

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055297	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/21/2025
NAME OF PROVIDER OR SUPPLIER The Springs Post-Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0569</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49606</p> <p>Based on interview and record review, the facility staff failed to ensure funds were returned to social security after a resident was discharged from the facility for one of three sampled residents (Resident 1).</p> <p>This deficient practice resulted in the Business Office Manager (BOM) not refunding social security funds back within three business days as indicated per the facility 's Policy and Procedure (P&P) titled, Links Healthcare Resident Trust Policy.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s, Admission Record (Face Sheet), the Face Sheet indicated Resident 1 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including metabolic encephalopathy (temporary or permanent damage to the brain due to lack of glucose, oxygen or other metabolic agent, or organ dysfunction), chronic obstructive pulmonary disease ([COPD] a chronic lung disease causing difficulty in breathing), and type 2 diabetes mellitus ([DM] a disorder characterized by difficulty in blood sugar control and poor wound healing.</p> <p>During a review of Resident 1 ' s History and Physical (H&P), dated on 5/21/2024, the H&P indicated Resident 1 did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 1 ' s Minimum Data Set ([MDS] a federally mandated resident assessment tool), dated 8/25/2024, the MDS indicated Resident 1 had severe cognitive (though process) impairment.</p> <p>During a review of Resident 1 ' s Physicians Order, dated on 9/3/2024, the Physician ' s Order indicated to transfer Resident 1 to a General Acute Care Hospital (GACH) due to oxygen desaturation (low oxygen level in the blood).</p> <p>During a review of Resident 1 ' s Physician ' s Order dated on 9/3/2024, the Physician ' s Order indicated to place Resident 1 ' s bed on a seven-day bed hold (a resident ' s right to keep a bed vacant and available for seven days after their transfer to the hospital in anticipation of their return to the facility) if Resident 1 was admitted to the hospital. As of 1/16/2025, Resident 1 has not returned to the facility.</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
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<p>F 0569</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a phone interview with Resident 1 ' s Family Member (FM) 1, on 1/16/2025 at 9:51 a.m., FM 1 stated she had been requesting Resident 1 ' s funds from the facility since Resident 1 was discharged from the facility in 9/2025. FM 1 stated she was not sure why the facility would not return the funds since they were no longer providing care to Resident 1 since 9/2024, and Resident 1 was at another facility.</p> <p>During a review of Resident 1 ' s, Resident Fund Management Service (RFMS) Account Statement dated 1/2025, the RFMS account statement indicated the facility currently had \$11,649.00 in the RFMS account as of 1/1/2025. This revealed that the facility had no closed Resident 1 ' s RFMS account since 9/2024 and continued receiving from Social Security.</p> <p>During a concurrent interview and record review on 1/16/2025 at 1:20p.m., with the BOM, Resident 1 ' s RFMS account dated 1/2025 was reviewed. The RFMS indicated, the account had a balance of \$11,649.00. The BOM stated that the RFMS was not closed because the facility was anticipating Resident 1 to come back to the facility. The BOM stated that the facility should have closed Resident 1 ' s account within three business days of her discharge from the facility as indicated on the facility ' s P&P.</p> <p>During a concurrent interview on 1/17/2025 at 10:04 a.m., with the DON, the DON stated that Resident 1 went to the GACH 9/3/2024 and never returned to the facility. The DON stated that Resident 1 ' s RFMS account currently had \$11,649.00 and should have been closed since Resident 1 ' s discharge from the facility in 9/2024. The DON stated the facility did not follow their own policy that stated, resident refunds should be refunded within three business days of their discharge.</p> <p>During a review of the facility ' s Policy and Procedure (P&P) titled, Links Healthcare Resident Trust Policy, dated 1/1/2029, the P&P indicated the facility will surrender all resident trust funds of the resident to the resident or authorized representative within 3 normal banking days upon discharge.</p>		