

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055457	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/24/2024
NAME OF PROVIDER OR SUPPLIER  Intercommunity Healthcare & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  12627 Studebaker 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 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**</b> 50144</p> <p>Based on observation, interview, and record review the facility failed to re-admit one of three sampled residents (Resident 1), after Resident 1 was transferred on 10/1/2024 to a General Acute Care Hospital (GACH) for evaluation of a possible small bowel obstruction (SBO-a blockage in the small intestine that prevents food, liquids, gas and stool from passing through normally), and the GACH cleared Resident 1 to return to the facility on [DATE].</p> <p>This deficient practice resulted in Resident 1 being unable to return to the skilled nursing facility (SNF) that has been considered his home, for about 12 months, once deemed appropriate for transfer back to the SNF. Resident 1 had an unnecessarily prolonged stay of 14 days at the GACH placing Resident 1 at risk for unmet care needs, disorientation, confusion, psychosocial harm from being displaced and risk of acquiring infections.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission Record dated 10/25/2024, the Admission Record indicated Resident 1, was admitted to the facility on [DATE] with diagnoses of respiratory failure (a condition that makes it difficult to breath on one ' s own) requiring a tracheostomy (a surgical procedure that creates an opening in the neck to provide an alternative airway for breathing) and ventilator (a machine that helps patients breathe) and a gastrostomy (a surgical opening fitted with a device to allow feedings, and medications to be administered directly to the stomach) present.</p> <p>During a review of Resident 1 ' s History and Physical (H&amp;P) dated 9/26/2024, the H&amp;P indicated Resident 1 did not have the capacity to understand and make decisions. The H&amp;P indicated the resident had a designated responsible party (RP) to make decisions.</p> <p>During a review of Resident 1 ' s Change of Condition (COC) form dated 9/30/2024 and timed at 7:30 a.m., the COC indicated Resident 1 vomited once and had abdominal distention (swollen beyond normal size). The COC indicated the doctor ordered an x-ray (a type of imaging that shows different tissues in the body) of the kidney (an organ that filters out waste from the body and produces urine), ureter (tube in the body that carries urine from the kidney to the bladder [an organ that stores urine from the kidney], and bladder (KUB - diagnostic test used to assess the abdominal area).</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 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1 ' s COC form dated 10/1/2024 and timed at 6:30 p.m., the COC indicated the facility informed the doctor of abnormal KUB results. The COC indicated a physician ' s order dated 10/1/2024 for Resident 1 to transfer to a GACH for further evaluation of the abnormal KUB results.</p> <p>During a review of Resident 1 ' s Nursing Progress Notes dated 10/1/2024 at 7:51 p.m., the note indicated Resident 1 was transferred to a GACH via ambulance (medical transport).</p> <p>During a review of Resident 1 ' s Notification of Bed-Hold (facility reserves a bed for a resident that was transferred out emergently or pre-planned) form dated 9/26/2024, the form indicated the Bed-Hold Start date was 10/1/2024 and the Bed Hold Stop Date was 10/7/2024.</p> <p>During a review of Resident 1 ' s GACH Infection Status documentation dated 10/8/2024, the documentation indicated Resident 1 ' s urine, collected on 10/2/2024, and resulted on 10/7/2024, indicated Resident 1 ' s urine was positive for Klebsiella Pneumoniae (an infection caused by an organism that can lead to further infections) multi-drug resistant, and Pseudomonas Aeruginosa (bacteria found in the environment that can cause infections in blood, lungs, other parts of the body), and Carbapenem-resistant (CRPA-a type of bacteria that can cause serious infections and is highly resistant to antibiotics [medications used to treat infections]).</p> <p>During a review of Resident 1 ' s GACH Case Management (CM) notes dated 10/7/2024 at 1:51 p.m., the CM notes indicated on 10/7/2024 at 10:00 a.m., the skilled nursing facility stated they would be able to accept Resident 1 anytime as long as the doctor noted Resident 1's MDRO (multi-drug resistant organism) is colonized (organism is present, but does not cause disease or illness) and not needing anymore isolation (implementing precautions to prevent the spread of infections from an infected person), or as soon as an isolation sub-acute (the resident requires a higher a level of care than a skilled nursing facility resident) bed becomes available even when Resident 1 is past the bed hold (Day #7 of bed hold today).</p> <p>During a review of Resident 1 ' s GACH Case Management (CM) notes dated 10/9/2024 at 12:34 p.m., the CM notes indicated that on 10/9/2024 at 1:20 p.m., the facility stated they did not have any available beds in the sub-acute (a unit that provides a higher level of care than a skilled nursing unit) at this time. The CM notes indicated the facility stated they would accept Resident 1 back as soon as they had an isolation bed available.</p> <p>During a review of Resident 1 ' s GACH Orders, the orders indicated a physicians order that was active from 10/11/2024 until 10/24/2024 to discharge Resident 1 from the GACH and to transfer to nursing home once bed is available.</p> <p>During a review of Resident 1 ' s CM notes dated 10/11/2024 at 2:11 p.m., the CM notes indicated Resident 1 was stable for discharge, and the facility stated they do not have an isolation bed available.</p> <p>During a review of Resident 1 ' s CM) notes dated 10/15/2024 at 2:01 p.m., the CM notes indicated Resident 1 was stable for discharge pending sub-acute placement, and the facility stated there were no isolation beds, no other resident to cohort (to place two or more residents in one room) with but is willing to accept Resident 1 back when isolation bed available.</p> <p>(continued on next page)</p>		

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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 a review of Resident 1 ' s GACH CM notes dated 10/18/2024 at 12:54 p.m., the CM notes indicated Resident 1 was stable for discharge pending sub-acute placement, and the facility stated there were no isolation beds available that day and that the facility was still unable to accept Resident 1.</p> <p>During an interview with Resident 1 ' s RP on 10/23/2024 at 4:13 p.m., Resident 1 ' s RP stated that the facility was Resident 1 ' s home, and Resident 1 is well-established at the facility.</p> <p>During a review of the facility ' s Daily Census (number of residents in the facility on a given day) dated 10/7/2024 through 10/24/2024, the Roster indicated that there was one available bed in a shared female room each day.</p> <p>During an interview with the Director of Nursing (DON) on 10/25/2024 at 4:24 p.m., the DON stated that the other resident in the room with the unoccupied bed has a different MDRO, Carbapenem resistant Acinetobacter baumannii (CRAB - another type of bacteria that can cause serious infections and is highly resistant to antibiotics). The DON stated Resident 1 could not be placed in the same room with a Resident that has a different type of infection. The DON stated the facility does not have single sub-acute rooms, only 2-bed and 3-bed rooms. The DON stated the facility does not have the beds to move residents around to give Resident 1 an entire room.</p> <p>During a record review of the California Department of Public Health ' s (CDPH) Carbapenem-Resistant Organisms (Pseudomonas, Acinetobacter species) Quicksheet (a page that summarizes the most relevant facts) dated October 2020, the quicksheet indicated in multi-bed rooms, healthcare provider (HCP) must treat each bed space as a separate room, which includes removing personal protective equipment (PPE- such as gowns and gloves used to decrease the spread of infection),and performing hand hygiene before putting on a new set of PPE prior to providing care between two patients in the same room.</p> <p>During a record review of the CDPH ' s Cohorting (placing resident ' s with similar risks of infection in the same room) Guidance for Residents Infected or Colonized with Multidrug-resistant Organisms for Skilled Nursing Facilities (SNF) document dated March 2023, the document indicated that Facilities may not refuse to provide care for residents who are known to be infected or colonized with an MDRO per All Facilities Letter (AFL - guidance from the Center for Health Care Quality (CHCQ) Licensing and Certification (L&amp;C) Program to health facilities that may include changes in healthcare, enforcement, scope of practice, or general information that affects the health facility) 22-21. Additionally, inability to implement comprehensive cohorting guidance is not a basis for refusing admission of residents with MDRO.</p> <p>During a review of the facility ' s policy and procedure (P/P) titled Bed Holds and Returns revised March 2022, the P/P indicated if a Medicaid resident exceeds the stated 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 the resident requires the services of the facility and is eligible for Medicare skilled nursing services or Medicaid nursing services.</p>		