STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055297	A. Building B. Wing	06/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Springs Post-Acute	10625 Leffingwell Road Norwalk, CA 90650

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	Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36292 Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 1), who was transferred from the facility ([DATE]) to a General Acute Care Hospital (GACH) for evaluation and treatment after being found lethargic (a condition marked by drowsiness and an unusual lack of energy and mental alertness) and hypotensive (low blood pressure), was readmitted to the facility after Resident 1 was treated and stabilized at the GACH ([DATE]). This deficient practice resulted in Resident 1 remaining at the GACH for approximately ,d+[DATE] days after Resident 1 was deemed appropriate for discharge back to the facility ([DATE] - [DATE]) but was denied readmission by the facility. Resident 1 was subsequently transferred to a different facility placing the resident at risk for confusion, disorientation and psychosocial harm related to dislocation from a place that was considered Resident 1's home. Findings: During a review of Resident 1's Admission Record (Face Sheet) the Face Sheet indicated Resident 1 was admitted to the facility on [DATE]. Resident 1's diagnoses included acute respiratory failure (not able to breathe), sepsis (a life-threatening medical emergency that occurs when the body ' s immune system overreacts to an infection), dependence on mechanical ventilation (when a patient is unable to wean [detach from source of dependence] off a ventilator [a machine that assist with breathing] and breathe independently for more than six hours a day and for more than 21 days), and a tracheostomy (an opening surgically created through the neck into the windpipe to allow air to fill the lungs). During a review of Resident 1's Minimum Data Set ([MDS] a standardized assessment and care screening tool), dated [DATE], the MDS indicated Resident had modified independence (difficulty in new situations only) in her cognitive skills for daily decision-making. During a review of Resident 1's History and Physical (H&P) dated [DATE] the H&P indicated Resident 1 did not have capacity to understand and make decisions. During a review of Resident 1's Change of Condition (COC) dated [DATE] and timed at 11 a.m., the COC indicated Resident 1 had was lethargic with a blood pressure of ,d+[DATE] millimeters of mercury ([mmHg] a unit of measurement), (normal range ,d+[DATE] mmHg). The COC indicated a physician examined Resident 1 at her bedside with orders to transfer Resident 1 via 911 to the GACH. (continued on next page)

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

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F 0626 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 1's Physician's Order dated [DATE] and timed at 11:01 a.m., the Physician's Order indicated may transfer Resident 1 to an acute hospital for further evaluation and treatment due to hypotension and an altered level of consciousness ([ALOC] a change in a patient ' s state of awareness [ability to relate to self and the environment] and arousal [alertness]) with a 7 day bed hold. During a review of the GACH Admission Records, the GACH Admission Records indicated Resident 1 was admitted to the emergency roiagnom on [DATE], with diagnoses of leukocytosis (a high white blood count), hypotension, and an altered mental status ([AMS] a changed level of awareness or mental state that falls short of unconsciousness), sepsis, and pneumonia (a lung infection). During a review of the GACH ' s Treatment Team Communication, dated [DATE], the Treatment Team Communication indicated the following: 1. On [DATE] the facility was contacted and informed that the GACH was trying to discharge Resident 1 to the facility by the end of the week ([DATE]) but the facility replied they had no available beds. 2. On [DATE] and [DATE], the facility was unable to accept Resident 1 because there were no beds available. During a review of the facility ' s Room Roster/Daily Census, the Room Roster/Daily Census dated [DATE], [DATE] and [DATE] indicated there was one bed available and the Room Roster/Daily Census dated [DATE] and [DATE] indicated there were two beds available. During a review of the facility ' s email correspondence ([DATE]) to CDPH from the facility ' s Administrator (ADM), titled Letter of Good Intention, the letter indicated the following: 1. On [DATE] the facility received an inquiry from the GACH regarding the availability of a bed for Resident 1 and how there was no bed available due to Resident 1 testing positive for Carbapenem-resistant Acinetobacter baumannii ([CRAB] a type of bacteria commonly found in the environment that can cause infection). 2. On [DATE] the Case Manager from the GACH informed the facility that Resident 1 would need to be placed on isolation due to being positive for CRAB. The facility informed the GACH ' s Case Manager there were no available beds for a resident who was positive for CRAB. 3. On [DATE] the GACH inquired again about the availability of a bed for Resident 1 and was informed again there were no available beds. During an interview on [DATE] at 5 p.m., the Director of Nurses (DON) stated they did not have any available beds so they could not take Resident 1 back. During an interview on [DATE] at 5:15 p.m., the ADM, stated they could not readmit Resident 1 to the facility because there were no available beds. (continued on next page)

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F 0626 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on [DATE] at 5:20 p.m., the Complainant stated she had been in contact with the facility for the past month and the facility continued to say they have no beds available. The Complainant stated, she explained to the facility that Resident 1 was treated, was not on isolation at the GACH and had an order to return to the facility, but the facility still refused to readmit Resident 1. During a review of All Facility ' s Letter ,d+[DATE] (AFL ,d+[DATE]), dated [DATE], AFL ,d+[DATE] indicated as of [DATE], all Skilled Nursing Facilities (SNFs) in compliance with the Centers for Medicare & Medicaid Services ([CMS] an agency that provides health coverage to more than 160 million) Enhanced Barrier Precautions ([EBP] an infection control strategy that uses personal protective equipment ([PPE] clothing and gear that medical professional wear to protect themselves from infection and injury to reduce the spread of Multidrug-resistant Organisms ([MDROs] bacteria that have become resistant to certain antibiotics) in nursing homes) requirement are able to admit and provide care for residents with MDROs. Thus, there is no basis for a SNF to refuse admission of a resident based on their need for EBP or MDRO status. Residents on EBP do not require placement in a single-person room, even when known to be infected or colonized with an MDRO. During a review of the facility's policy and procedure (P/P) titled Bed Hold and Returns, revised ,d+[DATE], the P/P indicated residents who seek to return to the facility after the State bed-hold period has expired (or when State law does not provide for bed-holds) are allowed to return to their previous room if available or immediately to the first available bed in a semi-private room provided that the resident still requires the services provided by the facility and is eligible for a Medicare skilled nursing facility or Medicaid nursing facility services.