STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056334	A. BUILDING _____ B. WING _____	**09/30/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
BEACHWOOD POST-ACUTE & REHAB	**1340 15TH STREET SANTA MONICA, CA 90404**

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
F 0689 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure subsequent falls did not recur for one of three sampled residents (Resident 1) with history of unwitnessed falls which included a fall in 11/14/2019 and 6/6/2020, by not monitoring Resident 1's movements with electronic devices (such as bed and wheelchair alarms) to alert staff when movement was detected, for Resident 1 who had a history of [REDACTED]. Findings: A record review of Resident 1's Admission Record (facesheet) indicated Resident 1 was readmitted to the facility on [DATE] with [DIAGNOSES REDACTED]. A record review of Resident 1's annual Minimum Data Set (MDS- a standardized assessment and screening tool) dated 4/3/2020, indicated Resident 1 had a Brief Interview for Mental Status (BIMS) score of 3, which indicated the resident was severely impaired (with the mental processes of thinking and understanding) for daily living decisions. Resident 1 required extensive assistance with activities of daily living (ADLs) such as transfers, dressing, toilet use, walking in his room, walking in the corridors (hallways), locomotion (the muscles used for movement, or the ability to move from one place to another) to be self-sufficiency in a wheelchair, on and off the nursing unit. According to Section G0300:Balance during transitions and walking, Resident 1 was coded as not steady, for moving from seated to standing position, walking, and turning around. According to Section H: Bladder and Bowel, Resident 1 was noted by the facility, to not be on a scheduled bladder toileting trail program, to prompt voiding (urination), to mange urinary continence (bladder control). In addition, Under Section P: Restraints and Alarms: The facility's staff did not use the following electronic devices, that monitors a resident's movement, and to alert the staff when a resident's movement is detected, on a daily bases, such as: a. Bed alarm b. Chair alarm c. floor mat alarm d. motion sensor alarm e. wander/elopement alarm f. or another alarm. Under Resident 1's MDS Care Area Assessment (CAA) triggered for Fall(s). A record review of Resident 1's Plan of Care, dated 12/2019, indicated under problem, Under Approaches/Interventions: Actively involve resident in care, allow resident to choose options (ADLs in the daytime or evenings), and if non-compliance behaviors affects resident overall health and safety notify physician, and request additional guidance. The Goal: Manage daily to prevent adverse consequences as possible. A record review of Resident 1's Fall Risk Assessment Form, dated 6/6/2020, 2020, at 11: 45 p.m., indicated Resident 1, had a fall risk score at level 7.0000, and not at risk. However, according to the detailed observation indicated, at around 11:45 p.m., indicated the following: - C.N.A 1 found Resident 1 sitting on the floor near the bathroom. -Resident 1 complained of pain in the right thigh -The physician ordered a stat X-ray of Resident 1's bilateral hip and femur. -The Licensed Charge Nurse to, reminded Resident 1 to use the call light if assistance was needed. However, Resident 1, had an undated Fall Risk summary score of 22.00, which indicated Level:at risk-continue to care plan. A review of Resident 1's physician's orders [REDACTED]. Special Instructions: Pain, unwitnessed fall. Stat-Immediately; night. dated: 11/14/2019 -Side/Bed Rails(s) Up times (left blank) for Bed Mobility (Turning & Positioning) Continuous. Start Date: 4/3/2019, and discontinue date: 6/7/2020, -Patient ambulates on unit ad lib (at well) without AD (asssitive device) with staff supervision special instructions: Monitor for tolerance and safety. -Tab alarm on bed and wheelchair to alert staff of resident unassisted ambulation. Special Instructions: Safety precautions Every Shift: night, morning and afternoon. Start date: 7/30/2019, and discontinued date: 6/7/2020. -Radiology: Left and Right Femur; Left and Right Hip. Special Instructions: Diagnoses: [REDACTED]. Dated: 6/6/2020 -[MEDICATION NAME] (A Schedule IV pain medication) 50 milligrams (mgs) one tablet by mouth every six hours, as needed for moderate pain. Start Date: 4/3/2019. End Date: 6/7/2020. -Transfer Patient to GACH emergency room /Department State-Immediately. Dated: 6/7/2020 A record review of Resident 1's Licensed Nurses Notes/Progress Notes, indicated the following: -At around 10:45 p.m., C.N.A 1 found Resident sitting on the floor near bathroom. Resident 1 complained of right thigh pain. - Resident 1 was transferred to GACH via gurney with two EMT's (emergency medical technicians) on 6/7/2020 at 10:45 a.m. A record review of the facility's of Incident Report dated, 6/8/2020, indicated Resident 1, had a fall to the floor in her bathroom on 6/6/2020 around 10:45 p.m. Resident 1 was transferred to the GACH on 6/7/2020. The X-ray results noted Resident 1 had an acute right subcapital [MEDICAL CONDITION]. A record review of Resident 1's Interdisciplinary (IDT) meeting Progress Note, dated 6/8/2020, at 9:12 a.m., indicated Resident 1 was transferred to GACH at 11 a.m. The Interventions, indicated bed in lowest position, bilateral floor mats in place, nursing staff to make frequent room rounds, pain management, care plan updated and to move furniture in room to create a clear path to reduce risk of injury. A record review of Resident 1's X-ray report dated, 6/9/2020, indicated the following: -History: Complaint of pain (unwitnessed fall) -Procedure: bilateral hips with/Pelvis X-rays -Findings/Impressions: Findings suggesting a subcapital femoral fracture on the right. Findings suggesting an acutely impacted subcapital femoral fracture on the right. -Recommendations: Please note that CT/MRI are more sensitive for the detection of radiographically occult fractures and in the setting of trauma may be considered for further evaluation if deemed clinical appropriate. During an interview and a concurrent record review with the Director of Nursing (DON), on 6/12/2020 at 11:52 a.m., the DON stated Resident 1 was at the GACH. The DON stated Resident 1 was very non-compliant. The DON stated Resident 1 fell on [DATE], which resulted in a ORIF (Open reduction internal fixation (ORIF) is a surgery to fix severely broken bones), and pain. The facility's policy and procedures titled, Falls and Fall Risk, Managing, dated 12/2007, indicated Under: Policy Statement: Based on previous evaluations and current data, the staff will identify interventions related to the resident's specific risk and causes to try to prevent the resident from falling and to try to minimize complication from falling. Under Monitoring Subsequent Falls and Fall Risk: 1. The staff will monitor and document each resident's response to interventions intended to reduce falling or the risk of falling. 2. If interventions have been successful in preventing falling, staff will continue the interventions or reconsider whether these measures are still needed if a problem that required the interventions (e.g., dizziness or weakness) has resolved. The facility's policy and procedures titled, Falls-Clinical Protocol, dated 12/2007, indicated Under: Assessment and Recognition; As part of the initial assessment, the licensed nurse will help identify individuals with a history of falls and risk factors for subsequent falls, the staff will document risk factors for falling in the resident's record and discuss the resident's fall risk, and falls often have medical causes; they are not just a nursing issue.

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.