

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

PRINTED: 06/22/2016
FORM APPROVED
OMB NO. 0938-0391

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 06/22/2016
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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
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F 000 INITIAL COMMENTS

The following reflects the findings of the Department of Public Health during an Abbreviated Survey.

Complaint Number: CA00475477-
Unsubstantiated with one regulatory violation.

Representing the Department of the Public Health:

Surveyor ID: 34396 RN, HFEN

The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.

F 431 483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS

F 000

Preparation and/or execution of this Plan of Correction, inclusive of pages 1 through 5, does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because it is required by provisions of 42 CFR 483, et seq., and Health and Safety Code Section 1280. In response to the Department's findings we submit the following Plan of Correction which shall constitute Beachwood Post Acute and Rehab's credible allegation of compliance.

F 431

The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an

accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.

Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.

In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to

F431 - DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS

Resident 1 has been discharged on 3/21/2016 to home. Director of Staff Development (DSD) in-serviced licensed nurses on 6/28/16 regarding facility policy titled Controlled Medications and to notify Director of Nursing (DON) if a discrepancy of a schedule IV medication (Xanax) is identified.

6/28/16

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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NAME OF PROVIDER OR SUPPLIER BEACHWOOD POST-ACUTE & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 1340 16TH STREET SANTA MONICA, CA 90404		
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F 000	INITIAL COMMENTS The following reflects the findings of the Department of Public Health during an Abbreviated Survey. Complaint Number: CA00475477- Unsubstantiated with one regulatory violation. Representing the Department of the Public Health: Surveyor ID: 34396 RN, HFEN The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.	F 000	Preparation and/or execution of this Plan of Correction, inclusive of pages 1 through 5, does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because it is required by provisions of 42 CFR 483, et seq., and Health and Safety Code Section 1280. In response to the Department's findings we submit the following Plan of Correction which shall constitute Beachwood Post Acute and Rehab's credible allegation of compliance.		
F 431	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS	F 431			
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			F431 - DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS Resident 1 has been discharged on 3/21/2016 to home. Director of Staff Development (DSD) in-serviced licensed nurses on 6/28/16 regarding facility policy titled Controlled Medications and to notify Director of Nursing (DON) if a discrepancy of a schedule IV medication (Xanax) is identified.	6/28/16	

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FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: 8NRB11 Facility ID: CA910000017 If continuation sheet Page 2 of 5

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F 431	Continued From page 2 The Minimum Data Set (MDS), a screening assessment tool, dated February 3, 2016, indicated the resident had the ability to make self-understood and the ability to understand others. The resident's admitting physician order dated January 27, 2016, included Xanax 0.5 mg. give 4 tabs = 2 mg PO (by mouth) BID (two times a day). A review of the physician order dated January 29, 2016, indicated a clarification of the time for the administration of Xanax 0.5 mg 4 tabs = 2 mg PO BID at 4 a.m. & 4 p.m. per patient request.	F 431			
	A review of the physician order dated February 6, 2016, indicated a clarification order to administer Xanax 2 mg PO BID at 8 a.m. & 4 p.m.				
	A review of the Controlled Drug Record count sheet for Resident 1 indicated Xanax 2 mg. tablet, (1 tablet by mouth twice daily) was filled on January 27, 2016. The Controlled Drug Record count sheet for Xanax was labeled: one of two, and a second count sheet was labeled two of two, for 15 of 30 tablets on each sheet. There were discrepancies in the Xanax count on the Controlled Drug Record sheet labeled two of two; the count dropped from seven to four tablets, whereby the number four was handwritten on the count sheet. The count sheet did not reflect that Xanax was signed out for January 30, 2016. On February 24, 2016, at 9:50 a.m., during an interview, license vocational nurse (LVN 2) indicated Xanax 2 mg. tablet count, went from seven tablets to four tablets on Resident 1's				

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F 431	Continued From page 3 Controlled Drug Record sheet, with a starting date of January 28, 2016. On February 24, 2016, at 10:10 a.m., LVN 2 was asked what the facility's policy was when there was a discrepancy with narcotics. LVN 2 stated that the Director of Nurses (DON) will be notified. LVN 2 was asked if he reported the discrepancy, and he stated no. On February 24, 2016, at 9:55 a.m., during an interview, LVN 3 indicated the count for Xanax 2 mg. tablet went from seven tablets to four tablets on Resident 1's Controlled Drug Record sheet starting from January 28, 2016. On February 24, 2016, at 10:50 a.m., during an interview, LVN 3 was asked what the facility's policy was when there was a discrepancy with narcotics. LVN 3 stated the Registered Nurse (RN) will be notified.	F 431			
	On February 24, 2016 at 9:58 a.m., during an interview, RN 1 indicated the count for Xanax 2 mg. went from seven tablets to four tablets on Resident 1's controlled drug record sheet, starting				
	from January 28, 2016. RN 1 stated she had not received any discrepancies about Xanax for Resident 1. When RN 1 was asked about the facility's policy if there was a discrepancy with narcotics, RN 1 stated the Registered Nurse Supervisor will be notified. On February 24, 2016, at 10:15 a.m., during an interview, the Director of Nursing (DON) stated she had not received any discrepancies about Xanax for Resident 1. When asked about the facility's policy if there was a discrepancy with narcotics, she stated staff would notify the DON, RN, and the pharmacy. On February 26, 2016, at 9:45 a.m., during an interview with the Pharmacist Consultant, he				

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F 431	<p>Continued From page 4</p> <p>stated he had not received any discrepancies about Xanax for Resident 1.</p> <p>On February 26, 2016, at 12:50 p.m., during an interview, LVN 4 indicated the count for Xanax 2 mg. tablet went from seven tablets to four tablets on Resident 1's Controlled Drug Record sheet starting from January 28, 2016. LVN 4 said she only administered one Xanax 2 mg. tablet to Resident 1 on February 7, 2016 at 4:00 p.m. When LVN 4 was asked if she reported the discrepancy, she stated no.</p> <p>On February 26, 2016, at 1:05 p.m., during an interview, LVN 1 indicated the count for Xanax 2 mg. tablet went from seven tablets to four tablets. When asked if he reported the discrepancy, LVN 1 stated no.</p>	F 431			