

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055504	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/23/2020
NAME OF PROVIDER OF SUPPLIER COUNTRY VILLA SOUTH CONV CTR		STREET ADDRESS, CITY, STATE, ZIP 3515 OVERLAND AVENUE LOS ANGELES, CA 90034	
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 provide a Seven-day Bed Hold (holding or reserving a resident's bed while the resident is absent from the facility for therapeutic leave or hospitalization for MediCal beneficiaries) notification at the time of transfer to the hospital for one of two sample residents (Resident 2). This deficient practice denied Resident 2's right to hold the bed. Findings: A review of Resident 2's Admission Record indicated the facility readmitted the resident on 2/20/2020 with [DIAGNOSES REDACTED]. A review of Resident 2's Minimum Data Set (MDS - a standardized assessment and care-screening tool) dated 4/30/2020 indicated Resident 2 was cognitively intact (independently makes decisions). Resident 2 required extensive assistance with one-person assistance with bed mobility, personal hygiene, and eating. The MDS indicated Resident 2 had impairment on one side of upper extremity. A review of Resident 2's physician's orders [REDACTED]. A of Resident 2's Bed Hold Agreement dated 2/21/2020 indicated there was no notification to Resident 2 of the Bed Hold policy upon transfer to the GACH. On 6/19/2020 at 9:42 AM, during an interview, the Director of Nursing (DON) stated upon transfer, residents provided with the written Bed Hold notification. If unable to provide notification due to emergency transfer, the social services staff should contact the resident or the responsible party, within 24 hours, to provide written notification of the Bed Hold. The DON confirmed Resident 2 was not provided with the Bed Hold notification. On 6/19/2020 at 9:22 AM, during an interview, the Social Services Director (SSD) stated he was responsible for Bed Hold Notification when nurses are not able to provide notification at time of discharge. The SSD acknowledged Resident 2 was not provided with the written Bed Hold notification at time of discharge or within 24 hours. A review of facility's policy and procedure titled, Bed-Hold, revised 7/2017, indicated the facility notifies the resident and/or representative, in writing, of the bed hold option, any time the resident is transferred to an acute care hospital or requests 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.