STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555748	A. Building B. Wing	07/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Berkley East Healthcare Center	2021 Arizona Ave Santa Monica, CA 90404

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42342 Based on interview and record review, the facility failed to ensure a BIPAP (bilevel positive airway pressure- a noninvasive machine that pushes air into the lungs via a mask to assist with breathing) was available from 6/21/2024 to 6/25/2024 for one of two sampled oxygen dependent (required 24-hour oxygen administration), residents (Resident 1). This deficient practice had the potential to place Resident 1 at risk for shortness of breath. Findings: A review of Resident 1's Admission Record indicated the facility originally admitted this [AGE] year-old female on 6/21/2024 and most recently on 7/11/2024 with diagnoses that included metabolic encephalopathy (a problem with the brain caused by a chemical imbalance that can lead to personality changes), respiratory failure (inadequate gas exchange in the lungs) with hypoxia (low levels of oxygen in your body tissues), centrilobular emphysema (a long term, obstructive lung disease that occurs when there is damage to the center of the lungs), chronic obstructive pulmonary disease (COPD- a group of lung diseases that block airflow and make it difficult to breathe), dependence on supplemental oxygen, mild cognitive impairment and essential primary hypertension (high blood pressure). A review of Resident 1's physician order dated 6/21/2024 indicated to administer oxygen at 2L/min (liters per minute- unit of measurement) via nasal cannula (N/C- a plastic tube connected to an oxygen source that delivers 2-6 L/min of oxygen through prongs placed into each nostril) to keep the oxygen saturation (the amount if oxygen in the blood measured in percentage with a normal range between 92%-100% if no history of lung disease) greater than 89%. A review of Resident 1's care plan titled, Needs Special Care related to CPAP/BIPAP machine use, initiated on 6/22/2024 included the following interventions: BIPAP with pre-set settings as ordered by the medical doctor (MD) and to report to charge nurse immediately when resident attempts or observed removing BiPAP/Oxygen. A review of Resident 1's physician orders dated 6/21/2024-7/3/2024 did not indicate any orders for BIPAP. (continued on next page)

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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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of Resident 1's Nursing Progress note dated 6/24/2024 timed at 11:46 p.m. indicated Resident 1 was seen by the attending physician with an order to have the family bring the home BIPAP machine. Residents 1 needs to use at night with home settings. Pt needs to be on oxygen 24/7, do not remove oxygen. A review of Resident 1's Change in Condition Evaluation form (a form used to communicate when a long-term resident develops an acute illness to the physician) dated 7/3/2024 timed at 1:30 p.m. indicated Resident 1 had been removing the Bi-pap oxygen mask throughout the night before, continued to remove N/C and as a result Resident 1's oxygen saturation decreased to 79%. The facility placed Resident 1 on a non-rebreather oxygen mask (a face mask connected to a reservoir bag that fills with high a concentration of oxygen on 10L/min and delivers 100% oxygen) and transferred Resident 1 to the GACH via 911 emergency paramedic transport. A review of Resident 1's Minimum Data Set (MDS-a standardized assessment and care planning tool) dated 7/12/2024, indicated Resident 1's cognition (mental ability to make decisions for daily living) was not intact. The MDS indicated Resident 1 required maximal assistance (helper does more than half the effort) with toileting, personal hygiene, and transfers (moving between surfaces) from bed to chair. In addition, Resident 1 required continuous oxygen therapy with a non-invasive mechanical ventilator. On 7/16/2024, the California Department of Public Health (CDPH) received an anonymous complaint alleging the facility failed to ensure Resident 1 had the BIPAP machine upon admission to the facility and days after. During a concurrent interview and record review on 7/31/2024 at 10:20 a.m. with the Director of Nursing (DON), Resident 1's pre-admission general acute care hospital (GACH) History and Physical (H&P- the physician obtains a through medical history from the patient and or family, performs a physical assessment and documents findings) dated 6/14/2024 was reviewed. The pre-admission GACH H&P indicated Resident 1 needed to continue BIPAP nightly and the family was unsure of the BIPAP home settings. If resident owned equipment, please place order Patient may use own medical equipment. The DON stated it was the facility's process for the admission coordinator (AC) to review the GACH H&P prior to the Resident's admission to ensure the facility would be able to provide the care needed by the Residents. Then the DON or Minimum data nurse reviews the diagnoses and treatment orders to make the final decision for admission. The DON stated, I do not recall reviewing this paperwork prior to Resident 1 arriving at this facility. The DON further stated, I don't know if the MDS nurse reviewed it either. Lastly, the DON stated, Before Resident 1 was accepted and arrived here at the facility we should have entered the order for Resident 1 to use the BIPAP from home and then coordinated with them to bring the BIPAP here. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a concurrent interview and record review on 7/31/2024 at 10:55 a.m. with the Licensed Vocational Nurse (LVN) 1, Resident 1's Nursing progress note dated 6/25/2024 timed at 10:49 p.m. was reviewed. The Nursing Progress note indicated, attempted to assist with home BIPAP with RN on shift, per Resident 1 the machine was missing a part that was not brought in. Attempted to call family to bring in the missing part but unable to reach. LVN 1 stated, The doctor came in on 6/24/2024 and placed an order for the family to bring in the BIPAP because Resident 1 did not have it there. I guess they brought it the next day on 6/25/2024, I was not there at that time. Later that night we tried to turn on and connect the BIPAP but Resident 1 claimed there was a part missing so were not able to turn it on or view the settings, so the registered nurse supervisor (RNS) called central supply to order another BIPAP machine. Resident 1 was placed on oxygen via N/C, and she was doing okay. Usually when a resident is on BIPAP, the machine is brought in already and a company will come and program the settings so all you would normally do is put the mask on the resident and turn it on. Resident 1 did not try to remove the N/C that night. During a concurrent interview and record review on 7/31/2024 at 12:16 p.m. with the RNS, Resident 1's Nursing Progress note dated 6/24/2024 timed at 3:31 p.m. was reviewed. The Nursing Progress note indicated, Spoke with the family via video call to ensure personal BIPAP machine settings and connections were correct. The RNS stated, The morning the new BIPAP arrived the RNS called the attending physician to obtain the settings and the physician did not know and instructed the RNS to keep trying to obtain the settings and to call the family. The RNS checked the old machine and was able to turn it on and view the settings and program them into the new machine. The RNS then realized the new machine was very different from Resident 1's own machine because it did not have a tube to connect to the oxygen. The RNS stated central supply did not order the correct machine. The RNS then went back to Resident 1's machine and called the family on a video call to assist with setting up the machine and finding out exactly which part was missing. The RNS stated the family verified there were no parts missing and now the machine is working. The RNS then tried to put the mask on Resident 1, and Resident 1 kept trying to remove the mask. During a concurrent interview and record review on 7/31/2024 at 3:39 p.m. with LVN 2, Resident 1's Nursing progress note dated 7/2/2024 timed at 3:39 p.m. was reviewed. The Nursing progress note indicated Resident 1 has a new BIPAP. Called family to find out settings and stated they did not know. They would call Resident 1's Pulmonologist to find out and call back. LVN 2 stated, LVN 2 was told Resident 1 had a BIPAP machine, but it was missing a part. LVN 2 stated the new machine that was ordered by central supply had arrived but did not have Resident 1's settings programmed. LVN 2 stated the family never called back with the settings. LVN 2 stated the RNS informed LVN 2 the settings could be retrieved from the original BIPAP machine because it was now working. LVN 2 stated Resident 1 was supposed to be on BIPAP from 9 p.m. until 7:00 a.m. and on regular O2 via N/C during the off hours. LVN 2 stated on this day, 7/2/2024 Resident 1 kept removing the N/C several times throughout the shift, but her oxygen saturations did not decrease. A review of the facility policy and procedure titled, Admission Policy reviewed 1/2024 indicated the company's goal is to admit residents in which the facility staff can clinically and financially manage, while delivering exceptional quality of care. In order to obtain this goal, each department within the facility must be in full cooperation and communication with each other. The inquiry communication process is outlined in the steps listed below. Procedure: (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Initial Inquiry *Reviewed by: Admissions Coordinator or Facility Designee Clinical Pre-Screening: Director of Nursing /Case Manager if appropriate Financial Pre-Screening: Admissions Coordinator /BOM Admissions Director - Review Financial Information/ at Risk Insurance (DOFR) which includes-J, 1. RP name and address 2. Medicare days used / MSP Information 3. Prior Stay (look back 60 days) 4. Collect 30 days Private Pay deposit 5. M/Cal-Share of Cost including Hospice Routine Medicaid. 6. Copy of all Insurance Cards and ID Cards, DPOA, POA Medical & Financial / HMO Inquiry Form 7. Obtain prior Authorization/LOA; Cert/Recert. 8. Review CWF 9. Review all required clinical documentation per Aspen admission checklist in AIIScripps and/or NaviHealth to ensure documents are pulled into PCC once admission is confirmed. If the referral is manual and/or faxed, the admission coordinator will obtain documents from the hospital and upload into PCC. Inquiry Approval: Room Placement: Prior Stay Information: 72 Hour Meeting: DON, Administrator, Business Office Admissions Director, Social Service, or DON Admissions Office, and or Business Office Business Office. Admissions that are denied/not approved-the reason must be documented on the inquiry form and Communication/Referral Log Process: a.) Be prepared to discuss all Admissions in detail on the next business day during Stand Up. b.) The Communication Log (Admission Report) is to be updated at the end of every (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	day. c.) Print the PCC Action Summary Report to verify all census activity. d.) Review all established sources for leads and referrals. (Allscripts, Curaspan, eFax, Ai din, Epic (Little Co of [NAME], *Enso Care, etc.). Respond timely. e.) Completion of the Prior Stay Form is mandatory. A review of the facility policy and procedure titled, CPAP/BiPAP Support reviewed 1/2024 indicated, Preparation: 1. Only a qualified and properly trained nurse or respiratory therapist should administer oxygen through a CPAP mask. 2. Review the resident's medical record to determine his/her baseline oxygen saturation or arterial blood gases (ABGs), respiratory, circulatory, and gastrointestinal status. 3. Review the physician's order to determine the oxygen concentration and flow, and the PEEP pressure) CPAP, IPAP and EPAP) for the machine. 4. Review and follow manufacturer's instructions for CPAP machine setup and oxygen delivery. 5. Resident should be NPO: for at least 2 hours before using a full-face mask [.]

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 42342 Based on interview, and record review, the facility failed to document Quality Control (QC-routine tests that verify the reliability of the machine) results on multiple days for the Glucometer (machine used to check blood sugars) as per policy. Additionally, based on observation, interview, and record review the facility failed to dispose of medications as per policy. These deficient practices had the potential to place residents at risk for inaccurate results when checking blood sugars for diabetic residents and had the potential to place staff at risk of diversion (when a medication is redirected from its intended destination for personal use, sale, or distribution to others) which could in turn place residents at risk. Findings: a. On 7/16/2024, the California Department of Public Health (CDPH) received a complaint alleging the facility ' s glucometers were not checked consistently. During a concurrent interview and record review on 7/29/2024 at 12:08 p.m. with the Director of Nursing (DON), the Daily Quality Control Record for Blood Glucose Testing dated 5/1/2024, 5/19/2024-5/20/2024, 5/27/2024, 6/19/2024, 6/25/2024-6/27/2024, 7/2/2024 and 7/13/2024 was reviewed. The Daily Quality Control Record for Blood Glucose Testing indicated blank entries on theses dates. The DON stated, the QC for the glucometer should be run every night during 11 p.m. to 7 a.m. shift and documented. If it is not done it could cause an inaccurate blood sugar reading followed by an inaccurate insulin (medication to lower blood sugar level in blood) dose administration. A review of the facility policy and procedure titled, Quality Control Testing on Assure Glucometer dated 10/2023 indicated, Quality control testing using the Assure Dose Control Solution will be performed to examine the performance of the Assure Blood Glucose Monitoring System. The Assure Dose Control Solution checks if the meter and test strips are working correctly as a system and if you are testing correctly. General Guidelines: A control solution test should be performed: Every night. Before testing with the Assure Blood Glucose System for the first time. When you open a new bottle of test strips. Whenever you suspect the meter or test strips may not be functioning properly. If test results appear to be abnormally high or low or are not consistent with clinical symptoms. (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The test strip bottle has been left open or has been exposed to light, temperatures below 39F or above 86 F or humidity levels above 80%. To check your technique. When the Assure meter has been dropped or stored below 32 or above 122F Each time the batteries are changed. b. On 7/16/2024 The California Department of Public Health (CDPH) received a complaint alleging medications were left out and easily accessible to multiple staff entering and exiting the medication storage room. During a concurrent observation and interview on 7/29/2024 at 12:08 p.m. with the Director of Nursing (DON) inside of the medication storage room, the blue and white medication disposal bin top was not secured and easily removable, multiple, intact, dry pills of many different colors and sizes were noted inside of the bin. The DON stated, This top should not be open, the pills should be dropped inside of the small opening at the top and hot water should be poured inside to destroy the pills. The DON further stated, The pills inside can be removed and re-used. A review of the facility ' s policy and procedure titled, Discarding and Destroying Medications revised 2019, indicated: 1. All unused controlled substances shall be retained in a securely locked area with restricted access until disposed of. 2. Non-controlled and Schedule V (non-hazardous) controlled substances will be disposed of in accordance with state regulations and federal guidelines regarding disposition of non-hazardous medications. 3. Unless otherwise prohibited under applicable federal or state laws, individual resident medications supplied in sealed unopened containers may be returned to the issuing pharmacy for disposition provided that: a. All such medications are identified as to lot or control number; and b. The receiving Pharmacist and a Registered Nurse employed by the facility sign a separate log that lists the resident's name; the name, strength, prescription number (if applicable) and amount of the medication returned; and the date the medication was returned. 4. Schedule II, III, and IV (non-hazardous) controlled substances will be disposed of in accordance with state regulations and federal guidelines regarding disposition of non-hazardous controlled medications. 5. The facility may contract with a DEA registered collector for proper disposal of non-hazardous schedule II, III, IV and V controlled substances. (continued on next page)

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