

California Department of Public Health POC ACCEPTED ON 7/25/2022 BY 07598

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CA910000017</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/14/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>BEACHWOOD POST-ACUTE &amp; REHAB</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1340 15TH STREET</b> <b>SANTA MONICA, CA 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) COMPLETE DATE
C 000	Initial Comments  The following reflects the findings of the California Department of Public Health during the investigation of a complaint.  Complaint number: CA00788750  Representing the California Department of Public Health: Surveyor 07598, Health Facilities Evaluator I  The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.  One Class B Citation Number 92-2005-0017784 was issued for Complaint Number CA00788750	C 000	<b>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.</b>	<b>7/22/22</b>
C5725	T22 DIV5 CH3 ART6-72605 Alterations to Existing Buildings or New Cons  (a) Alterations to existing buildings licensed as skilled nursing facilities or new construction shall be in conformance with Chapter 1, Division 17, Part 6, Title 24, California Administrative Code and requirements of the State Fire Marshal.  This Statute is not met as evidenced by: Based on observation, interview and record review, the facility failed to obtain a required building permit and approval from the Department of Health Care Access and Information (HCAI) for the installation and placement into service a trailer mounted temporary emergency power supply system generator.  This deficient practice had the potential for the unapproved equipment to malfunction and catch	C5725		

Licensing and Certification Division

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

*Anton N. Natchy*

TITLE

*Administrative*

(X6) DATE

**7/22/22**