

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 07/02/2024
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 0906</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough power supply for lighting all entrances and exits; equipment for fire detection and alarm systems, and extinguishers.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48026</p> <p>Based on observation, interview, and record review, the facility failed to ensure the emergency generator started and transferred power to supply the facility within 10 seconds after interruption of normal power on 6/13/2024 at 8:28 PM</p> <p>As a result, the facility lacked power for over 30 minutes on 6/13/2024 for 88 of 88 residents in the facility.</p> <p>Findings:</p> <p>A review of Resident 1 ' s admission record (background information; a document containing demographic and diagnostic information) indicated Resident 1 was admitted to the facility on [DATE] with the following diagnoses: mechanical complication of internal fixation device of vertebrae (a surgical device used to stabilize and fixate the backbones), osteomyelitis (swelling that occurs in the bone) of vertebra, abnormalities of gait (a person ' s manner of walking) and mobility (ability to move freely and easily), and polymyalgia rheumatica (swelling disorder that causes muscle pain and stiffness, especially in the shoulders and hips).</p> <p>A review of Resident 1 ' s history and physical (H&P - a physician ' s complete patient examination) dated 5/16/2024 indicated, Resident 1 had significant physical disability. The H&P indicated, Resident 1 had the capacity to understand and make decisions.</p> <p>A review of Resident 1 ' s Minimum Data Set (MDS - a core set of screening, clinical and functional status elements forming the foundation of a comprehensive assessment) dated 5/20/2024 indicated, Resident 1 was cognitively intact (mental ability to make decisions on activities of daily living). Resident 1 was able to independently perform daily activities while using a walker.</p> <p>During an interview on 7/02/2024 at 1:47 PM with Resident 1, Resident 1 stated it was pitch black everywhere immediately the lights went out. Resident 1 stated the lights came back on 30-45 minutes after the power went out some lights above some doors were on but not all lights.</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 0906</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview on 7/02/2024 at 1:47 PM with Resident 1, Resident 1 had a continuous positive airway pressure (c-pap - a machine that uses mild air pressure to keep breathing airways open while one is asleep) machine on top of the bedside drawer. Resident 1 stated she usually turns the cpap machine on between 8 PM and 8:30 PM before going to bed but was not able to use the cpap machine on 6/13/2024 night because of the power outage.</p> <p>During a concurrent observation and interview on 7/02/2024 at 1:47 PM with Resident 1, Resident 1 was observed sitting on a low-air loss (LAL) mattress (designed to distribute the patient 's body weight over a broad surface area and help prevent skin breakdown). Resident 1 stated the LAL mattress lost all the air,. It just shrunk soon after the power went out. Resident 1 stated the LAL mattress re-inflated a few hours later, when the power went back up. Resident 1 stated while the power was out, she had to sleep on the deflated LAL with the head of the bed at a 45-degree angle, it was uncomfortable.</p> <p>A review of the facility's rounding sheet dated 6/13/2024 did not indicate Resident 1 ' s LAL mattress and cpap machine were checked and connected to the generator-powered red outlet.</p> <p>During a concurrent observation and interview on 7/02/2024 at 3:10 PM with the Director of Maintenance (DM), the DM stated the generator usually takes five to 10 seconds to start after a power outage. The DM stated there are generator-powered red outlet in every resident's room. The generator-powered red outlet is good for 4-6 hours, depending on the amount of energy used while the power is out. The DM stated DM is responsible to ensure the generator is maintained.</p> <p>During an interview on 7/02/2024 at 3:27 PM with Maintenance Assistant (MA), the MA stated the generator usually takes 10-15 seconds to start after the power outage. The MA stated the generator did not start for about 20-30 minutes after the power outage on 6/13/2024. When asked why it took 20-30 minutes for the generator to start working, MA stated people asked him many questions he did not have answers for. MA stated that he called the DM to get directions on what to do with the generator. The MA stated when MA went to check on the generator, one of the breakers was not on the ON position. The MA stated when the MA turned the breaker switch on, the power then came back on.</p> <p>During an interview on 7/02/2024 at 4:44 PM with the Administrator, the Adm stated the generator came on 32 minutes after the power went out on 6/13/2024 because the breaker switch was tripped off because of the power outage.</p> <p>During an interview on 7/02/2024 at 4:58 PM with DM, DM stated the generator started 32 minutes after the power went out and MA asked me to give him directions on what to do because MA did not know what to do.</p> <p>A review of the facility ' s policy and procedures (P&P) Emergency Procedure - Utility Outage revised on 8/2018 indicated, the back-up emergency generator should operate as it was designed.</p> <p>A review of the facility ' s P&P Maintenance Service revised on 1/2024 indicated, the DM was responsible in maintaining the emergency generator in good working order.</p>		