

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055203	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2020
NAME OF PROVIDER OF SUPPLIER SUNNY VILLAGE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1428 S. MARENGO AVE. ALHAMBRA, CA 91803	
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 0626 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review the facility failed to give a bedhold notice to one of three sampled residents (Resident 1) who transferred to a general acute care hospital (GACH). This deficient practice resulted in the prevention of the resident's return to the facility. Findings: A review of Resident 1's face sheet (admission record) indicated the resident admitted to the facility on [DATE] with the admitting [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data</p> <p>Set (MDS, a standardized assessment and care-screening tool) dated 1/25/18 indicated the resident had clear speech and had the ability to express needs and wants. According to the MDS, Resident 1 required extensive assistance, staff providing weight-bearing support, for transferring, and dressing. On 3/5/2020 at 12 p.m., during an interview with the Director of Nurses (DON), the DON stated a Long Term Care Nurse Specialist (NS 1) notified her on 1/28/2020 that Resident 1 had [MEDICAL CONDITION]. The DON stated Resident 1 told her that she wanted to harm herself. The DON stated she transferred Resident 1 to a GACH on 1/28/2020 and did not provide Resident 1 with a bed hold notice due to the resident's suicide ideation and behavioral issues exhibited in the facility prior to the transfer. The DON stated she would normally give a bed hold notice to the residents, but because of Resident 1's suicidal ideation and behavioral issues, the facility was not able to meet the needs of the resident and would not re-admit Resident 1. The DON stated the GACH contacted the facility after three days to re-admit Resident 1 to the facility. The DON stated the facility told the GACH that the facility did not give Resident 1 a bedhold and would not take the resident back. On 3/19/2020 at 2:42 p.m., during a telephone interview, a Social Worker 3 (SW 3) stated that the GACH discharged Resident 1 on 2/28/2020. A review of Resident 1's, Nurses Note, dated 1/29/2020 at 2:25 p.m., indicated a GACH's SW 1 called and reported that Resident 1 was cooperative and had no signs of hurting herself. It also indicated the DON informed SW 1 that because of Resident 1's mental status, the 24-hour hold was not enough to determine that Resident 1 was not suicidal. The nurse's note also indicated that the DON told the GACH that the facility could not accept Resident 1 back and that the facility was not an expert in behavioral management. A review of Resident 1's, Nurses Notes, dated 1/31/2020 at 10:25 a.m., indicated the DON informed the GACH's SW 2 that Resident 1 did not have a bed hold and the facility is not able to meet the resident's needs especially since Resident 1 has [MEDICAL CONDITION]. A review of the facilities policy and procedure titled, Bedhold, dated 12/2019, indicated the resident or the resident's representative shall be informed, in writing, of their rights to exercise the bed hold provision of seven (7) days. Each notice shall notice include information that non-Medicaid eligible resident will be liable for the cost of the bed hold days, and that insurance may or may not cover such costs. This information shall be provided at the time of admission and/or transfer to a GACH or for a therapeutic leave.</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.