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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                 | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055449 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                   | (X3) DATE SURVEY COMPLETED<br><br>10/08/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Covina Rehabilitation Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>261 W. Badillo Street<br>Covina, CA 91723 |  |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(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** 44027</b></p> <p>Based on interview and record review, the facility failed to readmit one of one sampled resident (Resident 1) from General Acute Care Hospital (GACH) 1 after Resident 1 was cleared by GACH 1 to return to the facility on [DATE].</p> <p>This deficient practice had the potential to result in the denial of Resident 1's rights to return to the facility.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record (AR), the AR indicated Resident 1 was admitted to facility on 9/5/2024, with diagnoses including respiratory failure (when the lungs cannot get enough oxygen into the blood), quadriplegia (the condition in which both the arms and legs are paralyzed [unable to move]), and type 2 diabetes mellitus (a chronic condition that affects the way the body processes blood sugar).</p> <p>During a review of Resident 1's Minimum Data Set (MDS - a federally mandated resident assessment tool), dated 9/25/2024, the MDS indicated the resident had severely impaired (never/rarely made decisions) cognitive skills (ability to make daily decisions). Resident 1 was dependent (helper does all the effort) on staff for dressing, personal hygiene, and toilet use.</p> <p>During an interview on 10/8/2024 at 9:46 a.m. with the Administrator (ADM), the ADM stated Resident 1 was admitted to the facility on [DATE]. The ADM stated the resident had Medi-Cal (a public health insurance program). The ADM stated Resident 1 was sent to GACH 1 on 9/26/2024. The ADM stated when Resident was ready to be discharged from GACH 1 and return to the facility (on 10/2/2024), Resident 1 was no longer eligible for Medi-Cal.</p> <p>During a telephone interview on 10/8/2024 at 10:08 a.m. with the GACH 1's Social Worker (GACH 1 SW), the GACH 1 SW stated Resident 1 was admitted to GACH 1 on 9/25/2024. The GACH 1 SW stated Resident 1 was ready to return to the facility on [DATE]. The GACH 1 SW stated the facility informed GACH 1 the facility could not accept Resident 1 back to the facility until Resident 1's Medi-Cal was active again. The GACH 1 SW stated Resident 1's Medi-Cal eligibility was not showing up on the Medi-Cal system that Resident 1 was eligible for Medi-Cal. The GACH 1 SW stated GACH 1 had received a verbal confirmation from Medi-Cal that Resident 1 was eligible. The GACH 1 SW stated the facility was provided the new and active Medi-Cal number for Resident 1.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>During an interview on 10/8/2024 at 10:28 a.m. with the facility's Admissions Coordinator (AC), the AC stated on 10/1/2024, someone (the AC could not remember who she spoke with) from GACH 1 called the AC and informed the AC that Resident 1 no longer had eligibility for Medi-Cal. The AC stated GACH 1 called back the next day (10/2/2024) with a new Medi-Cal number for Resident 1. The AC stated Resident 1's new Medi-Cal number still did not show eligibility when the AC checked on the Medi-Cal portal (website to check Medi-Cal eligibility).</p> <p>During a follow-up interview on 10/8/2024 at 11 a.m. with the facility's AC, the AC stated GACH 1 notified the facility on 10/2/2024, that Resident 1 was ready to return to the facility from GACH 1. The AC stated the facility had a bed available for Resident 1 (on 10/2/2024) but that the facility would not accept Resident 1 because Resident 1's Medi-Cal number did not show that Resident 1 was eligible for Medi-Cal on the Medi-Cal portal. The AC stated when AC checked Resident 1's eligibility again on 10/8/2024, Resident 1 was eligible for Medi-Cal. The AC stated the facility no longer had a bed available for Resident 1 (on 10/8/2024). The AC stated another resident was admitted to Resident 1's previous bed on 10/4/2024.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Bed-Holds and Returns, revised March 2022, the P&amp;P indicated, Medicaid residents who exceed the state's bed-hold limit and/or non-Medicaid residents who request a bed-hold are responsible for the facility's basic per diem rate while his or her bed is held. The P&amp;P indicated, If a Medicaid resident exceeds the state bed-hold period, he or she will be permitted to return to the facility, to his or her previous room (if available) or immediately upon the first availability of a bed in a semi-private room provided that the resident requires the services of the facility and is eligible for Medicare skilled nursing services or Medicaid nursing services.</p> |  |  |