

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056017	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/17/2020
NAME OF PROVIDER OF SUPPLIER LA JOLLA NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 2552 TORREY PINES RD LA JOLLA, CA 92037	
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 0625 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to ensure its bed-hold policy was followed for one of three residents (Resident 1), when Resident 1 was not provided notice of bed-hold provisions upon transfer to the hospital. As a result, Resident 1 was not permitted to return to the facility after therapeutic hospital leave. Findings: Resident 1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Record. On 3/4/19 at 3:28 P.M., a telephone interview was conducted with hospital case manager (CM) 1. CM 1 stated Resident 1 was sent to the hospital on [DATE] for agitation. CM 1 stated Resident 1 was treated with IV (intravenous, in the vein) antibiotics to treat a urinary tract infection [MEDICAL CONDITION]. CM 1 stated Resident 1 was medically stable and ready to be returned to the facility on [DATE]. CM 1 stated the facility refused to readmit their resident. A record review was conducted on 3/6/19. Resident 1's hospital Narrative Note, dated 3/2/19, indicated, .SW (social worker) spoke with (administrator and facility's name omitted). They are not accepting Pt (patient) back stating after 24 hours of leaving facility, they d/c (discharge) residents . (Resident 1's son's name omitted) states he would like Pt to return to (facility name omitted) On 3/6/19 at 10:15 A.M., an interview was conducted with licensed nurse (LN) 2. LN 2 stated she cared for Resident 1 two days before the resident was sent to the hospital. LN 2 stated Resident 1 had some confusion and seemed paranoid. LN 2 stated residents with a UTI could have changes in behavior. On 3/6/19 at 10:21 A.M., an interview was conducted with certified nursing assistant (CNA) 1. CNA 1 stated she regularly cared for Resident 1. CNA 1 stated Resident 1 was often restless, tried to get out of bed, and wanted to get up in her wheelchair. CNA 1 stated Resident 1 had to be put on 1 to 1 supervision the day before (2/27/19), and the day of the resident's transfer to the hospital (2/28/19). CNA 1 stated starting two days before Resident 1's hospital transfer, the resident was very agitated, and was swinging and grabbing at things. CNA 1 stated Resident 1's behavior was way different. CNA 1 stated Resident 1 made bomb threats. CNA 1 stated Resident 1 scratched her forehead when she provided care to the resident. CNA 1 stated Resident 1 was confused and did not intentionally scratched her. A review of Resident 1's SBAR (communication to physicians) Summary for Providers, dated 2/25/19, indicated, . Outcomes of physical assessment . altered level of consciousness . Patient has been frequently and excessively asking for something to drink and has been confused .Primary Care Provider Feedback: . CBC (complete blood count), CMP (comprehensive metabolic panel), .UA (urinalysis) with C&S (culture and sensitivity) A review of nursing progress notes, dated 2/26/19, indicated Resident 1 was ordered oral antibiotics for UTI. On 3/6/19 at 10:45 A.M., an interview was conducted with Resident 1's medical doctor (MD) 1, who was also the facility's medical director. MD 1 stated she assessed Resident 1 on 2/25/19 and noticed the resident had increased restlessness. MD 1 stated she ordered laboratory tests. MD 1 stated Resident 1's UA was positive for a UTI. MD 1 stated Resident 1 was given oral antibiotics while the urine C&S was pending. MD 1 stated a UTI could have an effect on a resident's behavior and mentation. MD 1 stated she saw Resident 1 again on 2/28/19, and the resident was totally different (and) not following commands. MD 1 stated when Resident 1's urine C&S results were available, they showed ESBL (extended-spectrum beta-lactamases, bacteria with resistance to antibiotics). MD 1 stated the oral antibiotic she had prescribed would not have been very effective for treating ESBL. MD 1 stated Resident 1 would have responded better to the IV antibiotics given in the hospital. MD 1 stated Resident 1 should have been allowed back to the facility when the hospital deemed the resident was medically stable. On 3/6/19 at 12:12 P.M., an interview was conducted with the director of nursing (DON). The DON stated the facility did not accept Resident 1 back from hospital leave because of the resident's behavior. The DON stated Resident 1's medical condition and appropriateness for readmission had not been discussed with MD 1. The DON stated it should have been. On 3/6/19 at 12:25 P.M., an interview was conducted with the facility's administrator (ADM). The ADM stated Resident 1 was a short-term resident, and short-term residents did not have access to bed-holds. The ADM stated, We discharged this patient and were done. The ADM stated Resident 1 would be considered a new admission and the facility was not required to readmit her. On 3/7/19, at 1:19 P.M., a telephone interview was conducted with CM 1. CM 1 stated Resident 1 spent four extra medically unnecessary days in the hospital's emergency department due to the facility not taking their resident back. CM 1 stated Resident 1's infection responded quickly to IV antibiotics, and the resident had no behaviors during her stay in the emergency department. A review of Resident 1's Admission Bed Hold Acknowledgement Agreement, signed by the resident on 2/20/19, indicated, .I understand the principle of the bed hold provision. Please hold bed vacant on any occasion during which the above named resident is transferred to an acute hospital The section Upon Transfer was blank and unsigned. The section Following Transfer was blank and unsigned. On 3/19/19 at 3:17 P.M., a joint interview and record review was conducted with LN 1. LN 1 stated she was the nurse in charge and was responsible for transferring Resident 1 to the hospital on [DATE]. LN 1 stated all residents were supposed to be offered a bed-hold upon transfer to the hospital. LN 1 stated Resident 1 was not offered a bed-hold when she was transferred to the hospital. LN 1 stated the DON told her not to offer the bed-hold because the facility would not take the resident back. LN 1 further reviewed the (facility name omitted) Notice of Transfer or Discharge, dated 2/28/19, . The above individual (Resident 1) was notified by facility staff regarding bed hold provisions, and has decided to: b. No, decline a Bed Hold for the Above Named Resident LN 1 stated that part of the form had not been accurately documented. LN 1 stated she had to complete that part of the form as directed by the DON. LN 1 stated she also did not notify the resident's son of the bed hold provision. LN 1 further stated residents transferred to the hospital were expected to return to the facility. LN 1 stated residents did not get discharged to a higher level of care. LN 1 stated discharging a resident to the hospital would not have been appropriate. A review of Resident 1's SNF (skilled nursing facility) Progress Notes, completed by licensed nurse (LN) 1, dated 2/28/19, indicated, Resident was transferred to (hospital name omitted) at approximately 1830 (6:30 P.M.) . Writer instructed paramedics that we are not to accept her back .Writer contacted (hospital name omitted) and spoke to nurse . informed that we cannot accept her back. Per the facility's policy titled Admission, Transfer, Discharge and Bed-Holds, dated December 2016, . The facility will notify the resident or resident representative at the time of admission and again prior to hospital transfer or therapeutic leave, of bed hold and readmission policies</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.