#### PRINTED: 10/10/2019 DEPARTMENT OF HEALTH AND HUMAN SERVICES **FORM APPROVED** OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X3) DATE SURVEY (X2) MULTIPLE CONSTR (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 056334 10/10/2019 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **1340 15TH STREET BEACHWOOD POST-ACUTE & REHAB** SANTA MONICA, CA 90404 PROVIDER'S PLAN OF CORRECTION (XS) -COMPLETION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY This plan of correction as F 000 F 000 | INITIAL COMMENTS shall submitted serve provider's letter of credible allegation in reference to the Surveyor: 40995 The following reflects the findings of the California survey findings. Preparation Department of Public Health during the and/or execution of this plan investigation of a complaint. of correction do not constitute admission or agreement by Complaint number: CA00650742 the provider of the truth of alleged the facts Representing the Department: 40995, HFEN conclusions set forth on the statement of deficiencies. This The inspection was limited to the specific plan of correction is prepared complaint investigated and does not represent and/or executed solely because the findings of a full inspection of the facility. it is required by the provisions One deficiency was issued for complaint number of Health and Safety Code CA00650742. Section 1280 and 42 CFR F 686 Treatment/Svcs to Prevent/Heal Pressure Ulcer F 686 405.1907. CFR(s): 483.25(b)(1)(i)(ii) SS=D §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that-(i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulders unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives

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

necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent

This REQUIREMENT is not met as evidenced

Based on interview and record review, the facility failed to administer two medications (Arginaid

new ulcers from developing.

Surveyor: 40995

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.

by:

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

NAME OF PROVIDER OR SUPPLIER  BEACHWOOD POST-ACUTE & REHAB  CAN INFORMATION PREFIX (SANDAY STATEMENT OF DEFICIENCIES OF THE APPROPRIATE OF THE APPROPRI		F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION		PLETED
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CASH	NAME OF P	OVIDER OR SUPPLIER			8	STREET ADDRESS, CITY, STATE, ZIP CODE		
SUNMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FILL (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH DEFICIENCY)   F 686   Continued From page 1   (arginine-based powder designed to support the Unique nutritional needs of people with chronic viounds (e.g. pressure injury) and Prostat AWC (a ready to drink medical food with 17 grams of protein and added arginine, vitamin C, citrulline, and zinc for advanced wounds) that aided in the healing of pressure ulcers (a skin breakdown or injury resulting from sheer, friction and prolong unrelieved pressure or being in one position for a long time), as endorsed by the physician and registered dicititan, for one of three sampled residents (Resident 1 at risk of delayed wound healing and a worsening pressure ulcer/injury.  Findings:  A review of Resident 1's admission record indicated the resident was admitted to the facility on 7/30/19 with diagnoses that included, but were not limited to, stage 4 pressure ulcer (presents as full thickness skin loss with extensive destruction, tissue necrosis, or damage to muscle, bone, or supporting structures), chronic respiratory failure (a long-term condition that happens when the lungs cannot get enough oxygen into the blood), and chronic obstructive pulmonary disease (a chronic inflammatory lung disease) (a c	DEACHW.	OOD BOST-ACUTE	e deuad		1	340 15TH STREET		•
F 686 Continued From page 1 [arginine-based powder designed to support the unique nutritional needs of people with chronic wounds (e.g. pressure injury) and Prostat AWC [a ready to drink medical food with 17 grams of protein and added arginine, vitamin C, citrulline, and zinc for advanced wounds) that aided in the healing of pressure ulcers (a skin breakdown or injury resulting from sheer, friction and prolong unrelieved pressure or being in one position for a king time), as endorsed by the physician and registered dietitian, for one of three sampled residents (Resident 1). This deficient practice placed Resident 1 at risk of delayed wound healing and a worsening pressure ulcer/injury.  Findings:  Alreview of Resident 1's admission record indicated the resident was admitted to the facility on 7/30/19 with diagnoses that included, but were not timiled to, stage 4 pressure ulcer (presents as full thickness skin loss with extensive destruction, tissue necrosis, or damage to muscle, bone, or supporting structures), chronic respiratory failure (a long-term condition that happens when the lungs cannot get enough oxygen into the blood), and chronic obstructive pulmonary disease (a chronic inflammatory lung disease that causes obstructed airflow from the lungs).  A review of Resident 1's History and Physical Examination, dated 7/31/19, indicated the resordated with understand	DEACHW	GOD POST-ACCIE	a renab		5	SANTA MONICA, CA 90404		
F 686   Continued From page 1	PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	
and make decisions.  A review of Resident 1's Minimum Data Set (MDS-a comprehensive screening and care planning tool), dated 8/13/19, indicated the resident required extensive assistance (resident		larginine-based por unique nutritional newounds (e.g. press la ready to drink me protein and added and zinc for advance healing of pressure injury resulting from unrelieved pressure long time), as endoregistered dietitian, residents (Resident Placed Resident 1 shealing and a wors Findings:  A review of Resider indicated the resident limited to, stage full thickness skin this sue necrosis, or supporting structure (a long-term condit lungs cannot get er and chronic obstructed airflow for the protein control of the protein co	wder designed to support the eeds of people with chronic sure injury)] and Prostat AWC edical food with 17 grams of arginine, vitamin C, citrulline, ced wounds]) that aided in the eucers (a skin breakdown or a sheer, friction and prolong e or being in one position for a bread by the physician and for one of three sampled at 1). This deficient practice at risk of delayed wound ening pressure ulcer/injury.  Int 1's admission record ent was admitted to the facility gnoses that included, but were a 4 pressure ulcer (presents as loss with extensive destruction, damage to muscle, bone, or les ), chronic respiratory failure it into the blood), ctive pulmonary disease (a lary lung disease that causes from the lungs).  Int 1's History and Physical 17/31/19, indicated the larve the capacity to understand s.  Int 1's Minimum Data Set larve screening and care and 8/13/19, indicated the larve the capacity indicated the larve the capacity indicated the larve the capacity indicated the larve screening and care and 8/13/19, indicated the larve the capacity indicate	F	686	Resident 1. Resident was readite to the facility on 9/4/19. Arginal Pro Stat AWC orders were post admission. Com 10/14/19.  RD reviewed nutriverecommendations for all patient the previous 30 days to ensure proper nutritional interverecommendations and MD app No other residents were affect omission of orders. Com 10/18/19.  DON completed an in-service licensed nurses regrecommunicating with MD regrecommendations implementation of recommendations in the electomedical record. Completed 10/11  Medical Records Director designee to review input or recommendations in the electomedical record at least 3x a week weeks then 1 X a week X 3 m to ensure that RD recommendations will be reported to the immediately. On-going.  Medical Records Director to any findings regarding recommendations not being cout properly the quarterly of the post of the simple out properly the quarterly of the post of the post of the properly the quarterly of the post of the po	nitted id and active pleted tional its for e that intions RD roval. ed by pleted with arding and RD tronic 8/19.  or f RD tronic k X 4 ionths ations Any DON report RD arried	

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

		DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	•	LE CONSTRUCTION	(X3) DAT	E SURVEY IPLETED
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F 686	instosiminotal pi AARfoin in paAFthaftan Adrep wohatto	ipport) in bed mo and from the lyin de) and personal aintains personal dicated the reside a staff for bathing so indicated the resure ulcer upor review of the Resure date of the resure review of Reside at delivers the high data delivers t	staff provide weight-bearing billity (how the resident moves a position and turning side to hygiene (how the resident hygiene). The MDS also ent required total dependence. A review of Resident 1's MDS esident had a stage 4 in admission to the facility.  Sident 1's Nutritional 17/31/19, indicated the in (RD) recommended the ons for wound management: f Osmolite 1.5 (a therapeutic les complete, balanced in short-term tube feeding for issed calorie and protein needs) an hour for 20 hours, by, discontinue Prostat Sugar protein nutritional supplement ghest concentration of protein smallest serving and is ideal assed protein needs, poor injuries and protein-energy and Prostat AWC 30 mL daily.  Int 1's nursing progress notes, ated, "Received RD reviewed by[Attending ing Physician] in agreement in a sa follows: 1. Increase rate Dsmolite 1.5 to 55 ml/hr x 20 ue] Prostat 30 mL QD [daily], and ML QDadd Arginaid BID ated to] wound management.	F	386			

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

		DEFICIENCIES ORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		LE CONSTRUCTION		SURVEY PLETED	
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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 686	Forda re 7/P re trace A	ne-time dose of Al the of 8/1/19. The sident was presco 30/19, which was DR indicated Pro- ordered on 8/9/19 ansferred to the g BACH) on 8/15/19 review of Resider	esident 1 was prescribed a rginaid, with a start and end POR also indicated the ribed Prostat Sugar Free on discontinued on 8/1/19. The stat Sugar Free 30 mL was 0 until the resident was eneral acute care hospital	F	<b>386</b>				
•	re Ti m ag	ceived Arginaid of resident also related to a resident also related to a resident ain from 8/10/19 review of Reside	ory indicated the resident nce on 8/1/19 at 9:00 a.m. eceived Prostat Sugar Free 30 ugh 8/1/19 at 9:00 a.m., and through 8/15/19 at 9:00 a.m. at 1's care plan for the stage 4 eated interventions included			•			
	D (F st R) or as	uring an interview N), on 9/20/19 at the spoke to the At D's recommendat ders. The RN cors recommended.	with the Registered Nurse 11:58 a.m., the RN confirmed tending Physician about the tions who agreed with the offirmed she inputted the orders The RN was unable to answer a different from the RD's				•		
	Die the or but still sti	evelopment (DSD a DSD stated, "I t der for the Algina it it was supposed ated, "For the Pro scontinued the on apposed to put in the	with the Director of Staff ), on 9/25/19 at 12:29 p.m., hink when [the RN] put in the id, she only put it for one time, if to be for BID." The DSD also stat Sugar Free, I think she der on 8/1/19 and was the order for the Prostat AWC, The [treatment nurse] added						

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

MAME OF PROVIDER OR SUPPLIER  BEACHWOOD POST-ACUTE & REHAB  CONTINUED FROM STATEMENT OF DEFICIENCIES SANTA MONICA, CA 90404  STREET ADDRESS, CITY, STATE, ZIP CODE 1340 15TH STREET SANTA MONICA, CA 90404  SANTA MONICA, CA 90404  FREDRY GRACH DEPRICIESCY MUST BE REPOSEDED BY PILL REGULATORY OR LSC IDENTIFYING INFORMATION)  FREDRY TAG  FROM EACH DEPRICIESCY MUST BE REPOSEDED BY PILL REGULATORY OR LSC IDENTIFYING INFORMATION)  FROM EACH DEPRICIESCY MUST BE REPOSEDED BY PILL REGULATORY OR LSC IDENTIFYING INFORMATION)  FROM EACH DEPRICIESCY TAG PROVIDERS HAND OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEPRICIENCY)  FROM EACH DEPRICIESCY TAG PROVIDERS HAND OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEPRICIESCY TAG EXCHANGE THE PROSENT OF THE APPROPRIATE DEPRICED THE APPROP	STATEMENT AND PLAN O		DEFICIENCIES ORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		E CONSTRUCTION	COM	SURVEY PLETED .
NAME OF PROVIDER OR SUPPLIER  BEACHWOOD POST-ACUTE & REHAB    SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   TAG				056334	B. WING			_	- ·
F 686  Continued From page 4 the Prostat Sugar-Free on 8/9/19 instead," The DSD confirmed Resident 1 did not receive Altinaid twice a day from 8/1/19 until 8/15/19, and also did not receive any form of Prostat from 8/2/19 until 8/9/19.  During an interview with the RD, on 9/20/19 at 12:00 p.m., the RD stated she wanted to change the Prostat Sugar-Free to the Prostat AWC because it was better for wound healing. The RD stated, "There's a general Sugar-Free Prostat that is not optimal for wound healing." The RD was uncertain why the orders for Prostat and Alginaid were not inputted the way she had recommended. The RD stated receiving Prostat Sugar-Free and not Prostat AWC, as well as not redeiving the Alginaid twice a day, could affect the chances of Resident 1's wound healing. She could not state what exact effects this would have since the resident was still meeting her protein needs through her tube feeding.  A sview of the facility policy, titled "Administering Medications," dated 4/2007, indicated, "Madications must be administered in accordance with the orders, including any required time				R REHAB		13	340 15TH STREET		
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	F 686	the Dials 8/2 Dials 8/2 the best is unwered checking and a Meritan and a	Prostat Sugar-F D confirmed Residual twice a day to did not receive 2/19 until 8/9/19.  Iring an interview 500 p.m., the RD Prostat Sugar F cause it was bett ted, "There's a g not optimal for we certain why the of re not inputted the commended. The gar Free and not eliving the Alginal ances of Resider uld not state what ce the resident we add through her in edications," dated adications must be the orders, incl	Free on 8/9/19 instead." The sident 1 did not receive of from 8/1/19 until 8/15/19, and any form of Prostat from 1 with the RD, on 9/20/19 at stated she wanted to change free to the Prostat AWC for for wound healing. The RD free and Sugar Free Prostat that bound healing." The RD was orders for Prostat and Alginaid the way she had a RD stated receiving Prostat a Prostat AWC, as well as not a tid twice a day, could affect the first the swound healing. She at exact effects this would have was still meeting her protein tube feeding.  It would policy, titled "Administering 14/2007, indicated, be administered in accordance	F	686			