

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055119	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/15/2024
NAME OF PROVIDER OR SUPPLIER  West Pico Terrace Healthcare & Wellness Centre LP		STREET ADDRESS, CITY, STATE, ZIP CODE  6070 W. Pico Boulevard Los Angeles, CA 90035	

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 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45524</b></p> <p>Based on interview and record review, the facility failed to follow their policy and procedure (P&amp;P) by not allowing one of four sampled residents (Resident 1) to return to the facility from [DATE] to [DATE] after hospitalization .</p> <p>This deficient practice resulted in Resident 1 remaining at the hospital longer than necessary and had the potential to affect the resident ' s psychosocial wellbeing.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission Record indicated the resident was admitted to the facility on [DATE] with diagnoses that included acute respiratory failure (condition in which your blood does not get enough oxygen or has too much carbon dioxide), hypertension (HTN-high blood pressure), and dementia (a progressive state of decline in mental abilities).</p> <p>During a review of the history and physical (a term used to describe a physician's examination of a patient. In an H&amp;P, the physician obtains a thorough medical history from the patient, performs a physical examination, and then documents their findings) dated [DATE] indicated Resident 1 did not have the capacity to understand and make decisions.</p> <p>During a review of the Minimum Data Set (MDS - a federally mandated resident assessment tool), dated [DATE], indicated Resident 1's short- and long-term memories were impaired. The MDS indicated Resident 1 was dependent the following Activities of Daily Living (ADL- toilet hygiene, shower/bathe self, upper and lower body dressing, putting on/taking off footwear, and personal hygiene).</p> <p>During an interview with Family Member (FM) 1 and FM 2 on [DATE] at 10:15 am, FM 1 stated that Resident 1 was transferred to the hospital on [DATE] and was ready for discharge on [DATE]. FM 2 stated that the facility Admission ' s Coordinator (AC) informed her that the facility did not have any female beds available. AC stated that Resident 1 ' s bedhold (when a nursing home holds a bed for you when you go into the hospital) had expired on [DATE]. FM 1 stated that Resident 1 ended up staying in the hospital 7 days longer until the hospital were trying to find her another Skilled Nursing Facility (SNF) to be discharged to. Resident 1 was eventually discharged on [DATE].</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055119	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/15/2024
NAME OF PROVIDER OR SUPPLIER  West Pico Terrace Healthcare & Wellness Centre LP		STREET ADDRESS, CITY, STATE, ZIP CODE  6070 W. Pico Boulevard Los Angeles, CA 90035	
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 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record of the facility census with the AC on [DATE] 1:02 pm, the AC stated that FM 1 had gone to the facility on [DATE] and informed her that Resident 1 was to be discharged on [DATE]. The AC stated that she informed FM 2 that there were no available female beds at that time. During a review of the facility census for [DATE], the AC admitted that there was a female bed available but that she was keeping it for another resident was hospitalized and had also passed her 7 day bedhold and was discharged on [DATE].</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled Bed Hold, revised 7,2017, the P&amp;P indicated the following:</p> <p>I. Upon admission, the Facility advises residents and /or their representatives in writing that the Facility has a bed hold policy and will hold the resident's bed for up to seven (7) days if the resident is transferred to an acute care hospital or goes on therapeutic leave of no more than the state allowed overnights per calendar year, as long as the resident or his/her representative notifies the Facility within twenty-four (24) hours of the transfer/leave that they wish to have the Facility hold the resident's bed. Residents who are not eligible for Medi-Cal/Medicaid are responsible for the cost of the bed hold days not to exceed the patient's daily rate for care.</p> <p>II. When the resident's Attending Physician notifies the Facility in writing, that the resident's hospital stay is expected to exceed seven (7) days, the Facility is not required to maintain the bed hold.</p> <p>III. In the event that the resident is in the hospital for more than seven (7) days, meets the standards for skilled nursing care, and is Medi-Cal/Medicaid eligible, the Facility will readmit the resident to his/her previous room or the first available bed in a semi-private room.</p>		