

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES


PRINTED: 08/01/2025

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555249	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/25/2025
NAME OF PROVIDER OR SUPPLIER SEA CLIFF HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 18811 FLORIDA ST, HUNTINGTON BEACH, California, 92648	
(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	<p>INITIAL COMMENTS</p> <p>The following reflects the findings of the California Department of Public Health during the Abbreviated Survey for Complaint Number: 2566295 and Facility Reported Incident (FRI) Number: 2563401.</p> <p>The survey team entered the facility on 7/24/25 at 0742 hours.</p> <p>The facility identified the census as 177.</p> <p>The survey sample size was 4.</p> <p>Inspection was limited to the complaint and FRI investigated and did not represent the findings of a full inspection of the facility.</p> <p>*FOR COMPLAINT NUMBER 2566295, NO DEFICIENCIES WERE IDENTIFIED.</p> <p>HOWEVER, DURING THE ABBREVIATED SURVEY, ADDITIONAL DEFICIENCIES WERE IDENTIFIED AND CITED AT F554.</p> <p>* FOR FRI NUMBER 0563401, NO DEFICIENCIES WERE IDENTIFIED.</p> <p>GLOSSARY AND DEFINITIONS:</p> <p>DON – Director of Nursing</p> <p>LVN – Licensed Vocational Nurse</p> <p>IDT – Interdisciplinary team</p> <p>P&amp;P – Policy and Procedure</p> <p>Resident Self-Admin Meds-Clinically Approp</p> <p>CFR(s): 483.10(c)(7)</p>	F0000	<p>By submitting this POC, Sea Cliff Healthcare Center does not admit or concede the facts and contentions cited, or the existence or scope or severity of the deficiencies and conditions cited in the CA2566295. The POC is submitted to comply with federal and state law. Sea Cliff Healthcare Center respects the allegations made in the 2567 have acted and will continue to act to implement this Plan of Correction. This Plan of Correction constitutes the facility's credible allegation of compliance.</p> <p>F554</p> <p>Corrective Action for those residents identified as being affected by this deficiency</p> <p>Resident 3 was assessed by the DON if he wishes to self-administer medications on 7-24-2025 and resident declined.</p> <p>Identification of other residents having the potential to be affected by this same deficiency</p> <p>All residents have the potential to be affected by the same deficiency.</p>	8/11/25
F0554 SS = B		F0554		

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	(X6) DATE
	ADMINISTRATOR	8-5-25

FORM CMS-2567 (02/99) Previous Versions Obsolete

Event ID: 1D1F14-H1

Facility ID: CA060003053

If continuation sheet Page 1 of 4

Accepted, 8/13/25

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F0554 SS = B	<p>Continued from page 1</p> <p>§483.10(c)(7) The right to self-administer medications if the interdisciplinary team, as defined by §483.21(b)(2)(ii), has determined that this practice is clinically appropriate.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, interview, and the facility P&amp;P review, the facility failed to ensure one of four sampled residents (Resident 3) was assessed to determine if it was safe for the resident to self-administer the medications.</p> <p>* Resident 3 was observed with a medication cup filled with multiple medications at the bedside table. Resident 3 had no assessment, physician's order, and/or care plan problem addressing the self-administration of the medications. This failure had the potential for Resident 3 to administer medications inaccurately.</p> <p>Findings:</p> <p>Review of the facility's P&amp;P titled Self-Administration of Medications (undated) showed the following:</p> <p>a. Residents will be informed that they have a right to self-administer drugs upon admission.</p> <p>b. if a resident requests to self-administer drugs the IDT will determine if the practice is safe before the resident may exercise this right:</p> <p>c. the IDT will determine who is responsible for the storage of the drugs and documentation of the administration of drugs, as well as the location of Drug Administration;</p> <p>d. these determinations need to be included in the residence care plan;</p> <p>e. the physicians order for such drugs will be clarified to include "may keep at bedside"; and</p> <p>f. residents who self-administer drugs will be periodically reevaluated based on any changes in the resident's status.</p> <p>Medical record review for Resident 3 was initiated on 7/24/25. Resident 3 was admitted to the facility on 6/5/25.</p>	F0554	<p>On 8/1/25, facility angel rounds members conducted an audit of the residents who wishes to self-administer medications and found no concerns.</p> <p><b>Measures that will be put into place to ensure that this deficient practice does not recur.</b></p> <p>On 7/24/25, DON conducted an in-service with the licensed staff on the Policy and Procedures on Medication Pass and Self Administration Assessment and will be completed by 8/11/25.</p> <p>On 7/24/25, a one on one in-service was conducted by the DON to LVN 1 regarding Policy and Procedures on Medication Pass and Self Administration.</p> <p>A medpass skills check is scheduled with LVN 1 on 8/7/25 by the DON and or designee.</p> <p>Facility angel rounds members will continue room rounds 5x/wk with emphasis on medications left unattended at bedside starting wk of 8/4/25 x 4 wks. Any findings will be forwarded to the DON for action planning.</p>	



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F0554 SS = B	<p>Continued from page 2</p> <p>On 7/24/25 at 1108 hours, a concurrent observation and interview was conducted with Resident 3. A medication cup filled with multiple medications were present at the resident's bedside. When Resident 3 was asked if the medications inside the medication cup belong to him, Resident 3 stated "Yes," then proceeded to self-administer the medications without the licensed nurse present.</p> <p>Review of Resident 3's Order Summary Report dated 7/24/25, failed to show a physician's order to self-administer the medications.</p> <p>Further review of Resident 3's medical record failed to show Resident 3 was assessed for the self-administration of the medications.</p> <p>Review of Resident 3's plan of care failed to show a care plan problem to address Resident 3's ability to self-administer the medications</p> <p>On 7/24/25 at 1114 hours, an interview was conducted with LVN 1. LVN 1 was informed of the above findings. LVN 1 verified Resident 3 was not supposed to have the medications unattended at the bedside. LVN 1 stated the facility's process for the residents to self-administer the medications require an assessment from the physician to indicate the resident could self-administer the medications</p> <p>On 7/24/25 at 1454 hours, a follow up interview was conducted with LVN 1. LVN 1 verified the medications inside the medication cup were Resident 3's scheduled at 0900 hours medications. When asked what medications were inside the medication cup, LVN 1 stated the following medications: folic acid (supplement), amlodipine (blood pressure medication), carvedilol (blood pressure medication), apixaban (blood thinner medication), aspirin (blood thinner), vitamin D (supplement), and lisinopril (blood pressure medication).</p> <p>On 7/25/25 at 1548 hours, an interview and concurrent medical record review was conducted with the DON. The DON stated the following medications were documented as administered to the resident on 7/24/25 at 0900 hours:</p>			F0554	<p><b>How the facility will monitor its performance to make sure that solutions are sustained.</b></p> <p>Documented findings of the audit will be forwarded to the QAPI committee monthly for at least 4 weeks beginning September 2025 for review and action planning as indicated or as QAPI committee determines compliance.</p>		

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F0554 SS = B	<p>Continued from page 3 amlodipine, aspirin, cyanocobalamin (vitamin b12 supplement), folic acid, Lasix (diuretic), lisinopril, thiamin (supplement), and apixaban. The DON verified Resident 3 had no assessment, physician's order, and/or a care plan problem addressing the self-administration of the medications.</p> <p>On 7/25/25 at 1617 hours, an interview was conducted with the Administrator and DON. The Administrator and the DON were informed and acknowledged the above findings.</p>	F0554			