

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555027	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/09/2020
NAME OF PROVIDER OF SUPPLIER BEACHSIDE NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 7781 GARFIELD AVENUE 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 0745 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and medical record review, the facility failed to coordinate transportation for an oncology appointment for one of four sampled residents (Resident 1). * In order to provide transportation to Resident 1's oncology appointment, Resident 1's insurance provider required Resident 1's physician to complete a medical transportation authorization request form. The facility faxed the transportation authorization request form to Resident 1's physician; however, the facility failed to follow up with Resident 1's physician when the transportation authorization request form was not completed. This results in Resident 1 missing her scheduled oncology appointment, which had the potential to delay any treatment recommendations. Findings: Medical record review for Resident 1 was initiated on 2/27/20. Resident 1 was discharged from the acute care hospital and admitted to the skilled nursing facility on [DATE]. Resident 1 had a [DIAGNOSES REDACTED]. Review of Resident 1's hospital discharge orders dated [DATE], showed instructions to follow-up with Resident 1's oncologist. On 2/27/20 at 1621 hours, an interview was conducted with the Administrative Assistant. The Administrative Assistant stated she scheduled an appointment for Resident 1 with her oncologist on 2/18/20. The Administrative Assistant stated the social service department assisted Resident 1 with the coordination of transportation to her oncology appointment. On 2/27/20 at 1428 hours, an interview was conducted with the Social Services Director (SSD). The SSD was asked the process on how she coordinated transportation for Resident 1's oncology appointment scheduled for 2/18/20. The SSD stated she submitted a transportation authorization request form to Resident 1's physician. The SSD stated Resident 1's physician needed to completed the transportation authorization request form, at which time the transportation authorization request form would then be submitted to Resident 1's insurance for approval. The SSD stated after approval from the insurance company was obtained, the facility would then coordinate transportation to Resident 1's oncology appointment. On 2/27/20 at 1607 hours, a follow-up interview was conducted with the SSD. The SSD was asked if Resident 1's physician completed the transportation authorization request form for Resident 1's oncology appointment scheduled for 2/18/20. The SSD stated she had not received the completed transportation authorization request form from Resident 1's physician. The SSD was asked if she followed-up with Resident 1's physician in regard to the status of the transportation request. The SSD stated she had not, but she would need to check with her assistant. On 2/27/20 at 1640 hours, an interview was conducted with the Social Services Assistant (SSA). The SSA stated she faxed Resident 1's transportation authorization request form to Resident 1's physician on 2/12/20. The SSA stated Resident 1's physician failed to reply to the transportation authorization request she had faxed to the physician's office. The SSA stated she called the physician's office on several occasions, however, she was unable to get a hold of anyone at the office. The SSA verified Resident 1 was unable to attend her scheduled oncology appointment on 2/18/20, and the appointment had to be rescheduled.</p>		
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.