

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555748	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/25/2024
NAME OF PROVIDER OR SUPPLIER  Berkley East Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2021 Arizona Ave Santa Monica, CA 90404	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual 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> 43454</p> <p>Based on observation, interview, and record review, the facility failed to meet professional standards of quality for two of five sampled residents (Residents 2) by failing to ensure that Resident 2's albuterol sulfate (used to prevent and treat wheezing and shortness of breath caused by breathing problems) medication was not left unattended.</p> <p>This deficient practice had the potential to result in residents in unintended complications related to the management of medication.</p> <p>Findings:</p> <p>1. A review of Resident 2's Admission Record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including emphysema (lung condition that causes shortness of breath), chronic obstructive pulmonary disease (COPD - a group of lung diseases that block airflow and make it difficult to breathe) and asthma (respiratory condition marked by spasms in the bronchi of the lungs, causing difficulty in breathing).</p> <p>A review of Resident 2's Minimum Data Set (MDS - a standardized assessment and screening tool), dated 4/30/2024, indicated Resident 2's cognitive skill (mental action or process of acquiring knowledge and understanding) for daily decision-making were mildly impaired. The MDS indicated Resident 2 required moderate to maximal assistance from staffs for activities of daily living (ADL - toileting hygiene, shower/bathe, upper and lower body dressing and personal hygiene).</p> <p>A review of Resident 2's Physician's Order Summary, dated 4/26/2024 indicated, Albuterol sulfate nebulization solution - 3 millimeters (ml - unit of measurement) orally via nebulizer every six hours for COPD.</p> <p>A review of Resident 2's Admission Assessment, dated 4/26/2024 indicated, there was no assessment done for self-administration of medication.</p> <p>A review of Resident 2's Medication Administration Record (MAR) for the month of June 2024 indicated, the albuterol sulfate inhaler was administered by nurses every 6 hours every day.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent observation and interview with Resident 2 on 6/25/2024 at 10:46 a.m., observed albuterol sulfate inhaler at bedside with Resident 2 ' s labeled with her name which was filled by Pharmacy 1 (outside pharmacy). Resident 2's albuterol inhaler box was observed with brown stain. Resident 2 stated, it was her own albuterol medication that was brought from home, and she uses it herself. Resident 2 stated, she always needs her inhaler with her and she takes it anytime she needs to.</p> <p>During a concurrent observation and interview with Licensed Vocational Nurse 1 (LVN 1) on 6/25/2024 at 10:52 a.m., LVN1 stated, residents should be assessed if they can administer their own medications. LVN1 stated, they are administering albuterol inhaler for Resident 2 and they have their own medication supply. LVN1 observed Resident 2 ' s albuterol inhaler at bedside and stated, she (Resident 2) is not allowed to keep her own medications at bedside as they don ' t know if Resident is able to self-medicate. LVN1 further stated, this puts Resident 2 at risk of respiratory issues and concerns as she (Resident 2) may be double dosing her medications.</p> <p>A review of the facility ' s policy and procedures (P&amp;P) titled, Medication Administration, reviewed date 1/2024 indicated, Medications are administered as prescribed in accordance with good nursing principles and practices and only by persons legally authorized to do so . The person who prepares the dose for administration is the person who administers the dose . Residents are allowed to self-administer medications when specifically authorized by the attending physician and in accordance with procedures for self-administration of medications.</p>		