

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555249	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2020
NAME OF PROVIDER OF SUPPLIER SEA CLIFF HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 18811 FLORIDA ST HUNTINGTON BEACH, CA 92648	
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 medical record review, the facility failed to provide adequate supervision for one of two sampled residents (Resident 1). Resident 1 had two unwitnessed falls in the facility within two days. One fall occurred on [DATE], without injury. The second unwitnessed fall occurred on [DATE], which resulted in the resident sustaining two rib fractures and transferred to the acute care hospital emergency department. Both falls were due to Resident 1 attempting to go to the bathroom unassisted and not being assisted for toileting. Findings: Closed medical record review was initiated for Resident 1 on 2/25/20. Resident 1 was admitted to the facility on [DATE]. Review of Resident 1's Fall Risk Evaluation dated [DATE], showed Resident 1 was a high risk for falls. Review of Resident 1's Progress Notes dated [DATE], showed Resident 1 was found on the floor at 0125 hours, when he attempted to go to the bathroom unassisted. Documentation showed Resident 1 had a bowel movement. Review of Resident 1's plan of care showed a care plan problem initiated on 1/29/20, addressed Resident 1's risk for falls. The interventions included to keep the bed in lowest position and place the needed items and call light within reach. However, the care plan did not address any interventions as to how to assist and supervise the resident with toileting. Another care plan problem dated [DATE], addressed Resident 1's actual fall. The interventions included to provide frequent visual monitoring and place the bed in lowest position. Again, the care plan did not address any interventions as to how to assist and supervise the resident with toileting or going to the bathroom. Review of Resident 1's Change in Condition Evaluation form dated [DATE], showed Resident 1 stated he needed to use the bathroom and was identified to have a soiled incontinent brief. Review of the Progress Note dated [DATE] at 0630 hours, showed Resident 1 was found on the floor on the left side of his bed. Resident 1 complained of pain to the left rib area. A Progress Note dated [DATE] at 1356 hours, showed the physician was informed of the x-ray results and ordered Resident 1 to be transferred to the general acute care hospital emergency department. Review of the x-ray result dated [DATE], showed a possible nondisplaced ninth and tenth rib fractures. On [DATE] at 1552 hours, a telephone interview was conducted with CNA 2 regarding Resident 1. CNA 2 stated Resident 1 was agitated and confused on [DATE]. CNA 2 stated Resident 1 had tried to get out of the bed a couple of times during the night. CNA 2 stated after they returned from a break, they were informed by the charge nurse Resident 1 had sustained a fall. A telephone interview was conducted with LVN 2 on 3/19/20 at 1313 hours, for Resident 1. LVN 2 stated they did not recall any concerns with Resident 1 on [DATE]. The LVN stated no one had not reported any adverse behaviors, such as being agitated for Resident 1. LVN 2 stated when they were passing the medications on [DATE], near Resident 1's room, they heard a bump sound coming from Resident 1's room and then heard Resident 1 groan. LVN 2 stated they immediately went to Resident 1's room and found Resident 1 lying on the floor on the left side of his bed. LVN 2 stated when they asked Resident 1 what happened, Resident 1 stated he wanted to go to the bathroom. On 3/27/20 at 1057 hours, a telephone interview and concurrent closed medical record review was conducted with the DON. The DON verified the above findings.		
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.