

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055523	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/29/2024
NAME OF PROVIDER OR SUPPLIER Glendale Post Acute Center		STREET ADDRESS, CITY, STATE, ZIP CODE 250 N. Verdugo Road Glendale, CA 91206	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44372</p> <p>Based on interview and record review, the facility failed to ensure Resident 1 who was transferred to a General Acute Care Hospital (GACH) via 911 emergency services for a change in condition, was provided written information regarding the facility ' s bed-hold policies and permitted to be readmitted back to the facility on the first available bed, in accordance with the facility ' s policy and procedure titled Bed-Holds and Return, and the California Standard Admission Agreement for Skilled Nursing Facilities and Intermediate Care Facilities for one of three sampled residents (Resident 1).</p> <p>Resident 1, who was transferred to the GACH from Skilled Nursing Facility (SNF) 1 on 10/17/2024 due to a change in condition and was medically stable to be discharged back to SNF 1 on 10/22/2024, had to stay in the GACH setting for six additional days (from 10/22/24 to 10/28/24) when Resident 1 was transferred and admitted to SNF 2 due to SNF 1 refusing to readmit Resident 1 back.</p> <p>This deficient practice had the potential to cause psychosocial harm to Resident 1 and incurred unnecessary hospital days (6 days) at the GACH, from 10/22/2024 to 10/28/2024.</p> <p>Findings:</p> <p>During a review of Resident 1's admission record, the record indicated SNF 1 admitted the resident on 3/01/2024 and readmitted on [DATE] with diagnoses including metabolic encephalopathy (an brain disorder caused by a chemical imbalance in the blood that affects brain function), unspecified psychosis not due to a substance or known psychological condition (a condition that cause a person to lose touch with reality , making it difficult to distinguish what is real and what is not) , Type 2 diabetes (high blood sugar).</p> <p>During a review of Resident 1's History and Physical (H&P) dated 3/4/2024, the H&P indicated Resident 1 does not have capacity to understand and make decision.</p> <p>During a review of Resident 1's Minimum Data Set (MDS, a federally mandated resident assessment tool) dated 9/03/2024, the MDS indicated Resident 1 ' s cognition (thought process) was moderately impaired.</p> <p>During a review of Resident 1 ' s Change of Condition (COC) dated 10/17/2024, the COC indicated Resident 1 was transferred by SNF 1 to the GACH at 6:50 PM via 911 emergency services due to altered mental status (AMS).</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: 055523	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/29/2024
NAME OF PROVIDER OR SUPPLIER Glendale Post Acute Center		STREET ADDRESS, CITY, STATE, ZIP CODE 250 N. Verdugo Road Glendale, CA 91206	
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 review of a facility document titled Daily Census Recap, dated 10/17/2024, the Daily Census Recap indicated Resident 1 was discharged to the GACH timed at 7:36 PM. The Daily Census Recap indicated in Resident 1 ' s status Return not anticipated.</p> <p>During a review of a facility document titled Daily Census Recap, dated 10/18/2024 to 10/28/2024, Resident 1 ' s name did not indicate the resident ' s status was not placed on the bed hold list.</p> <p>During a review of the GACH record provided by the facility titled Final Report, dated 10/25/2024 and timed at 9:10 AM, the GACH record indicated Patient [1] is able to go back to her facility [SNF 1] when bed is available after medically cleared.</p> <p>During an interview on 10/29/2024 at 9:02 AM, SNF 1 ' s Registered Nurse (RN 1) stated, when Resident 1 was transferred to the GACH, Resident 1 was placed on a seven-day bed hold and facility staff notified the resident ' s family.</p> <p>During a telephone interview on 10/29/2024 at 9:30 AM, GACH Social Service Director (SSD) 1 stated she was the assigned SSD and works at the GACH where Resident 1 was admitted from SNF 1. GACH SSD 1 stated Resident 1 was admitted to the GACH on 10/17/2024 due to AMS. GACH SSD 1 stated that on 10/22/2024, she called SNF 1 and spoke with the Administrator (ADM) inform the ADM that Resident 1 was ready to be readmitted back to SNF 1. The ADM stated Resident 1 was aggressive and an elopement risk (the potential danger that a resident may leave a healthcare facility without authorization, which could put their health or safety at risk) and requiring a locked facility (a facility secured with locked doors to prevent residents from exiting the premises at will). The ADM informed GACH SSD 1 that Resident 1 was not appropriate to return back to SNF 1. GACH SSD 1 stated the ADM requested Resident 1 ' s psychiatric evaluation and clearance and GACH SSD 1 was able to provide the clearance to SNF 1 on 10/24/2024. GACH SSD 1 stated she called the ADM on 10/24/2024 and informed the ADM that Resident 1 was stable and on adjusted psychotropic medications. GACH SSD 1 stated Resident 1 was appropriate to return back to the facility. GACH SSD 1 stated that on 10/25/24, she called back the ADM to follow up on Resident 1 ' s readmission to SNF 1, however, the ADM stated Resident 1 was not placed on bed hold, since SNF 1 did not want to take Resident 1 back. GACH SSD 1 stated Resident 1 was transferred to another facility [SNF 2] on 10/28/2024, since SNF 1 delayed the resident ' s GACH discharge and readmission back to a SNF.</p> <p>During an interview on 10/29/2024 at 10:04 AM, SNF 1 ' s SSD [SSD 2] stated that Resident 1 was exhibiting aggressive behavior and was at risk for elopement. SSD 2 stated when Resident 1 was transferred to the GACH on 10/17/2024, the ADM asked the GACH ' s assistance to help find a placement for Resident 1. SSD 2 further stated that it was the facility ' s [SNF 1] responsibility to find appropriate placements for its own residents.</p> <p>During an interview and record review of Resident 1's active care plans and IDTs, on 10/29/2024 at 11:42 AM, SNF 1 ' s Director of Nursing (DON) stated that according to the facility ' s policy, when a resident is transferred to the GACH, the residents are placed on a seven-day bed hold. However, the DON stated that the ADM instructed the DON not to place Resident 1 on bed hold when the resident was transferred to the GACH, because the ADM believed Resident 1 required a higher level of care and the GACH can help SNF 1 find placement. The DON clarified that there was no prior IDT meeting or discharge care planning involving Resident 1 that included the resident ' s family [FAM 1] to discuss the need for another level of care, prior to 10/17/2024. The DON stated, because Resident 1 was not placed on bed hold, the facility did not notify FAM 1 about the seven-day bed hold.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055523	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/29/2024
NAME OF PROVIDER OR SUPPLIER Glendale Post Acute Center		STREET ADDRESS, CITY, STATE, ZIP CODE 250 N. Verdugo Road Glendale, CA 91206	
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 an interview on 10/29/2024 at 12:16 AM, SNF 1 ' s Licensed Vocational Nurse (LVN 1) stated that he transferred Resident 1 to the GACH on 10/17/2024, and did not place Resident 1 on bed hold or provided the family [FAM 1] with written information regarding the facility and state bed-hold policies.</p> <p>During an interview on 10/29/2024 at 12:30 AM, FAM 1 stated that the facility did not inform her or provided her with written information regarding the facility and the state bed-hold policies upon Resident 1 ' s transfer to the GACH on 10/17/2024. FAM 1 stated they preferred for Resident 1 to be readmitted back to SNF 1 but was told by GACH SSD 1 that SNF 1 did not want to readmit Resident 1 back.</p> <p>During an interview on 10/29/2024 at 12:39 PM, the ADM stated that Resident 1 was aggressive and at high risk for elopement. The ADM stated that when Resident 1 was transferred to the GACH on 10/17/2024, the transfer presented an opportunity to collaborate with the GACH in finding a placement for the resident. The ADM stated that he did not place Resident 1 on a bed hold status on 10/17/2024 because, according to state and federal regulations, the facility would be obligated to readmit the resident if the resident was placed on bed hold. The ADM further stated that on 10/22/2024, he received a call from SSD 1 at the GACH and was informed that Resident 1 was ready to return to the facility [SNF 1]. The ADM stated he requested both psychiatric and medical clearances and received the documents on 10/24/2024 but believed that additional paperwork was needed to confirm that Resident 1 was fully cleared. The ADM stated that it was the responsibility of the DON to confirm the resident ' s medical clearance for return. The ADM also stated that no IDT meeting or care planning had been conducted prior to Resident 1's transfer to GACH on 10/17/2024 to assess the need for a locked facility or a higher level of care.</p> <p>During a review of a facility document titled California Standard Admission Agreement for Skilled Nursing Facilities and Intermediate Care Facilities signed by FAM 1 and a Representative of SNF 1 dated 3/4/2024, the document indicated, Bed Holds and Readmission: If you must be transferred to an acute hospital for seven days or less, we will notify you or your or representative that we are willing to hold your bed. You or your representative has 24 hours after receiving this notice to let us know whether you want us to hold your bed for you. If Medi-Cal is paying for your care, then Medi-Cal will pay for up to seven days for us to hold the bed for you. If we do not follow the notification procedure described above, we are required by law (Title 22 California Code of Regulations Sections 72520(c) and 73504(c)) to offer you the next available appropriate bed in our Facility. You should also note that, if our Facility participates in Medi-Cal and you are eligible for Medi cal, if you are away from our Facility for more than seven days due to hospitalization or other medical treatment, we will readmit you to the first available bed in a semi-private room if you need the care provided by our Facility and wish to be readmitted .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055523	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/29/2024
NAME OF PROVIDER OR SUPPLIER Glendale Post Acute Center		STREET ADDRESS, CITY, STATE, ZIP CODE 250 N. Verdugo Road Glendale, CA 91206	
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 review of the facility ' s policy and procedure (P&P) titled Bed-Holds and Return, revised October 2022, indicated All residents/representatives are provided written information regarding the facility and state bed-hold policies, which address holding or reserving a resident's bed during periods of absence (hospitalization or therapeutic leave). Residents, regardless of payer source, are provided written notice about these policies at least twice: notice 1: well in advance of any transfer (e.g., in the admission packet); and notice 2: at the time of transfer (or, if the transfer was an emergency, within 24 hours Reissuance of notice 1 must occur if either the bed-hold policy under the state plan or facility policy changes after the notice is issued. Multiple attempts to provide the resident representative with notice 2 should be documented in cases where staff were unable to reach and notify the representative timely. The written bed-hold notices provided to the residents/representatives explain in detail the duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the facility; the reserve bed payment policy as indicated by the state plan (for Medicaid residents); the facility policy regarding bed-hold periods , the facility per-diem rate required to hold a bed (for non-Medicaid residents), or to hold a bed beyond the state bed-hold period (for Medicaid residents); and e. the facility return policy. The requirement that residents be permitted to return to the facility following hospitalization or therapeutic leave applies to all residents regardless of payer source.</p> <p>During a review of the facility ' s P&P titled Admission Criteria, revised October 2022, indicated Residents are admitted to this facility as long as their needs can be met adequately by the facility. Examples of conditions that can be treated adequately in this facility include: a. diabetes; b. COPD; c. Neuromuscular disorders; dementia. The interdisciplinary team determines whether the facility is capable of meeting the needs and services of the potential resident that are outlined in the evaluation.</p>		