2002/002

07/06/2016 WED 12:30 DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION

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

(X3) DATE SURVEY

AND PLAN OF CORRECTION IDENTIFICATION NUMB		IDENTIFICATION NUMBER:	A. BUILDING			COMPLETED	
					С		
		056334	B. WING		06/2	2/2016	
NAMEOFF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
REACHV	VOOD POST-ACUTE	R REHAR		1340 15TH STREET			
				SANTA MONICA, CA 90404			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X6) COMPLETION DATE	
F 000	INITIAL COMMENT	rs	F 000				
	Department of Publ Abbreviated Survey Complaint Number:	<i>'</i> .		Preparation and/or execution of this F Correction, inclusive of pages 1 thro does not constitute an admission agreement by the provider of the tre	on or		
	Representing the Department of the Public Health: Surveyor ID: 34396 RN, HFEN			the facts alleged or conclusions set for the Statement of Deficiencies. This P Correction is prepared and/or exe	orth in Plan of cuted		
F 431	The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. 483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS		F 43	solely because it is required by prov of 42 CFR 483, et seq., and Health Safety Code Section 1280. In respon the Department's findings we subm	n and nse to		
35-6		occ a biologicalo		following Plan of Correction which	shall		
	a licensed pharmac of records of receipt	nploy or obtain the services of ist who establishes a system t and disposition of all sufficient detail to enable an		constitute Beachwood Post Acute Rehab's credible allegation of complia			
	accurate reconciliation records are in order controlled drugs is no reconciled. Drugs and biological labeled in accordance professional principle appropriate accessor instructions, and the applicable. In accordance with stacility must store all locked compartment controls, and permit	ion; and determines that drug and that an account of all maintained and periodically als used in the facility must be see with currently accepted les, and include the ory and cautionary expiration date when state and Federal laws, the I drugs and biologicals in the under proper temperature only authorized personnel to		F431 - DRUG RECORDS, LABEL/STO DRUGS & BIOLOGICALS Resident 1 has been discharged 3/21/2016 to home. Director of Development (DSD) in-serviced lice nurses on 6/28/16 regarding facility patitled Controlled Medications and to a Director of Nursing (DON) if a discreptor of a schedule IV medication (Xana identified.	i on Staff ensed policy notify pancy	6/28/16	
BORATORY	DIRECTOR'S OR PROVIDE	ER/SUPPLIER REPROSENTATIVE'S SIGN		TITLE MINISTRATOR		B) 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.

FORM CMS-2587(02-99) Previous Versions Obsolete

Event ID: 6NRB11

Facility ID: CA910000017

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
					C		
1		056334	B. WING		06/22/20)16	
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
BEACHWOOD POST-ACUTE & REHAB			1340 16TH STREET				
BEACH	TOOD FOST-ACCIE	* NEHAD		SANTA MONICA, CA 90404			
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PROVIDER'S PLAN OF CORRECTION SHOULD TAG CROSS-REFERENCED TO THE APPRODEFICIENCY)		TD BE COM	(X5) PLETION DATE	
F 000	INITIAL COMMENT	ΓŜ	F0	00			
F 431 SS=E	Department of Pub Abbreviated Survey Complaint Number: Unsubstantiated wi Representing the D Health: Surveyor ID: 34396 The inspection was complaint investiga the findings of a full 483.60(b), (d), (e) D LABEL/STORE DR The facility must en a licensed pharmace	th one regulatory violation. repartment of the Public RN, HFEN limited to the specific ted and does not represent inspection of the facility. DRUG RECORDS, UGS & BIOLOGICALS reploy or obtain the services of sist who establishes a system	F4	Preparation and/or execution of this Correction, inclusive of pages 1 thr does not constitute an admiss agreement by the provider of the the facts alleged or conclusions set the Statement of Deficiencies. This Correction is prepared and/or essolely because it is required by proof 42 CFR 483, et seq., and Hea Safety Code Section 1280. In resp the Department's findings we sub following Plan of Correction whice constitute Beachwood Post Acu-Rehab's-credible-allegation-of-comp.	ough 5, sion or truth of forth in Plan.of secuted ovisions of the and the shall te and		
ABORATORY	controlled_drugs_in_accurate reconciliat records are in order controlled drugs is reconciled. Drugs and biological labeled in accordant professional princip appropriate accessinstructions, and the applicable. In accordance with facility must store a locked compartment controls, and permit	at and disposition of all sufficient detail to enable an action; and determines that drug rand that an account of all maintained and periodically als used in the facility must be ace with currently accepted ales, and include the ory and cautionary expiration date when State and Federal laws, the all drugs and biologicals in ats under proper temperature to only authorized personnel to	IATURE	F431 - DRUG RECORDS, LABEL/ST DRUGS & BIOLOGICALS Resident 1 has been discharg 3/21/2016 to home. Director of Development (DSD) in-serviced I nurses on 6/28/16 regarding facility titled Controlled Medications and to Director of Nursing (DON) if a discr of a schedule IV medication (Xa identified.	ed on 6/28 f Staff icensed of policy of notify repancy	8/16 ************************************	

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NAME OF PROVIDER OR SUPPLIER			Т		TREET ADDRESS, CITY, STATE, ZIP CODE	00/2		
BEACHWOOD POST-ACUTE & REHAB					340 16TH STREET ANTA MONICA, CA 90404			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EAGH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX (EACH CORRECTIVE ACTION SHOU		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	8E	(X5) COMPLETION DATE	
F 431	F 431 Continued From page 1 have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.		F4	131	An audit was performed on 6/29/16 b	y the	6/29/16	
					RN Supervisor on all residents receiving Xanax and no other residents were found with a discrepancy.			
ļ					Biweekly audits will take place for a period of 3 months starting on 7/1/16 to 9/30/16 by the Director of Nursing (DON) to ensure proper handling, storage, disposal, and record keeping of Xanax in the facility. Findings will be reported to the Consultant		7/1/16	
·	This REQUIREMENT is not met as evidenced by: Based-on-record-review-and-interview, the facility—				Pharmacist and corrected as necessar			
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	staff failed to accurand reconciliation of	ately account for the usage of Xanax (medicine used for		<del></del>	Recapitulation of findings will be repo			
	category of drugs ti	xiety), a Schedule IV drug (a har have less potential for than those of Schedules I to			duarterly to the QA&A Committee by Director of Nursing for further review	and		
	II); the Controlled D traceable for one so This deficient pract	orugs Record were not readily ample resident (Resident 1). Ice had the potential to put the adverse drug reaction, due to			recommendations. Licensed nurses with implement corrections as necessary.	<b>.</b>		
	Findings:							
ì	indicated he was ad January 27, 2016, of pressure ulcers (als bedsores and decu- injuries to the skin a usually occur over a	nt 1's Admission Records dmitted to the facility on with diagnoses that included so known as pressure sores, ibitus ulcers, are localized and/or underlying tissue that a bony prominence as a result esure in combination with n).						

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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				
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F 431	assessment tool, dindicated the reside self-understood an others.  The resident's adm January 27, 2016, tabs = 2 mg PO (by day).  A review of the phy 2016, indicated a cadministration of X BID at 4 a.m. & 4 p	age 2  Set (MDS), a screening ated February 3, 2016, ent had the ability to make d the ability to understand sitting physician order dated included Xanax 0.5 mg. give 4 mouth) BID (two times a sician order dated January 29, larification of the time for the anax 0.5 mg 4 tabs = 2 mg PO .m. per patient request.	F	331			
	sheet for Resident tablet, (1 tablet by I January 27, 2016. count sheet for Xar and a second count for 15 of 30 tablets discrepancies in the Controlled Drug Rethe count dropped whereby the number count sheet. The count sheet. The count sheet anax was signed On February 24, 20 interview, license verindicated Xanax 2 indicated Xanax 2 in table to table to table the count sheet.	ntrolled Drug Record count 1 indicated Xanax 2 mg. mouth twice daily) was filled on The Controlled Drug Record hax was labeled: one of two, t sheet was labeled two of two, on each sheet. There were e Xanax count on the ecord sheet labeled two of two; from seven to four tablets, er four was handwritten on the ount sheet did not reflect that out for January 30, 2016.  216, at 9:50 a.m., during an ocational nurse (LVN 2) mg. tablet count, went from ar tablets on Resident 1's					

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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 431	Controlled Drug Redate of January 28, at 10:10 a.m., LVN policy was when the narcotics. LVN 2 st Nurses (DON) will he reported the discon February 24, 20 interview, LVN 3 in mg. tablet went from Resident 1's Costarting from January 2016, at 10:50 a.m. was asked what the there was a discret	age 3 accord sheet, with a starting , 2016. On February 24, 2016, 2 was asked what the facility's ere was a discrepancy with ated that the Director of be notified. LVN 2 was asked if crepancy, and he stated no.  216, at 9:55 a.m., during an dicated the count for Xanax 2 m seven tablets to four tablets introlled Drug Record sheet ary 28, 2016. On February 24, ., during an interview, LVN 3 a facility's policy was when cancy with narcotics. LVN 3 ared_Nurse-(RN)-will-be-notified.	F -	431				
	interview, RN 1 ind mg. went from seve	016 at 9:58 a.m., during an loated the count for Xanax 2 en tablets to four tablets on billed drug record sheet, starting						
	from January 28, 2 received any discrete Resident 1. When facility's policy if the narcotics, RN 1 states Supervisor will be received. On February 24, 20 interview, the Direct she had not received Xanax for Resident facility's policy if the	016. RN 1 stated she had not epancies about Xanax for RN 1 was asked about the ere was a discrepancy with sted the Registered Nurse notified.  016, at 10:15 a.m., during an extor of Nursing (DON) stated end any discrepancies about the ere was a discrepancy with end staff would notify the DON,						
		016, at 9:45 a.m., during an Pharmacist Consultant, he						

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F 431	stated he had not reabout Xanax for Re On February 26, 20 interview, LVN 4 incomes tablet went from the conference of Resident 1's Constarting from January administered of Resident 1 on February 26, 20 interview, LVN 1 incomes tablet went from	eceived any discrepancies esident 1.  216, at 12:50 p.m., during an dicated the count for Xanax 2 m seven tablets to four tablets introlled Drug Record sheet ary 28, 2016. LVN 4 said sheen Xanax 2 mg, tablet to ruary 7, 2016 at 4:00 p.m. asked if she reported the	F	431			
		Charles Event ID 64/D04		·	office In CARAGORDAY		at Page 5 of 5