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	06/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Berkley East Healthcare Center	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)
F 0711 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the resident's doctor reviews the resident's care, writes, signs and dates progress notes and orders, at each required visit. Based on record review and interviews the facility failed to follow the physician's order to perform physical therapy (PT- is a healthcare specialty that evaluates and treats movement dysfunctions, pain, and physical limitations) five times a week for 60 days for one of three sampled residents (Resident 1). This deficient practice had the potential to cause a decline in functioning for Resident 1.Findings: On 6/1/2026 The California Department of Public Health (CDPH) received a complaint alleging that the facility would not resume PT because Resident 1 needed preauthorization for Medicare Part B (Is the outpatient medical insurance that primarily covers outpatient care, doctor visits, preventive services, and durable medical equipment) because Resident 1 was from out of state. A review of resident 1's admission record indicated the facility admitted Resident 1 on 1/9/2026 with diagnoses including cerebral infarction (CI-stroke, loss of blood flow to a part of the brain), abnormalities of gait, weakness, adult failure to thrive (a decline caused by chronic diseases and functional impairments which can cause weight loss, decreased appetite, poor nutrition, and inactivity), hypertension (HTN-high blood pressure), benign prosthetic hyperplasia (BPH-enlarged prostate gland), repeated falls, and glaucoma (a group of eye diseases). A review of Resident 1's Minimum Data Set (MDS-a resident assessment tool) dated 4/15/2026, indicated Resident 1's cognition (mental ability to make decisions for daily living) was moderately impaired. The MDS indicated Resident 2 required moderate assistance (helper does less than half the effort to complete the activity) with ambulation using a walker. A review of Resident 1's SBAR (situation, background, assessment, recommendation-a communication tool used by healthcare workers when there is a change of condition among the residents) dated 4/16/2026 indicated new onset tremors and subsequent transfer to the general acute care hospital (GACH). A review of Resident 1's physician order dated 4/24/2026 indicated Physical Therapy evaluation for strengthening and conditioning. A review of Resident 1's PT evaluation dated 4/26/2026 indicated the reason for referral (Resident 1) sent to GACH for altered level of consciousness (ALOC- is a state of consciousness where an individual is not as awake, alert, or able to understand or react normally) and new onset tremors, referred to skilled PT by physician dues to decline in function. A review of Resident 1's clarified PT order dated 4/26/2026, indicated (Resident 1)to perform therapeutic exercises, therapeutic activities, gait (walk) training, patient education and care giver training every day for 60 days. During a telephone interview on 6/11/2026 at 10:58 am with the Family Member (FM) 1, FM 1 stated, Resident 1, is just lying there getting weaker, I asked for more therapy, and two people there told me no preauthorization was needed so why isn't (Resident 1) getting therapy? FM 1 stated Resident 1, is just in bed everyday and already a fall risk; I am concerned (Resident 1) will get weaker before (Resident 1) is ready to come home. During a concurrent interview and record review on 6/11/2026 at 11:15am with the Licensed Vocational Nurse (LVN), Resident 1's insurance authorization (insurance company reviews Resident 1's PT eval and notes and determines if criteria is met for further therapy and determines the duration and number of sessions.) request for PT dated 4/27/2026 was reviewed. Resident 1's insurance authorization request for PT indicated a written request for coverage of additional therapy services under Medicare Part B. The LVN stated FM 1 called after Resident 1 had a (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0711 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	decline in health and was transferred to GACH so as to request for additional PT and that is why the request for authorization was sent. The LVN stated the insurance company informed the facility that preauthorization was not needed for Resident 1 for services under Medicare Part B and that the insurance company instructed the facility to perform PT on Resident 1 and then bill the insurance company for reimbursement. The LVN stated, That is not our usual practice; We usually get preauthorization then perform the PT. Since I had encountered this, I involved the business office manager (BOM). During an interview on 6/11/2026 at 11:52am with the BOM. the BOM stated that the insurance company instructed the facility to call the provider services. The BOM stated that provider services was called and who told again the facility that there was no preauthorization needed for additional PT under Medicare Part B for Resident 1. The BOM stated that historically under traditional Medicare preauthorization would not be needed; the facility can do the evaluation and then submit a claim for reimbursement. The BOM stated that, however, Resident 1 had a managed plan which required preauthorization and that the BOM was also not familiar with this process. The BOM stated the facility submitted a claim to the insurance company for the PT evaluation that was done on 4/26/2026 for Resident 1 and the facility had not been reimbursed. During a concurrent interview and record review on 6/11/2026 at 12:02pm with the BOM, Resident 1's insurance preauthorization request for PT dated 5/12/2026 was reviewed. Resident 1's preauthorization request for PT indicated a request for coverage under Medicare Part B for additional PT. The BOM stated after this was sent the facility still did not hear back from the insurance company, so they called and spoke with the case manager at the insurance company. The BOM asked the case manager for a policy to support the process of filing a claim for reimbursement but never received. The BOM stated, I sent an email to the team (PT, the Administrator (Adm) and the LVN) to inform them of this after (FM 1) called to follow up on 5/28/2026. The BOM stated, As far as I know (Resident) is not receiving any PT services. During a concurrent interview and record review on 6/11/2026 at 1:23 pm with the physical therapist (PT) 1, Resident 1's PT evaluation dated 4/26/2026 was reviewed. Resident 1's PT evaluation indicated referred to skilled PT by physician due to decline in function. The PT stated, Resident 1 was not very motivated and not getting out of bed. I thought PT would be a vehicle do get Resident 1 out of bed more and come down to the therapy room; I did not really notice a decline, but this was 2 months ago I would need to re-evaluate to determine Resident 1's strengths and goals. During an interview on 6/11/2026 at 2:43pm with the director of Nursing (DON), the DON stated, there is no approval or denial as of now for (Resident 1's) additional therapy. I placed(Resident 1) on Restorative Nurse Assistant (RNA- is a certified nursing assistant (CNA) with specialized training in rehabilitation skills who assists the restorative team with supervised and delegated restorative programs) so (Resident 1) will not decline. During an interview on 6/11/2026 at 3:17pm with the Adm, the Adm stated Adm was not aware of the insurance company not needing preauthorization and not aware of Resident 1 not receiving PT. A review of the facility policy and procedures titled, Resident/patient referrals Rehabilitation Services, dated 12/12/2017 indicated , Rehabilitation services are provided only upon a written or verbal referral transcribed to the medical record by allowable clinical professional from a resident/patient's physician.Therapy orders are to be filed in the medical record in Physician Order Section on the day the order is created. This includes any type of order created by therapy (e.g. initial therapy clarification order, re-clarification order, continuation order, discharge order, and/or RNA order). These services are provided under a written treatment program that is regularly evaluated. The treatment must be beneficial to the stated treatment diagnosis Requirements for Physician Therapy Orders Physician therapy orders must be specific and timely. Therapy orders must include the following: Specific type of order Initial Clarification Continuation Re-Clarification Discharge Specific discipline (PT, OT, ST) Specific procedure/service to be provided to resident (i.e. gait training, therapeutic activity, treatment of swallowing dysfunction) Specify frequency and duration (i.e. 3 times a week times 2 weeks) Include the discipline related TREATMENT ICD-10 diagnosis with description (i.e. M62.81 Muscle Weakness; R13.12 dysphagia, oropharyngeal phase; R26.2 difficulty in walking).