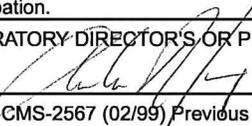


<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>055155</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>11/13/2025</b>
NAME OF PROVIDER OR SUPPLIER <b>OCEAN POINTE HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1330 17TH STREET , SANTA MONICA, California, 90404</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	INITIAL COMMENTS  The following reflects the findings of the California Department of Public Health during the investigation of a complaint.  Complaint Number: 2657951  The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.  One deficiency was issued for the complaint number 2657951 (refer to Ftag F552).	F0000		
F0552 SS = D	Right to be Informed/Make Treatment Decisions  CFR(s): 483.10(c)(1)(4)(5)  §483.10(c) Planning and Implementing Care.  The resident has the right to be informed of, and participate in, his or her treatment, including:  §483.10(c)(1) The right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition.  §483.10(c)(4) The right to be informed, in advance, of the care to be furnished and the type of care giver or professional that will furnish care.  §483.10(c)(5) The right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers.  This REQUIREMENT is NOT MET as evidenced by:	F0552		

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 reverse for further 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 <b>Administrator</b>	(X6) DATE <b>11/30/2025</b>
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<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>055155</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>11/13/2025</b>
NAME OF PROVIDER OR SUPPLIER <b>OCEAN POINTE HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1330 17TH STREET , SANTA MONICA, California, 90404</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0552 SS = D	<p>Continued from page 1</p> <p>Based on interview and record review, the facility failed to follow their policy and procedures for resident rights by failing to inform the resident's Responsible Party (RP, person who agrees to handle the resident's affairs)/Power of Attorney (POA, a legal document where a person (the principal) appoints an agent to make decisions for them when they are unable to do so themselves) about a change in the resident's medication dosage for one of three sampled residents (Resident 1).</p> <p>This deficient practice had the potential to negatively affect the resident's health and care.</p> <p>During a review of Resident 1's "Admission Record", dated 11/14/25 indicated, the resident was admitted to the facility on 11/16/24 with diagnoses including; muscle weakness, dysphagia (difficulty swallowing), dementia (a progressive state of decline in mental abilities), hyperlipidemia (HLD - a condition characterized by elevated levels of lipids (fats) in the bloodstream), and hypothyroidism (a condition where the thyroid gland doesn't produce enough thyroid hormone, causing the body's metabolism to slow down). Further review of the same admission record indicated the resident had a designated RP/POA.</p> <p>During a review of Resident 1's Minimum Data Set (MDS—a resident assessment tool), dated 3/23/25, the MDS indicated, Resident 1 had severe cognitive (learning, understanding, reasoning, and judgement) impairment, and required setup or clean-up assistance for eating, oral hygiene, and partial/moderate to substantial maximal assistance for toileting, showering/bathing, and dressing and required supervision or touching assistance for bed mobility and transfers.</p> <p>During a review of Resident 1's "Order Summary Report" dated 11/16/24-8/20/25 indicated an order for Donepezil HCL (is a prescription medication used to treat the symptoms of dementia) oral tablet 5 milligrams (mg, metric unit of measure), 1 tab daily and Donepezil HCL oral tablet 5 mg, 2 tabs at bedtime for a total dose of 15 mg per day.</p> <p>During a review of Resident 1's Physician Progress Note dated 12/12/24 indicated the dose of Donepezil was decreased to 10 mg per day, further review of the same note indicated the Resident's RP/ POA was not contacted about this change in dosage.</p>	F0552		

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F0552 SS = D	<p>Continued from page 2</p> <p>During a concurrent interview and record review on 11/13/25 at 2:45 pm with the Director of Staff Development (DSD), Resident 1's nursing and physician progress notes from 12/12/24 through 1/7/25 were reviewed. The DSD confirmed there was no information in the notes indicating the RP/ POA for Resident 1 was notified after the medication dose for Donepezil was changed on 12/12/24 to 10 mg and stated the family member would be disappointed if they were not made aware and any changes should be reported to the responsible party – it is their right to know.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, "Resident Rights" revised January 2025 indicated "Federal and state laws guarantee certain basic rights to all resident of this facility... include the resident's right to... appoint legal representative of his or her choice... be notified of his or her medical condition and of any changes in his or her condition, be informed of and participate in, his or her care planning and treatment."</p>	F0552		



## **Plan of Correction**

**Complaint no. 2657951**

### **F552 Right to be Informed/ Make Treatment Decisions**

- **How corrective action will be accomplished for those residents found to have been affected by the deficient practice**

On 1/7/2025, the medication was increased per the responsible party's request. He was informed of the new order. On 8/20/25, Resident 1 discharged from the facility.

- **How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken**

On 11/29/2025, May Negapatan (DON) audited the last 2 weeks of active residents new orders to ensure that the proper responsible party was notified of all changes in medications. One other issue was identified.

- **What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur**

Beginning 11/26/2025, Marc Villanueva (IP) initiated inservicing to licensed nursing staff regarding proper notification of responsible party with medication order changes/additions.

- **How the facility plans to monitor its performance to make sure that solutions are sustained**

Beginning 12/1/2025, medical records will audit new medication orders weekly to ensure proper notification and documentation of said notification has been completed for all new and/or changing medication orders. These audits will continue for 1 month or until substantial compliance is obtained. Any ongoing issues will be reported by May Negapatan (DON) at the monthly QA meeting.

- **Date of completion: December 13, 2025**