STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055664	A. Building B. Wing	02/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
York Healthcare & Wellness Centre	6071 York Blvd. Los Angeles, CA 90042

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** 42878 Based on observation, interview, and record review, the facility failed to ensure one of three sampled residents (Resident 1), 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. Resident 1, was transferred from the Skilled Nursing Facility (SNF 1) to GACH 1 on 2/04/2025 for further evaluation of Candida Auris (CRS) and was medically stable to be discharged back to the SNF 1 on 2/05/2025 but SNF 1 refused to readmit Resident 1 back to the facility. Resident 1 had to stay in the GACH for additional seven (7) days (from 2/05/2025 to 2/11/2025) and was discharged home on 2/12/2025 with home health. This deficient practice resulted to Resident 1 incurring extra seven days of unnecessary acute hospital stay at GACH 1, from 2/5/2025 to 2/12/2025. Findings, During a review of Resident 1 ' s Admission Record (AR) indicated a readmission to the facility on [DATE] with diagnoses that included but not limit to pyothorax without fistula (a condition where pus accumulates in the space between the lungs and chest wall), acute respiratory failure with hypoxia (a medical condition where the lungs are unable to adequately exchange oxygen). During a review of Resident 1 ' s History and Physical [H&P] dated 2/03/2025, the H&P indicated the resident has the capacity to understand and make decisions. During a review of Resident 1 ' s Change of Condition (COC) dated 2/4/2025, the COC indicated Resident 1 started receiving intravenous antibiotics that included Fluconazole 800 milligrams (a unit of measure-mg) Intravenous (IV) one time a day & Meropenem (injection used to treat infections caused by bacteria) 2 gm (a unit of measurement) for aspiration pneumonia. Resident 1 ' s Primary Physician ordered to transfer Resident 1 to GACH for further evaluation of Candida Auris (C. Auris-a species of fungus that grows as yeast). During a review of Resident 1 ' s Telephone order, dated 2/04/2025 timed at 6:12 PM, the physician order indicated to transfer Resident 1 to GACH for further evaluation of Candida Auris. (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 Bed Hold Agreement dated 1/31/2025 indicated The facility had a bed hold policy and will hold the bed for up to seven (7) days if the resident is transferred to a general acute care hospital. Resident 1 ' s admission Bed Hold Agreement indicated Resident 1 and a facility representative signed on 1/31/2025. During a review of Resident 1 ' s Consent to Treatment indicated Resident 1 ' s name and Date of Admission as 1/31/2025. The form was signed by the resident and facility representative and dated 1/31/2025. During a review of Resident 1 ' s Bed Hold Agreement dated 2/4/2025 indicated Notification of bed hold upon transfer/therapeutic leave indicated Resident 1 was transferred to GACH 1 on 2/4/2025 at 10:00 pm. During a review of Resident 1 ' s Physician Discharge Summary indicated admitted [DATE] and discharge date [DATE]. The Discharge Summary indicated Resident 1 ' s disposition as Hospital. A review of a facility document titled Daily Census, dated 2/04/2025, the Daily Census indicated Resident 1 in a room with 2 beds. The Daily Census Bed A as empty and indicated in Residents 1 ' s status hospital paid leave. A review of a facility document titled Daily Census, dated 2/05/2025, the Daily Census indicated Resident 1 room Bed A as occupied by Resident 2 and indicated in Residents 1 ' s status hospital paid leave. A review of a facility document titled Daily Census, dated 2/06/2025, the Daily Census indicated Resident 1 room Bed A as empty and indicated in Residents 1 ' s status hospital paid leave. A review of a facility document titled Daily Census, dated 2/07/2025, the Daily Census indicated Resident 1 room Bed A as empty and indicated in Residents 1 ' s status hospital paid leave. A review of a facility document titled Daily Census, dated 2/08/2025, the Daily Census indicated Resident 1 room Bed A as occupied by Resident 3 and indicated in Residents 1 ' s status hospital paid leave. A review of a facility document titled Daily Census, dated 2/09/2025, the Daily Census indicated Resident 1 room Bed A as occupied by Resident 3 and indicated in Residents 1 ' s status hospital paid leave. A review of a facility document titled Daily Census, dated 2/10/2025, the Daily Census indicated Resident 1 room Bed A as occupied by Resident 3 and indicated in Residents 1 ' s status hospital paid leave. A review of a facility document titled Daily Census, dated 2/11/2025, the Daily Census indicated Resident 1 room Bed A as occupied by Resident 3 and indicated in Residents 1 ' s status hospital paid leave. (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 2/11/2025 at 9:48 AM with GACH 1 Case Manager (GCM), GCM stated the facility admitted Resident 1 on 1/31/2025. GACH 1 ' s CM stated the facility then discharged Resident 1 on 2/4/2025 and transferred him back to GACH 1 via non-emergency ambulance services and refused to take Resident 1 back to the facility. GCM stated he and his coworker CM contacted the facility on 2/5/25, 2/6/258 and 2/7/25 and spoke to facility Case Manager, facility Marketing Director, and Licensed Vocational Nurse (LVN 1)1 who all stated the facility would not be taking Resident 1 back to the facility due to Resident 1 ' s diagnosis of C. Auris. GCM stated the facility was aware prior to admitting Resident 1 of his C. Auris diagnosis and choose to accept him, all of Resident 1 ' s clinical information was sent to the facility prior to admission for the facility to review. GCM stated facility Marketing Director stated the facility would not take Resident 1 back because they did not have a single room to accommodate him. GCM stated Resident 1 required Intravenous Antibiotics to be administered and ongoing Skilled Rehabilitation therapy that could be provided at the skilled nursing facility and did not require any additional hospital services that is why he was discharged to the facility on [DATE]. During an interview on 2/11/2025 at 10:50 AM with Resident 1, Resident 1 stated on 2/4/25 in the afternoon a nurse from the facility came to his room and told him the facility was going to send him back to the hospital because, What he had was not what they thought he had. Resident 1 stated he assumed it was about a disease, but the facility nurses did not explain any further when he asked why the facility nurse told him she had no idea, but he could either be transferred to GACH 1 or they could let him go from the facility. Resident 1 stated he felt angry because the facility was kicking him out on the street and did not give him a choice or explanation. During an interview on 2/11/2025 at 12:09 PM with Administrator (ADM), ADM stated Resident 1 was transferred back to GACH 1 because the information the facility had received from GACH 1 prior to admission did not coincide with the information they received after admission. ADM stated they thought Resident 1 would be able to cohort with another resident but due to his diagnosis he was not able to cohort, and they could not keep him in the facility. During an interview on 2/11/2024 at 12:27 PM with Infection Preventionist Nurse (IPN), IPN stated on 2/4/2025 she was reviewing Resident 1 ' s GACH Faxed record when she noticed the section where is said IPN stated she was confused with the C. Auris diagnosis and asked the Nurse Practitioner (NP) to review with her. IPN stated then the NP wrote the order to transfer Resident 1 for further evaluation of C. Auris. IPN stated there was no specific needs Resident 1 needed that could not be met at the facility other than understanding the medical information and information on how long isolation for Resident 1 ' s diagnosis of C. Auris needed to be. IPN stated the facility was able to care for Residents with a diagnosis of C. Auris but if there was no other resident currently in the facility with that same diagnosis the resident would be able to share a room with. During a concurrent interview and record review on 2/11/2025 at 12:45 with IPN, IPN stated the Resident 2 who had been admitted to the facility on [DATE] did not have any medical condition that required isolation. (continued on next page)

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F 0626 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a telephone interview on 2/11/2025 at 2:21 PM with Director of Nursing (DON), the DON stated he completed the pre- admission inquiry for Resident 1 and notified the Facility Marketing Director that the facility was able to admit Resident 1. The DON stated he did not notice the preadmission inquiry included Resident 1 ' s diagnosis of C. Auris. The DON stated after the facility admitted Resident 1 the NP decided to transfer Resident 1 back to GACH due to GACH not disclosing Resident 1 diagnosis of C. Auris before admission. The DON stated he was not aware GACH was trying to transfer Resident 1 back to the facility until today (2/11/2025). DON stated the facility is able to provide care for a Resident with a diagnosis of C. Auris and Resident 1 was on a 7-day bed hold that allowed him to return back to the facility. During a telephone Interview on 2/11/2025 at 3:13 PM with Facility Marketing Director (FMD), the FMD stated the facility received the initial Quick check Inquiry Form request for admission for Resident 1 in January he sent the documents for review it to the DON who responded that the Resident was ok to be admitted to the facility. FMD stated after Resident 1 ' s admission to the facility was made aware by the facility Resident 1 had a diagnosis of C. Auris. The FMD stated he meet with the Interdisciplinary team (team consisting of ADM, DON, Case manager) to review the facility census but decided that Resident 1 ' s diagnosis of C. Auris and the facility not having another Resident with the same diagnosis to be able to share a room with they could not afford to accommodate Resident 1 with a single room and decided to transfer him back to the GACH. FMD stated GACH CM contacted him various times and on various days asking for the facility to take Resident 1 back, but he informed them the facility would not take Resident 1 back. During a review of the facility ' s policy and procedure (P&P) titled Bed Hold with a revision date of July 2017 indicated Purpose-To ensure that the resident and/or his/her representative is aware of the facility ' s bed-hold policy, and that such policy complies with State and federal laws and regulations. The policy further indicated B. The licensed Nurse will ask the attending physician to determine the resident ' s projected length of stay in the acute care hospital. The licensed nurse will write the approximate length of stay in the acute care hospital on the Physicians order sheet for the bed hold, The licensed nurse will communicate with acute care hospital staff to monitor the resident ' s medical progress and expected date of return to the facility.