

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555865	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2020
NAME OF PROVIDER OF SUPPLIER HUNTINGTON HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 4515 HUNTINGTON DRIVE SOUTH LOS ANGELES, CA 90032	
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 readmit one of one sampled resident (Resident 1), back to the facility from General Acute Care Hospital (GACH). As a result of the skilled nursing facility (SNF)'s refusal to readmit Resident 1, the resident was sent back to the GACH and stayed an additional twelve hours, after the physician medically cleared the resident to be discharged back to the facility. Findings: An unannounced visit was made to the facility on [DATE] at 4:30 p.m. to investigate a complaint regarding refusal to readmit. A review of the Admission Record indicated Resident 1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. functioning). A review of a physician's orders [REDACTED]. A review of a Bed Hold Notice/Order for Resident 1, dated 2/5/20 indicated if therapeutic leave days is beyond the 7-day bed hold, the resident will be admitted to the facility immediately upon the first bed availability. [DATE] at 4:00 p.m., during an interview with the complainant at the GACH, she stated, a report was given to the facility on [DATE] indicating Resident 1 was stable and will be transferred back and that the facility will be accepting the resident. A review of Resident 1's Ambulance Report, dated 2/25/20 and timed at 10:06 p.m., indicated Resident 1 was discharged from GACH in stable condition in non-emergency transport and arrived at the facility at 11:57 p.m. with vital signs within normal limits. The ambulance report indicated Resident 1 was transported to the nursing station and Registered Nurse 1 (RN 1) refused to admit the Resident. A review of Resident 1's Ambulance Report dated [DATE] and timed at 12:52 a.m. indicated Resident 1 was transferred back to GACH due to resident not being accepted at the facility. A review of Resident 1's clinical record, did not indicate any documented evidence of the reason the facility sent back Resident 1 to GACH. On [DATE] at 5:00 p.m., during an interview, RN 1 stated Resident 1 was medically unstable upon re admission to the facility on [DATE]. RN 1 confirmed he did not document any resident assessment or resident's vital signs in the clinical record to indicate Resident 1 was medically unstable. On [DATE] at 5:15 p.m., during an interview, the facility's Director of Nursing (DON) stated, when a resident arrives at the facility, staff are required to document arrival and conduct an assessment. On [DATE] at 5:35 p.m., during an interview with GACH physician, he indicated Resident 1 was stable to be discharged back to the facility on [DATE]. GACH physician stated, upon Resident 1's arrival to the facility, RN 1 called GACH physician, stating he could not accept Resident 1 back due to staffing. Resident 1 was sent back to GACH. A review of the facility's policy and procedure, titled Bed-Holds and Returns, dated March 2017 indicated, the resident will be permitted to return to an available bed in the location of the facility that he or she previously resided or an available bed. The facility eventually readmitted back Resident 1 on [DATE] at 2:55 p.m., twelve hours after the resident was initially refused readmission to the facility and was sent back on [DATE] at 12:52 a.m. to GACH.</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.