expiration date of [DATE].</li> </ul> <p>LVN 1 stated expired biological or supplies should be removed from the treatment cart. LVN 1 further stated expired supplies such as alcohol wipes or dressing may not be potent and would not have full effectiveness.</p> <p>On [DATE] at 1650 hours, an interview was conducted with the DON. The DON was informed and acknowledge of the above findings.<br/>(continued on next page)</p> |                                                                                         |                                                 |

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| <p>F 0761</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>3. Review of the facility's P&amp;P titled Storage of Medications dated 11/2020 showed:</p> <ul style="list-style-type: none"> <li>- drugs and biologicals used in the facility are stored in locked compartments under proper temperature, light and humidity controls. Only persons authorized to prepare and administer medications have access to locked medications;</li> <li>-any medications found at bedside that are not authorized for self-administration are turned over to the nurse in charge for return to the family or responsible party.</li> </ul> <p>On [DATE] at 0935 hours, an initial tour was conducted in Resident 148's room with CNA 6 present in the room. A bottle of Colace (medication used to treat constipation) 100 mg capsules was observed on top of Resident 148's nightstand at bedside. Resident 148 stated she sometimes self-administered the medication. Resident 148 further stated she wasn't sure how long she had the medication at bedside.</p> <p>On [DATE] at 0942 hours, an observation and concurrent interview was conducted with CNA 6. CNA 6 verified the bottle of Colace was on top of Resident 148's nightstand.</p> <p>On [DATE] at 0944 hours, an observation and concurrent interview was conducted with RN 4. RN 4 verified the bottle of Colace was on top of Resident 148's nightstand and should have been stored securely.</p> <p>4. On [DATE] at 0804 hours, a medication administration observation for Resident 88 was conducted with RN 4. RN 4 was observed preparing the following medications:</p> <ul style="list-style-type: none"> <li>- One tablet of Eliquis (anticoagulant medication) 2.5 mg;</li> <li>- One tablet of hydralazine (blood pressure medication) 50 mg; and</li> <li>- One tablet of rosuvastatin (statin, lipid-lowering medication) 5 mg.</li> </ul> <p>After preparing the medications for Resident 88, the call light above the door of Resident 88's room was on. RN 4 stated she would answer the call light and went inside the room. RN 4 left the medications on top of the medication cart. The medications were out of sight by RN 4. Staff were observed passing by, and one CNA went to the medication cart to get a straw.</p> <p>On [DATE] at 0809 hours, RN 4 went back to the cart. RN 4 was observed going inside Resident 88's room again. RN 4 left the medications on top of the medication cart. The medications were out of sight by RN 4. A CNA was observed going inside the room</p> <p>On [DATE] at 0810 hours, RN 4 went back to the cart.</p> <p>On [DATE] at 0813 hours, RN 4 was observed going inside Resident 88's room again and asked Resident 88 if she wanted cranberry juice. RN 4 left the medications on top of the medication cart. The medications were out of sight by RN 4.</p> <p>On [DATE] at 1035 hours, an interview for Resident 88 was conducted with RN 4. RN 4 verified the above findings.<br/>(continued on next page)</p> |                                                                                         |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>555388                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                | (X3) DATE SURVEY<br>COMPLETED<br><br>01/26/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Beach Creek Post-Acute                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>645 South Beach Blvd.<br>Anaheim, CA 92804 |                                                 |
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| <p>F 0761</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>5. On [DATE] at 1619 hours, one nebulizer unit dose duoneb (bronchodilator medication) was observed on top of a medication cart and was unattended. Staff were observed passing by.</p> <p>On [DATE] at 1620 hours, LVN 7 was observed coming out of Resident 2's room. A medication administration observation for Resident 2 was conducted with LVN 7.</p> <p>On [DATE] at 1626 hours, after preparing the medications for Resident 2, LVN 7 was observed going inside Resident 2's room. LVN 7 left one nebulizer unit dose on top of the medication cart. One staff was coming out of Resident 2's room, and another staff was observed passing by the medication cart.</p> <p>On [DATE] at 1035 hours, an interview for Resident 2 was conducted with LVN 7. LVN 7 verified the above findings.</p> <p>6. [DATE] at 0849 hours, during the initial tour of the facility, a medication cup containing white paste was observed on Resident 1's overbed table. Resident 1 was observed in bed. Resident 1 stated the CNAs applied the white paste medication on her.</p> <p>Medical record review for Resident 1 was initiated on [DATE]. Resident 1 was readmitted to the facility on [DATE].</p> <p>Review of Resident 1's Order Summary Report did not show a physician's order for any skin treatment.</p> <p>On [DATE] at 0952 hours, an observation for Resident 1 and concurrent interview and medical record review was conducted with RN 1. RN 1 verified a medication cup containing white paste was on Resident 1's overbed table. RN 1 also verified there was no physician's order for any skin treatment for Resident 1.</p> <p>On [DATE] at 1109 hours, an interview for Resident 1 was conducted with LVN 1. When asked about the skin treatment ointments, LVN 1 stated the CNAs could apply barrier creams to the residents, however, the barrier creams should be stored in the treatment cart, and not at the resident's bedside.</p> |                                                                                         |                                                 |

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| <p>F 0803</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and facility document review, the facility failed to ensure the menu to meet the resident's nutritional needs was followed for one of 85 residents (Resident 82) who received food from the kitchen. * The facility failed to ensure Resident 82 was served the corn on the cob or street corn, as per the menu. Resident 82 was served green beans. This failure posed the risk for negatively impacting the residents' satisfaction and dietary compliance. Findings: Review of the facility document titled Order Listing Report dated 1/20/26, showed 85 residents had regular diets and received food from the kitchen. Review of the facility's document titled Week at a Glance- Menu showed the menu for 1/20/26, for the lunch meal was BBQ pork loin, Spanish rice, corn on the cob, bread or roll with margarine, apple pie, street corn, and choice of beverage. Further review of the menu showed the menu items were for the regular diet. Medical record review for Resident 82 was initiated on 1/20/26. Resident 82 was admitted to the facility on [DATE]. Review of Resident 82's H&amp;P examination dated 9/18/25, showed Resident 82 had the capacity to understand and make decisions. Review of Resident 82's Order Summary Report dated 1/20/26, showed a physician's order dated 12/26/25, for Resident 82 to have a fortified IDDSI- regular level 7 texture diet with thin liquids. On 1/20/26 at 1240 hours, during the dining observation in the dining room, Resident 82 was observed eating his lunch independently. On Resident 82's plate, the following were observed: the Spanish rice, BBQ pork loin, and steamed green beans. Resident 82 was asked about the green beans on his plate, and Resident 82 stated he did not ask for the green beans instead of the corn that was on the menu. On 1/20/26 at 1245 hours, an interview and concurrent observation was conducted with the RD. The RD stated the residents should be served what was listed on the menu, unless requested by the residents. The RD stated the items on the meal ticket, should match what the resident would be receiving for that meal, including any substitutions/preferences of the residents. The RD reviewed Resident 82's meal ticket and stated there was no documentation Resident 82 wanted green beans instead of the corn on the cob. On 1/26/26 at 1357 hours, an interview was conducted with the Administrator, Nurse Consultants 1 and 2, DSD, DSS, and RD. The Administrator, Nurse Consultants 1 and 2, DSD, DSS, and RD were informed and acknowledged the above findings.</p> |                                                                                         |                                                 |

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| <p>F 0806</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, medical record review, facility document review and facility P&amp;P review, the facility failed to ensure the food preference was honored for one of 27 final sampled residents (Resident 3). * The facility failed to ensure Resident 3 was served white bread per the resident's meal ticket. This failure had the potential for the resident to not receive a meal to meet the resident's needs and preferences. Findings: Review of the facility's P&amp;P titled Therapeutic Diets dated 10/2017 showed therapeutic diets are prescribed by the physician to support the residents' treatment and plan of care and in accordance with the residents' goals and preferences. On 01/20/26 at 1212 hours, a dining observation was conducted in the dining room. The meal cart arrived and LVN 1 was observed checking the meal trays against the residents' diet list. The meal trays were then distributed to the residents by the facility staff in the dining room. On 1/20/26 at 1225 hours, an observation and concurrent interview was conducted with CNA 10 for Resident 3. Resident 3's meal tray had a small plate of mashed potatoes and a plate with a wheat sandwich cut into 12 pieces. Resident 3's meal ticket showed turkey sandwich finely chopped on white bread. CNA 10 was then attempted to feed Resident 3 but was asked about Resident 3's wheat sandwich. CNA 10 reviewed Resident 3's meal ticket which showed to serve with white bread. CNA 10 stated it should be white bread, let me call the kitchen. On 1/20/26 at 1228 hours, an interview was conducted with LVN 1. LVN 1 stated aside from the diet order, she also checked the residents' preferences. When LVN 1 was shown Resident 3's meal tray with the wheat sandwich, LVN 1 stated Oh I did not see that. Medical record review for Resident was initiated on 1/23/26. Resident 3 was admitted to the facility on [DATE]. Review of Resident 3's H&amp;P examination dated 3/5/25, showed Resident 3 had no capacity to understand and make decisions. Review of Resident 3's Order Summary Report dated 1/23/26, showed a physician's order dated 11/10/25, for a regular diet - minced and moist texture. On 1/23/26 at 0959 hours, an interview and concurrent medical record review was conducted with the RD. The RD stated Resident 3 was cleared by the ST to have a sandwich as outlined on Resident 3's meal ticket. The RD further stated the white bread was Resident 3's preference as expressed by Resident 3's son. The RD also stated each meal tray was checked three times in the kitchen, in addition to the licensed nurses checking in the dining room, however, the kitchen staff had a miscommunication and missed the wheat bread served on Resident 3's tray. On 1/23/26 at 1043 hours, an interview and concurrent medical record review was initiated with the ST. The ST stated Resident 3 preferred white bread for a while now.</p> |                                                                                         |                                                 |

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| F 0807<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Ensure each resident receives and the facility provides drinks consistent with resident needs and preferences and sufficient to maintain resident hydration.</p> <p>Based on observation, interview, facility document review, and facility P&amp;P review, the facility failed to accommodate the drink preferences for one of 27 final sampled resident (Resident 111). * The facility failed to ensure Resident 111 was served two milk cartons, as per the meal ticket, for his lunch meal. This failure had the potential to affect the resident's overall meal intake and nutritional status. Findings: Review of the facility's P&amp;P titled Food and Nutrition Services revised 10/2017 showed each resident is provided with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into consideration the preferences of each resident. Reasonable effort will be made to accommodate resident choices and preferences. On 1/20/26 at 1220 hours, a lunch observation and concurrent interview was conducted with Resident 111 in the dining room. Resident 111 was observed eating his lunch with one eight-ounce carton of non-fat milk. Review of Resident 111's lunch meal ticket showed under Standing Orders, to send two eight-ounce cartons of non-fat milk for the lunch meal. Resident 111 was asked about the non-fat milk and the resident stated it happened frequently when he would receive only one carton of milk, when he should have two. On 1/20/26 at 1235 hours, an observation and concurrent interview was conducted with CNA 9. CNA 9 verified the above findings and stated the resident should be served with what was on the meal ticket. CNA 9 was observed asking Resident 111 if he wanted his second carton of milk and Resident 111 stated yes. On 1/20/26 at 1245 hours, an interview and concurrent observation was conducted with the RD. The RD verified the above findings and stated the items on the meal ticket should match what the residents received for that meal, including any substitutions/preferences of the resident. The RD further stated Resident 111 should have been served two cartons of milk for his lunch meal. On 1/26/26 at 1357 hours, an interview was conducted with the Administrator, Nurse Consultants 1 and 2, DSD, DSS, and RD. The Administrator, Nurse Consultants 1 and 2, DSD, DSS, and RD were informed and acknowledged the above findings.</p> |                                                                                         |                                                 |

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| F 0814<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | Dispose of garbage and refuse properly.<br><br>Based on observation, interview and facility P&P review, the facility failed to ensure the garbage and refuse were properly stored for one of three dumpsters. * The facility failed to ensure one of three dumpster's lid was fully closed. This failure had the potential to attract pests and rodents that carried diseases. Findings: According to the USDA Food Code 2022, Chapter 5 Water, Plumbing, and Waste, Section 5-501.113 Covering Receptacles showed outside garbage receptacles shall be kept covered with tight-fitting lids or covers. Review of the facility's P&P titled Food related Garbage and Refuse Disposal dated 10/2017 showed all garbage and refuse containers are provided with tight- fitting lids or covers and must be kept covered when stored or not in continuous use, and outside dumpsters provided by garbage pick-up services will be kept closed and free of surrounding litter. On 1/22/25 at 0917 hours, an observation of the facility's outside dumpsters was conducted with the Maintenance Supervisor. One dumpster lid was not fully closed with visible bags of trash on the left side of the dumpster. The Maintenance Supervisor verified the findings and stated the housekeeping, dietary and maintenance staff were educated to keep the dumpster lids closed. On 1/26/26 at 1204 hours, an interview was conducted with the IP. The IP stated he was informed by the Maintenance Supervisor about the observation of the open dumpster lid. The IP stated the garbage was not picked up on Monday (1/21/26) because it was a holiday. The IP was informed the dumpster was not filled up on the right side, and the garbage was not overflowing, however, the trash bags were not evenly placed on the dumpster, causing the lid not fully closed. The IP was informed and acknowledged the above findings. |                                                                                         |                                                 |

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| <p>F 0842</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and medical record review, the facility failed to ensure the medical records were accurately completed for four of 27 final residents (Residents 3, 5, 8 and 135). * The facility failed to ensure Resident 3's MAR for [DATE] was completed and signed. * The facility failed to ensure Resident 5's POLST Section D was completed. * The facility failed to ensure Resident 135's POLST Section D was completed. * The facility failed to ensure Resident 8's POLST Section D was completed. These failures posed a potential risk for residents to not be provided with the care and treatment since their medical record information was incomplete. Findings:</p> <p>Review of the facility's P&amp;P titled Charting and Documentation dated 7/2017 showed the following information is to be documented in the resident medical record as follows</p> <ul style="list-style-type: none"> <li>- objective information</li> <li>- medication administered</li> <li>- treatment or services performed</li> <li>- changes in residents' condition</li> <li>- events, incidents or accidents involving the resident and</li> <li>- progress toward or changes in the care plan goals and objectives.</li> </ul> <p>1. Review of the facility's P&amp;P titled Administering Medications dated 4/2019 showed the individual administering the medication initials the resident's MAR on the appropriate line after giving each medication and before administering the next ones.</p> <p>Review of Resident 3's medical record was initiated on [DATE]. Resident 3 was admitted to the facility on [DATE].</p> <p>Review of Resident 3's MAR for [DATE] failed to show entries for the following:</p> <ul style="list-style-type: none"> <li>- dated [DATE] at 1400 hours, Tylenol (pain medication) oral tablet 325 mg, give two tablets by mouth in the afternoon for knee pain;</li> <li>- dated 11/25-[DATE] for the day shift, behavior monitoring for anxiety manifested by restlessness, to document episodes per shift, to document the number of episodes per shift of target behavior and tally by hashmarks every shift. There were missing entries for the number of episodes and the nurse signature;</li> <li>- dated 11/25-[DATE] for the day shift, behavior monitoring for sertraline for bipolar disorder manifested by mood swings, document number of episodes per shift of target behaviors. There were missing entries for the number of episodes and the nurse signature;</li> <li>- dated 11/25-[DATE] for the day shift, monitor side effects of antipsychotic Seroquel. There were (continued on next page)</li> </ul> |                                                                                         |                                                 |

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| <p>F 0842</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>missing entries for the number of episodes and the nurse signature;</p> <p>- dated 11/25-[DATE] for the day shift, assess pain level every shift. There were missing entries for pain level and nurse signature;</p> <p>- dated 11/25-[DATE] for the day shift, behavior monitoring for use of Seroquel. There were missing entries for the number of episodes of target behaviors and nurse signature;</p> <p>- dated [DATE] for the day shift, monitor for BBW (Black Box Warning) side effect every shift for apixaban (blood thinner);</p> <p>- dated [DATE] for the day shift, monitor BBW Acetaminophen/ Narcotic combination (Norco- pain reliever) for risk of liver toxicity;</p> <p>- dated [DATE] for the day shift, monitor for BBW of sertraline;</p> <p>- dated [DATE] for the day shift, monitor BBW atypical antipsychotics (medications primarily used to treat schizophrenia, bipolar disorder and severe depression) quetiapine;</p> <p>- dated 11/25-[DATE] for the day shift, notify MD if the patient has any of the following symptoms: temperature less than 96.8 or greater than 99F, heart rate greater than 90 beats per minute, respiratory rate greater than 20 per minute, acute change in mental status, oxygen saturation of less than 90%, systolic BP greater than 100 mmHg baseline, less than 100 mmHg, more than 5 mmHg lower than the baseline every shift for sepsis. There were missing entries for monitoring level of consciousness, BP, temperature, pulse rate, respiratory rate, oxygen saturation;</p> <p>- dated [DATE] at 1400 hours, water three times a day for hydration eight ounces between meals at 1000, 1400 and 2000 hours;</p> <p>- dated [DATE] for the day shift, monitor signs/symptoms of central nervous system depression due to combo use of methocarbamol and Norco every shift.</p> <p>On [DATE] at 1417 hours, an interview and concurrent medical record review for Resident 3 was conducted with LVN 6. LVN 6 verified the above missing entries in Resident 3's [DATE] MAR.</p> <p>On [DATE] at 1441 hours, an interview and concurrent medical record review for Resident 3 was conducted with LVN 2. LVN 2 verified the above findings and stated his responsibilities were to check the residents' well-being after medication pass and document right after the medications were administered.</p> <p>On [DATE] at 1457 hours, an interview and concurrent medical record review for Resident 3 was conducted with the MRD. The MRD verified the above findings and stated the medical records department audited the MARs daily.</p> <p>2. Review of the facility's P&amp;P titled Do Not Resuscitate Order revised 3/2021 showed the POLST may be used to specify whether to administer CPR in case of a medical emergency. The interdisciplinary care planning team will review advance directives with the resident to determine if the resident wishes to make changes in such directives.<br/>(continued on next page)</p> |                                                                                         |                                                 |

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| <p>F 0842</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>a. Medical record review for Resident 5 was initiated on [DATE]. Resident 5 was admitted to the facility on [DATE], and readmitted on [DATE].</p> <p>Review of Resident 5's H&amp;P examination dated [DATE], showed Resident 5 had the capacity to make his own decisions.</p> <p>Review of Resident 5's POLST dated [DATE], showed Section D for the advance directive was not completed.</p> <p>Review of Resident 5's IDT &amp; Care Conference and Care Plan Review (WGC) &amp; V4 dated [DATE], showed Resident 5 had issued an advance directive about his care and treatment.</p> <p>On [DATE] at 1059 hours, an interview and concurrent medical record review for Resident 5 was conducted with the SSD. The SSD verified the above findings. The SSD stated the Section D of Resident 5's POLST should have been completed upon admission or updated as needed. The SSD stated Resident 5 had an advanced directive but was unable to provide a copy.</p> <p>b. Medical record review for Resident 135 was initiated on [DATE]. Resident 135 was admitted to the facility on [DATE].</p> <p>Review of Resident 135's H&amp;P examination dated [DATE], showed Resident 135 had the capacity to understand and make decisions.</p> <p>Review of Resident 135's POLST dated [DATE], showed Section D for the advance directive was not completed.</p> <p>Review of Resident 135's IDT &amp; Care Conference and Care Plan Review (WGC) &amp; V4 dated [DATE], showed Resident 135 had not executed an advance directive.</p> <p>On [DATE] at 1058 hours, an interview and concurrent medical record review for Resident 135 was conducted with the SSD. The SSD verified the above findings.</p> <p>c. Medical record review for Resident 8 was initiated on [DATE]. Resident 8 was admitted to the facility on [DATE].</p> <p>Review of Resident 8's H&amp;P examination dated [DATE], showed Resident 8 had no capacity to understand and make decisions.</p> <p>Review of Resident 8's POLST dated [DATE], showed Section D for the advance directive was not completed.</p> <p>Review of Resident 8's IDT &amp; Care Conference and Care Plan Review (WGC) &amp; V4 dated [DATE], showed Resident 8 had not executed an advance directive.</p> <p>On [DATE] at 1058 hours, an interview and concurrent medical record review for Resident 8 was conducted with the SSD. The SSD verified the above findings.</p> <p>On [DATE] at 1500 hours, an interview was conducted with the Administrator, DSD, and Nurse Consultant 2. The Administrator, DSD, and Nurse Consultant 2 were informed and acknowledged the above findings.</p> |                                                                                         |                                                 |

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| F 0865<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | Have a plan that describes the process for conducting QAPI and QAA activities.<br><br>Based on interview and facility document review, the facility failed to implement their QAPI plan of action. * There was no documentation to show the facility had provided an in-service for medication storage, specifically storing internally administered medication separately from externally administered medications for one repeated deficient practice cited at F761 in accordance with their POC from the last recertification survey completed on 1/9/25. This failure had the potential for medication errors and negatively impact the residents' well-being. Finding: On 1/26/26 at 1443 hours, an interview and concurrent facility document review was conducted with the Administrator and DSD. Review of the POC submitted by the facility to the CDPH, L&C Program for F761 cited from the last recertification survey completed on 1/9/25, showed the DON in-serviced the licensed nursing staff on 1/7/25, regarding medication storage and labeling. The Administrator and DSD failed to show documented evidence the DON in-serviced the licensed nursing staff regarding medication storage and labeling, specifically storing internally administered medication separately from externally administered medications. |                                                                                         |                                                 |

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| F 0578<br><br>Level of Harm - Potential for<br>minimal harm<br><br>Residents Affected - Some                                       | <p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview, medical record review, and facility P&amp;P review, the facility failed to ensure the resident's advanced directive was obtained and maintained in the medical record for one of 27 final sampled residents (Resident 3). * The facility failed to ensure the advanced directive copy for Resident 3 was available in the resident's medical record. This failure had the potential for the resident's decisions regarding their healthcare and treatment options to not be honored. Findings: Review of the facility's P&amp;P titled Advance Directives revised 9/2022 showed the resident has the right to formulate an advance directive, including the right to accept or refuse medical or surgical treatment. Advance directives are honored in accordance with state law and facility policy. If the resident or the resident's representative has executed one or more advance directive(s), or executed one upon admission, copies of these documents are obtained and maintained in the same section of the residents' medical record and are readily retrievable by any facility staff. Medical record review for Resident 3 was initiated on 1/20/26. Resident 3 was admitted to the facility on [DATE]. Review of Resident 3's H&amp;P examination dated 3/12/25, showed the resident had no capacity to understand and make decisions. Review of Resident 3's POLST dated 3/12/25, showed Resident 3 had an advance directive. Review of Resident 3's IDT Care Conference and Care Plan Review dated 12/18/25, showed Resident 3 had an advance directive. Further review of Resident 3's medical record failed to show a copy of Resident 3's advance directive was obtained and maintained in the medical record. On 1/21/26 at 0805 hours, an interview and concurrent medical record review was conducted with the SSD. The SSD verified Resident 3's medical record did not contain the copy of Resident 3's advance directive. The SSD stated she would speak to Resident 3's representative to obtain the copy of the resident's advance directive.</p> |                                                                                         |                                                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>Beach Creek Post-Acute                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>645 South Beach Blvd.<br>Anaheim, CA 92804 |                                                 |
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| <p>F 0582</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>                                   | <p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview, and medical record review, the facility failed to provide the NOMNC and the SNF ABN Form CMS-10055 to one of three final sampled residents (Resident 100) reviewed for beneficiary notification. * The facility failed to ensure Resident 100 was provided with the NOMNC and SNF ABN forms before Resident 100's last covered date of 10/8/25. The NOMNC and SNF ABN forms were signed by Resident 100's representative on 1/26/26. This failure had the potential of not allowing Resident 100 and his representative to make an informed decision regarding their Medicare services and to understand their financial responsibilities and options concerning their medical care. Findings: Medical record review for Resident 100 was initiated on 1/20/26. Resident 100 was admitted to the facility on [DATE]. Review of Resident 100's NOMNC form showed the resident's Medicare coverage of current skilled Part A services would end on 10/8/25. The form also showed the Resident 100's representative signed the form on 1/26/26. Review of Resident 100's SNF ABN showed beginning on 10/8/25, the resident may have to pay out of pocket for the care if no other insurance covers the cost. The form also showed Resident 100's representative signed the form on 1/26/26. Further medical record review for Resident 100 did not show Resident 100 and/or Resident 100's representative were provided the NOMNC or SNF ABN Form before Resident 100's last covered day. On 1/26/26 at 1358 hours, an interview and concurrent medical record review for Resident 100 was conducted with the SSD. When asked to explain the purpose of the NOMNC and SNF ABN forms, the SSD stated the NOMNC was to notify the residents of their last covered day of Medicare Part A, their right to appeal, and how to appeal. The SSD stated the SNF ABN notified the residents of what care may not be covered, the reason Medicare may not pay, and the estimated cost of the care, and would allow the residents to decide of whether to receive the care and bill Medicare, receive the care and not bill Medicare, or decline the care. On 1/26/26 at 1413 hours, an interview and concurrent medical record review for Resident 100 was conducted with the TRC Program Director. The TRC Program Director stated Resident 100's Medicare Part A skilled services episode start date was 9/23/25, and the last covered day of Part A service was 10/8/25. The TRC Program Director stated the NOMNC and SNF ABN forms should be given at least two days before the last cover date. The TRC Program Director stated the original notice for Resident 100's NOMNC and SNF ABN were misplaced and was not followed up by the TRC social services department.</p> |                                                                                         |                                                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>Beach Creek Post-Acute                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>645 South Beach Blvd.<br>Anaheim, CA 92804 |                                                 |
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| F 0640<br><br>Level of Harm - Potential for<br>minimal harm<br><br>Residents Affected - Some                                       | Encode each resident's assessment data and transmit these data to the State within 7 days of<br>assessment.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on<br>interview and medical record review, the facility failed to transmit the MDS assessment timely for<br>one of one non-sampled resident (Resident 116) reviewed for resident assessments. * The facility<br>failed to transmit Resident 116's Discharge MDS assessment within 14 days of the completion date.<br>This failure caused a delay in providing resident specific information for payment and quality measure<br>purposes to CMS. Findings: Closed medical record review for Resident 116 was initiated on 1/21/26.<br>Resident 116 was admitted to the facility on [DATE], and discharged on 10/11/25. Review of<br>Resident 116's Discharge MDS assessment dated [DATE], showed under Section Z, RN 1 signed the<br>assessment as complete on 10/20/25, however, the submission date was not listed. On 1/21/26 at<br>1500 hours, an interview and concurrent closed medical record review for Resident 116 was<br>conducted with the MDS Coordinator. The MDS Coordinator reviewed Resident 116's Discharge MDS<br>assessment and stated the Discharge MDS assessment was completed timely. However, when asked<br>when the Discharge MDS was submitted, the MDS Coordinator verified the above findings. The MDS<br>Coordinator stated the Discharge MDS was completed, however it was not submitted timely and was<br>late. Review of Resident 116's untitled facility document showed Resident 116's Discharge MDS<br>assessment was accepted on 1/21/26, more than 11 weeks past the required transmission date of<br>11/3/25. On 1/26/26 at 1410 hours, an interview was conducted with the Administrator, Nurse<br>Consultants 1 and 2, and the DSD. The Administrator, Nurse Consultants 1 and 2, and the DSD were<br>informed and acknowledged the above findings. |                                                                                         |                                                 |

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| F 0641<br><br>Level of Harm - Potential for<br>minimal harm<br><br>Residents Affected - Some                                       | <p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and medical record review, the facility failed to complete the MDS assessment accurately for one of three sampled residents (Resident 142) reviewed for closed records. * Resident 142's MDS assessment showed the resident was discharged to the acute care hospital when Resident 142 was discharged home. This failure resulted in inaccurate resident data used for quality measure purposes. Findings: Closed medical record review for Resident 116 was initiated on 1/21/26. Resident 116 was admitted to the facility on [DATE], and discharged on 10/11/25. Review of Resident 116's Discharge MDS assessment dated [DATE], showed under Section Z, RN 1 signed the assessment as complete on 10/20/25, however, the submission date was not listed. On 1/21/26 at 1500 hours, an interview and concurrent closed medical record review for Resident 116 was conducted with the MDS Coordinator. The MDS Coordinator reviewed Resident 116's Discharge MDS assessment and stated the Discharge MDS assessment was completed timely. However, when asked when the Discharge MDS was submitted, the MDS Coordinator verified the above findings. The MDS Coordinator stated the Discharge MDS was completed, however it was not submitted timely and was late. Review of Resident 116's untitled facility document showed Resident 116's Discharge MDS assessment was accepted on 1/21/26, more than 11 weeks past the required transmission date of 11/3/25. On 1/26/26 at 1410 hours, an interview was conducted with the Administrator, Nurse Consultants 1 and 2, and the DSD. The Administrator, Nurse Consultants 1 and 2, and the DSD were informed and acknowledged the above findings.</p> |                                                                                         |                                                 |

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| <p>F 0656</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>                                   | <p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview, medical record review, and facility P&amp;P review, the facility failed to develop a comprehensive resident-centered plan of care for one of 27 final sampled residents (Resident 22). * The facility failed to develop a care plan problem to address Resident 22's refusal to use the bedside commode. This failure had the potential for Resident 22 not to receive adequate and individualized care to support safety and well-being. Findings: Review of the facility's P&amp;P titled Care Plans, Comprehensive Person-Centered revised 3/2022 showed a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. The IDT, in conjunction with the resident and his/her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident. Medical record review for Resident 22 was initiated on 5/3/22. Resident 22 was admitted to the facility on [DATE]. Review of Resident 22's H&amp;P examination dated 11/9/25, showed Resident 22 had the capacity to understand and make decisions. Review of Resident 22's plan of care showed a care plan problem revised 12/23/25, addressing Resident 22's fall in the bathroom on 12/20/25. The interventions included having a bedside commode. On 1/22/26 at 1029 hours, an observation and concurrent interview was conducted with CNA 3. CNA 3 stated Resident 22 did not use the bedside commode because Resident 22 refused to use the bedside commode. CNA 3 stated Resident 22's licensed nurse was aware of the resident's refusal to use the bedside commode. On 1/22/26 at 1455 hours, an interview and concurrent medical record review was conducted with RN 2. RN 2 verified Resident 22 had a fall on 12/20/25 and there was an IDT meeting on 12/23/25, recommending the use of a bedside commode. RN 2 verified the recommendation for the use of a bedside commode was included in the resident's plan of care. RN 2 was observed verifying with CNA 3 if Resident 22 used the bedside commode. CNA 3 informed RN 2 Resident 22 refused to use it. RN 2 stated the PT was responsible for assessing, educating, and documenting the outcome of their assessment for the use of a bedside commode. RN 2 verified not only was PT responsible for documenting Resident 22's refusal of using the commode, but the licensed nurses could also document and should have develop a care plan for the refusal of the bedside commode. On 1/22/26 at 1524 hours, an interview was conducted with the DOR. The DOR stated the therapist attempted to assess and educate Resident 22 on the use of the bedside commode, however Resident 22 refused. The DOR verified the facility did not document the assessment, education, and the resident's refusal of the bedside commode. On 1/22/26 at 1532 hours, an interview was conducted with Resident 22. Resident 22 stated she did not use the bedside commode and the facility staff had not had her use the bedside commode. Resident 22 stated if she was required to use the bedside commode then she would be willing to try to use one. On 1/26/26 at 1149 hours, a follow up interview was conducted with RN 2. RN 2 stated there should be a care plan in place to address Resident 22's refusal of the bedside commode, with interventions. RN 2 stated Resident 22 was impulsive and tried to be independent so an IDT meeting should have been completed after the resident's refusal to use the bedside commode to prevent the resident from falling again. On 1/26/26 at 1549 hours, an interview was conducted with the Administrator, DSD, and Nurse Consultant 1. The Administrator, DSD, and Nurse Consultant 1 were informed and acknowledged the above findings.</p> |                                                                                         |                                                 |

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| <p>F 0755</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>                                   | <p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, medical record review, facility document review, and facility P&amp;P review, the facility failed to provide the pharmaceutical services to ensure appropriate medication administration. * The facility failed to ensure LVN 6 checked whether Resident 131 had loose stools prior to the administration of Glycolax (laxative medication) * The facility failed to clarify the route of medication administration for Resident 121. These failures created the risk for the residents to have potential side effects or complications related to the use of medications. Findings:</p> <p>Review of the facility's P&amp;P titled Physician Orders revised 7/2016 showed review all orders for accuracy, completeness, and clarity. Sign and date the computer orders to indicate that these have been reviewed, corrected, and are accurate.</p> <p>1. On 1/22/26 at 0808 hours, a medication administration observation for Resident 131 was conducted with LVN 6. LVN 6 prepared the medications for Resident 131 including 17 gm/scoop of Glycolax oral powder, mixed with eight ounces of water. During the medication administration, LVN 6 was observed administering the Glycolax powder mixed with the eight ounces of water to Resident 131 via GT. LVN 6 did not check if Resident 131 had any loose stool prior to administering the Glycolax medication.</p> <p>Medical record review for Resident 131 was initiated on 1/20/26. Resident 131 was readmitted to the facility on [DATE].</p> <p>Review of Resident 131's Order Summary Report showed a physician's order dated 2/5/23, to administer Glycolax oral powder 17 gm/scoop via GT in the morning for bowel management. Mix with eight ounces of water. Hold if resident had loose stools.</p> <p>On 1/22/26 at 0848 hours, an interview and concurrent medical record review for Resident 131 was conducted with LVN 6. LVN 6 verified she did not check whether Resident 131 had loose stools before administering the Glycolax medication. LVN 6 stated she should have checked the CNA document, under Tasks, to determine if Resident 131 had loose stools.</p> <p>2. Medical record review for Resident 121 was initiated on 1/26/26. Resident 121 was readmitted to the facility on [DATE].</p> <p>Review of Resident 121's H&amp;P examination dated 5/10/25, showed Resident 121 had no capacity to understand and make decisions.</p> <p>Review of Resident 121's Order Summary Report showed the following physician orders:</p> <ul style="list-style-type: none"> <li>- dated 9/7/23, capsules can be opened and granules administered via feeding tube or may add contents of capsule to applesauce or juice;</li> <li>- dated 2/9/24, Creon (supplement) oral capsule delayed release 12000-38000 units, give two capsules by mouth every eight hours as supplement; and</li> <li>- dated 2/24/25, Kapsargo (antihypertensive medication) oral capsule extended release 50 mg, give one capsule by mouth one time a day for hypertension.</li> </ul> <p>(continued on next page)</p> |                                                                                         |                                                 |

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

Printed: 07/18/2026  
Form Approved OMB  
No. 0938-0391

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| <p>F 0755</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>                                   | <p>On 1/26/26 at 1421 hours, an interview and concurrent medical record review for Resident 21 was conducted with RN 4. RN 4 stated Resident 121 took the Creon and Kapsargo medications by mouth. RN 4 verified Resident 121's physician's orders and stated the orders were incorrect. RN 4 stated the orders should be changed to GT.</p> <p>On 1/26/26 at 1549 hours, the Administrator, DSD, and Nurse Consultant 1 acknowledged the above findings.</p> |                                                                                         |                                                 |

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

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>555388                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                | (X3) DATE SURVEY<br>COMPLETED<br><br>01/26/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Beach Creek Post-Acute                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>645 South Beach Blvd.<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                         |                                                 |
| F 0880<br><br>Level of Harm - Potential for<br>minimal harm<br><br>Residents Affected - Some                                       | Provide and implement an infection prevention and control program.<br><br>Based on observation, interview, medical record review, and facility P&P review, the facility failed to maintain the infection prevention and control program and practices designed to provide a safe and sanitary environment to help prevent the transmission of communicable diseases and infection. * The facility failed to ensure the clean area of the laundry room was free from clutter when there was a pen holder with pens and pencils and a box of tissue. This failure had the potential for cross contamination and cause negative impact to the residents. Findings: Review of the facility's P&P titled Policies and Practices - Infection Control dated January 2023 showed the facility's infection control policies and practices are intended to facilitate maintaining a safe, sanitary and comfortable environment and to help prevent and manage the transmission of disease and infection. On 1/22/25 at 0912 hours, an observation of the laundry room and concurrent interview was conducted with the Laundry Supervisor and Laundry Staff. There was a clean area sign on the upper shelf area. The upper shelf had folded lap robes and blankets, two pen holders with multiple writing materials, and a box of tissues. The Laundry Supervisor and Laundry Staff stated the pen holders and box of tissues were not supposed to be there. |                                                                                         |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>555388                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                | (X3) DATE SURVEY<br>COMPLETED<br><br>01/26/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Beach Creek Post-Acute                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>645 South Beach Blvd.<br>Anaheim, CA 92804 |                                                 |
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| <p>F 0908</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>                                   | <p>Keep all essential equipment working safely.</p> <p>Based on observation, interview, and facility P&amp;P review, the facility failed to maintain essential equipment in proper working and sanitary condition. * The facility failed to ensure Resident 131's tube feeding pole was free from brownish rust like areas. This failure had the potential for the equipment to not function the way it was intended. Findings: Review of the facility's P&amp;P titled Resident Environmental Quality dated 11/2017 showed it is the policy of the facility to be designed, constructed, equipped, and maintained to provide a safe, functional, sanitary and comfortable environment for residents, staff and the public and the facility shall maintain all essential mechanical, electrical and patient care equipment in a safe operating condition. On 01/20/26 at 1127 hours, during the initial tour of the facility, an observation was conducted for Resident 131's room. Resident 131 was observed in bed with the enteral feeding in progress. The enteral feeding pump was attached to the enteral feeding pole, which was observed with brownish rust like areas on the upper portion of the enteral feeding pole. On 01/20/26 at 1131 hours, an interview and concurrent observation was conducted with RN 4. RN 4 verified Resident 131's enteral feeding pole had brownish rust like areas on the upper portion of the pole. RN 4 stated the enteral feeding pole was rusty. RN 4 states she would have the enteral feeding pole changed right away. On 01/20/26 at 1137 hours, an interview and concurrent observation was conducted with the IP. The IP verified the enteral feeding pole had brownish rust like areas on the upper portion of the pole. The IP stated the tube feeding pole is rusty. It should have been changed. On 1/20/26 at 1200 hours, an interview and concurrent observation was conducted with the Maintenance Supervisor. The Maintenance Supervisor was shown Resident 131's enteral feeding pole with the brownish rust like areas and the Maintenance Supervisor stated brown like areas were rust. On 01/26/26 at 0950 hours, a follow up interview was conducted with the Maintenance Supervisor. The Maintenance Supervisor stated the maintenance staff made rounds in the facility and got a report from the maintenance book in each of the nurses' stations. The Maintenance Supervisor stated the maintenance assistant was responsible for repairing or replacing the resident equipment as needed. The Maintenance Supervisor stated this was missed, in regard to Resident 131's enteral feeding pole brownish rust like areas.</p> |                                                                                         |                                                 |