

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055078	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2026
NAME OF PROVIDER OR SUPPLIER Parkway Hills Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7760 Parkway Drive LA Mesa, CA 91942	

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)
<p>F 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to permit a resident to return to the facility after a hospitalization for one of two sampled residents (1). As a result, Resident 1 had a delayed stay in the hospital while waiting for alternate placement. Findings: Per the facility's admission Record, Resident 1 was admitted to the facility on [DATE] with diagnoses to include paraplegia (inability to move the lower limbs), and was discharged to a General Acute Care Hospital (GACH) on 3/28/26. Per the GACH's Case Manager Interdisciplinary Note, dated 3/30/26 (two days after admitting to the GACH) at 11:39 A.M., Resident 1 was calm and cooperative, and was medically cleared to discharge back to his skilled nursing facility. Resident 1 stated that he wanted to return to the skilled nursing facility. Resident 1 had an active bedhold at the skilled nursing facility, but they were not accepting him back. Per the GACH's Nursing Note, dated 4/3/26 at 6:46 P.M., Resident 1 discharged to a different skilled nursing facility on 4/3/26 (Four days after he was initially cleared for discharge back to his initial skilled nursing facility). On 4/9/26 at 12:08 P.M., an interview was conducted with the Admissions Director (AD). The AD stated, the GACH attempted to send Resident 1 back to the facility, but the facility made the decision not to readmit him. On 4/14/26 at 2:52 P.M., a telephone interview was conducted with the Administrator. The Administrator stated, the facility decided not to readmit Resident 1 from the GACH. Per the facility's policy titled, Bed-Holds and Returns, revised October 2022, 5. The requirement that residents be permitted to return to the facility following hospitalization.6. Residents who seek to return to the facility within the bed-hold period are allowed to return to their previous room.11. Following a hospitalization, residents whom staff are concerned about permitting to return due to their clinical/behavioral condition at the time of transfer are evaluated based on their current condition, not their condition when originally transferred.</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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