

ACCEPTED

12/18/19

40541

PRINTED: 12/05/2019

FORM APPROVED

OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056334	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 12/05/2019
NAME OF PROVIDER OR SUPPLIER BEACHWOOD POST-ACUTE & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 1340 15TH STREET SANTA MONICA, CA 90404		
(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	
F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during an investigation of a complaint. Complaint Number: CA00658397 Representing the California Department of Public Health: Health Facilities Evaluator Nurse: 40541 The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. A deficiency was issued for Complaint Number: CA00658397.	F 000	This plan of correction as submitted shall serve as provider's letter of credible allegation in reference to the survey findings. Preparation and/or execution of this plan of correction do not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provisions of Health and Safety Code Section 1280 and 42 CFR 405.1907.	12/11/19	
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(l)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(l) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are: (i) Complete; (ii) Accurately documented;	F 842			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.

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F 842	<p>Continued From page 1</p> <p>(iii) Readily accessible; and</p> <p>(iv) Systematically organized</p> <p>§483.70(l)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law;</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(l)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(l)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(l)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services</p>	F 842	<p>F 842</p> <p>LVN 1 in-serviced immediately by the DON regarding accurate documentation of the IDT progress notes and ensuring that all attendees present are listed in the IDT conference documentation. Resident 1 did have any adverse effect related to Family Member 2 not being listed in the IDT progress note documentation. Completed 11/21/19.</p> <p>Director of Nursing and Medical Records Director reviewed resident's IDT care conference signature pages to ensure that the people signed in were documented on the IDT progress note. No findings were noted. Completed 12/11/19</p> <p>Director of nursing in-serviced licensed staff to ensure that the IDT progress note documentation is accurate and reflects people who attended the IDT meeting. Completed by 12/11/19.</p> <p>Medical Records Director will perform IDT progress note checks versus signature page of the attendees to ensure that people present in the care conference are documented in the IDT progress note daily X 4 weeks then 1X a week X 3 months. Random spot checks will be continuously performed by the Medical Records Director or designee. On-going.</p> <p>Medical Records Director, or designee to report any findings to the IDT regarding IDT progress notes not containing all of</p>		12/11/19

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F 842	<p>Continued From page 2</p> <p>provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to maintain complete and accurate care plan meeting (a meeting where the medical staff will consult with the resident and family to determine the best treatment options) records for one of three sampled residents (Resident 1).</p> <p>This deficient practice resulted in inaccurate and incomplete records of services provided to Resident 1.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record indicated the resident was admitted to the facility on 8/2/19, and discharged from the facility on 8/17/19 with diagnoses of, but not limited to cerebral infarction (dead tissue in the brain resulting from a blockage or narrowing in the pathway supplying blood and oxygen to the brain).</p> <p>A review of Resident 1's Minimum Data Set (MDS, a standardized assessment and care-screening tool) dated 8/9/19, indicated the resident needed extensive assistance with one person assist from the staff with regards to bed mobility, dressing and toilet use.</p>	F 842	the attendees in the quarterly quality assurance meeting. On-going.	12/11/19	

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F 842	<p>Continued From page 3</p> <p>A review of Resident 1's Progress Notes dated 8/6/19 at 4:26 p.m., indicated no record of Family Member 2 (FM 2) being present or participating in the care plan meeting for Resident 1.</p> <p>During an interview on 11/21/19, at 11:53 a.m., Licensed Vocational Nurse 1 (LVN 1) stated that Family Member 2 (FM 2) was present via conference call for Resident 1's care plan meeting on 8/6/19, at 4:26 p.m. LVN 1 acknowledged that they did not document on the progress notes that FM 2 was present and participated in the care plan meeting on 8/6/19.</p> <p>During an interview on 11/26/19 at 11:10 a.m., Registered Nurse 2 (RN 2) confirmed FM 2 was not identified on Resident 1's progress notes as being present in person or via conference call for the care plan meeting dated 8/6/19. RN 2 stated that LVN 1 should have documented that FM 2 was present and participated in the careplan meeting to ensure accurate and complete records of services that were provided for Resident 1.</p> <p>A review of the facility's policy and procedure titled "Charting and Documentation", dated 2001 and revised April 2008, indicated all services provided to the resident shall be documented in the resident's medical record.</p>	F 842			

INSERVICE LESSON PLAN

Date: 12/11/19 Time: _____ Total Time: _____

Name of Presenter: E. Enarsaw DON

Class: Nursing

Title: Charting & Documentation

I. Reasons for In-service: (Check appropriate circle):

- ☐ New Equipment
- ☐ New Procedure
- ☒ Review due to identified need
- ☐ Others: _____

II. Program Outline

- A. Documentation for Nurses : Electronic Health Records
- B. Documentation Standards
- C. Documentation Characteristics
- D. _____

Method (check appropriate circle)

<input checked="" type="radio"/> Discussion	<input type="radio"/> Demonstration
<input type="radio"/> Written Materials	<input type="radio"/> Lecture
<input type="radio"/> Video	<input type="radio"/> Others

III. Educational Objective(s):

At the end of the in-service staff will be able to:

1. apply the knowledge learned on proper documentation for patient
2. with the use of electronic health records by using the
3. proper standards & document characteristics

IV. Method of Evaluation (check appropriate circle):

<input type="radio"/> Return Demonstration	<input checked="" type="radio"/> Q&A
<input type="radio"/> Written Evaluation	<input type="radio"/> Others
<input type="radio"/> Post Test	<input type="radio"/>

Beachwood Post-Acute & Rehab
1340 15th St. Santa Monica, Ca. 90404
IN-SERVICE STAFF ATTENDANCE

DEPARTMENT: Nursing

DATE: 12/11/19

INSTRUCTOR: E. Francisco DON

TIME:

TOPIC/SUBJECT: Charting & Documentation

PRINT NAME	SIGNATURE	SHIFT
Deidre Bronson	[Signature]	7-3
SHARITAH WILKINS	[Signature]	7-3
Royce Rivert	[Signature]	7-3
Ignacio Vasson	[Signature]	7-3
John Kelly	[Signature]	7-3
Dawn Simmons	[Signature]	7-3
Ricardo Avila	[Signature]	7-3
Bria Rogers	[Signature]	7-3
Sebere Bogale	[Signature]	7-3
Bessy Morcin	[Signature]	7-3
Grace Manelugon	[Signature]	7-3
Elle [unclear]	[Signature]	7-3
Manela Ramirez	[Signature]	7-3
Gladis Vasquez	[Signature]	7-3
Wendy Cue	[Signature]	7-3
Estefany Jeri	[Signature]	7-3
Melba Jelen	[Signature]	7-3

Beachwood Post-Acute & Rehab
1340 15th St. Santa Monica, Ca. 90404
IN-SERVICE STAFF ATTENDANCE

PRINT NAME	SIGNATURE	SHIFT
Martito Reyes	Martito Reyes	7-3
Kath Okerke	Kath Okerke	7-3
ARTHUR SABIDA	Arthur Sabida	7-3
Nimato Collier	Nimato Collier, RN	7-3
JULIANDEA BOZALIC	Juliandea Bozalic, WNV	7-3
Danli Ayra	Danli Ayra	7-3
Cynthia Perez	Cynthia Perez	7-3
ALBIONA SIMPSON	Albiona Simpson	7-3
Vilma Reyes	Vilma Reyes	7-3
Hilda Rodriguez	Hilda Rodriguez	7-3
Cherrie Toran	Cherrie Toran	7-3
BRIAN BOYD LESTER	Brian Boyd Lester	7-3
Ana Alvarado	Ana Alvarado	7-3
Mercedes Alkman	Mercedes Alkman	7-3
Norma Johnson	Norma Johnson	7-3
Nakaya Summers	Nakaya Summers	7-3
Roxana Leiva	Roxana Leiva	3-11
Mary Simpson	Mary Simpson	3-11
Kelly Toran	Kelly Toran	3-11
Kari Tuamua	Kari Tuamua	3-11

Beachwood Post-Acute & Rehab
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IN-SERVICE STAFF ATTENDANCE

PRINT NAME	SIGNATURE	SHIFT
Abigail Eronahis	<i>Abigail Eronahis</i>	3-11 ^P
Desalegne Tolessa	<i>Desalegne Tolessa</i>	3-11
Isaiah Ebrahim	<i>Isaiah Ebrahim</i>	3-11
Tama Presentacion	<i>Tama Presentacion</i>	3-11
Shamoun Nahou	<i>Shamoun Nahou</i>	3-11
Althia Masos	<i>Althia Masos</i>	3-11
Nemto Astute	<i>Nemto Astute</i>	3-11
GHILAINE MACKA	<i>GHILAINE MACKA</i>	7-3 ^P
Grace Mondragon	<i>Grace Mondragon</i>	7-3
Sam Ok Kon	<i>Sam Ok Kon</i>	7-3
Mamancher Vamungad	<i>Mamancher Vamungad</i>	7-3
Jessica Murcia	<i>Jessica Murcia</i>	7-3
Ali Kargueni	<i>Ali Kargueni</i>	7-3
Van Von	<i>Van Von</i>	7-3
Katherine Bochnag	<i>Katherine Bochnag</i>	7-3
Guadalupe Miller	<i>Guadalupe Miller</i>	7-3
Valentina	<i>Valentina</i>	7-3
MIRIAM MUNG	<i>MIRIAM MUNG</i>	7-3
Ana F. Ortiz	<i>Ana F. Ortiz</i>	7-3

Beachwood Post-Acute & Rehab
1340 15th St. Santa Monica, Ca. 90404
IN-SERVICE STAFF ATTENDANCE

PRINT NAME	SIGNATURE	SHIFT
LEXILIA MONA		11.7am-
DARION RHA		3-11
Meseret Asrat		3-11
Annie Mangum		3-11
Josie Rubez		3-11
Karla Rosales		7-3pm
Atika Celik		3-11
Alamy Ike		3-11
Elsa Depasamo		3-11
Rosalee Vittoria		
Yenubrecht Nielsen		7-3
Darrell Thompson		3-11
Grithelynn Orfem		3-11
Stephanie Madridejas		3-11
Omar Manzano Ayala		3-11
Koraline Venters		3-11
Williamson Casado		3-11
Raymond Azerbaijan		3-11
Ben Alegre		3-11

Beachwood Post-Acute & Rehab
1340 15th St. Santa Monica, Ca. 90404
IN-SERVICE STAFF ATTENDANCE

DEPARTMENT:

DATE: 12/11/19

INSTRUCTOR: P. Pineda Don

TIME:

TOPIC(SUBJECT): Charting & Documentation

PRINT NAME	SIGNATURE	SHIFT
JOSE VILLA		7-3
Zohra Hyder		7-3
Prina Ramirez		7-3
KIMBERLY MUÑOZ		7-3
ROGER RODRIGUEZ		7-3
Senny Jorda		7-3
Margaret Mayan		7-3
Maria Gochingco		7-3
JIMMY RAMIREZ		7-3
KATHY BENDRIMAN		7-3
MARIA ZETIASO		7-3
CLARITO I. OTEZA		3-11
Shelia Lumagay		3-11
JOE DIMARAN		3-11
SARAH D. TABLE		3-11
Veronica Mejia		3-11
Jasmine Moore		7-3



BEACHWOOD
POST-ACUTE & REHAB

Medical Records Department

CARE CONFERENCE AUDIT

DATE	RESIDENT'S NAME	ROOM #	DISCREPANCY OF ATTENDEES SIGN IN vs DOCUMENTED PROGRESS NOTE (Y/N)
12/16/2019		217A	YES
12/16/2019		220A	YES
12/16/2019		513C	YES
12/16/2019		210B	YES
12/16/2019		508A	YES
12/16/2019		416B	YES