

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  11/21/2024
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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42342</b></p> <p>Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 1), was free from potential of misappropriation of her property (jewelry), by not reimbursing Resident 1's ring included on the inventory list upon admission to the facility.</p> <p>This deficeint practice had the potential for Resident 1 to be anxious and upset about her missing ring.</p> <p>Findings:</p> <p>A review of Resident 1 ' s Admission Record indicated the facility originally admitted this [AGE] year-old female on 6/21/2024 and more recently on 7/11/2024 with diagnoses including Metabolic Encephalopathy (brain disorder), Chronic Obstructive Pulmonary Disease (COPD-a chronic lung disease causing difficulty in breathing), Chronic respiratory failure, Anemia (a condition where the body does not have enough healthy red blood cells, Essential Hypertension (HTN-high blood pressure) and Dependence on Supplemental Oxygen.</p> <p>A review of Resident 1 ' s Minimum Data Set (MDS - a resident assessment tool) dated 7/12/2024 indicated Resident 1 ' s cognition (mental ability to make decisions for daily living) was severely not intact. Resident 2 required maximal assistance (helper does more than half than half the effort) with toileting, personal hygiene, and transfers (moving between surfaces) from bed to wheelchair.</p> <p>A review of Resident 1 ' s inventory list dated 6/21/2024 indicated 2 yellow rings with an emerald.</p> <p>A review of Resident 1 ' s Nursing Progress Note dated 7/15/2024 indicated Resident 1 was transferred to the General Acute Care Hospital (GACH) for a critically low [NAME] dioxide level.</p> <p>On 11/15/2024 The California Department of Public Health (CDPH) received a complaint alleging the facility failed to return 1 yellow ring to Resident 1 upon discharge.</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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 11/19/2024 at 10:00 a.m. with the Social Services Assistant (SSA), The SSA ' s progress note dated 9/16/2024 was reviewed. The SSA ' s progress note indicated The SSA would follow up with the GACH to ensure the ring was not left there and update the Resident Representative with the findings. The SSA stated, The RR called to inform Resident 1 ' s ring was missing. I told the RR I would complete a theft loss form and inform my director of the missing ring. The SSA further stated the RR sent a picture of the ring from the internet and not the actual ring, to show how much the ring cost. Lastly, The SSA stated, I submitted both to the Administrator (Adm) for reimbursement.</p> <p>During a concurrent interview and record review on 11/19/2024 at 10:14 a.m. with the Director of Social Services (DSS), Resident 1 ' s inventory list dated 7/11/2024 indicated 1 yellow ring was reviewed. The DSS stated the ring issue was never resolved.</p> <p>During an interview on 11/19/2024 at 10:31 a.m. the SSA stated an unknown staff member stated Resident 1 was wearing the ring when Resident 1 was transferred to the GACH. The SSA did not document this nor did the SSA update the RR with this information. The SSA stated when a resident is transferred to the GACH or discharged the inventory list should be reviewed when returning the items to residents or family members.</p> <p>During an interview on 11/19/2024 at 2:40 p.m. the RR stated there is 1 ring missing, a picture of what the ring looks like was sent to them with a price of the ring. I don ' t have the receipt for the ring it was purchased four years ago, and they told me they were not going to replace it.</p> <p>During an interview on 11/20/2024 at 3:15 p.m. the Adm stated the Adm found out about the missing ring on 9/16/2024 so, How do we know it did not go to the GACH with Resident 1 back on 7/15/2024. The Adm went on to say, The RR did provide a picture of a ring from the internet that resembled the ring, but I needed a receipt to say exactly how much was paid for the ring. I did see the ring included on Resident 1 ' s inventory list but the fact that it was reported missing almost two months later made us question our responsibility. The Adm went on to add the social service staff looked for the ring and did not locate. We would have reported to the police if we suspected the ring was stolen but based on the fact it was reported missing two months later there is really no investigation that could take place. Lastly, The Adm stated the RR stopped communicating with the facility and the ring issue was not resolved.</p> <p>A review of the facility policy and procedure titled, Theft Loss reviewed 1/2024 indicated:</p> <ol style="list-style-type: none"> <li>1. Loss or theft of resident or visitor property worth \$100.00 and more will be documented on Theft and Lost - Referral Slip (See Attached). Each such report will be submitted to the Administrator for investigation, police reporting or other appropriate,</li> <li>2. Completed Theft and Loss referral Slip forms (See Attached) will be filed in a binder which will be retained in the Social Service Department Office. Each Report must be: <ul style="list-style-type: none"> <li>A. Retained for at least 12 months.</li> <li>B. Made available to the Department of Public Health, Law Enforcement Agencies and/or the State Long-Term Care Ombudsman in response to a specific complaint.</li> </ul> </li> </ol> <p>(continued on next page)</p>		

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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3. A written Resident personal property inventory must be recorded: in the Inventory List form (See Attachment) upon the resident's admission and it must be:</p> <p>A. Retained during the resident's stay.</p> <p>B. Provided to the resident or to the person acting upon: the resident's behalf.</p> <p>C. Updated and maintained current by noting all items being added or deleted by the written request of the resident or the person acting upon the resident's behalf (it is their responsibility to inform us of such changes), the facility is not liable for any items not requested to be added to the inventory or for any items which have been deleted from the inventory.</p> <p>D. Made available (an updated copy) to the resident or to person acting upon the resident's behalf, as requested.</p>		