

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055697	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/02/2025
NAME OF PROVIDER OR SUPPLIER Costa Del Sol Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1016 S. Record St. Los Angeles, CA 90023	

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 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. (continued on next page)

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 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure one out of three residents (Resident 1), was re-admitted to the facility within the seven (7)- day bedhold (a policy where a facility reserves a bed for a resident who has been temporarily transferred to a hospital or for therapeutic leave, ensuring the resident can return to the same facility when they are ready) period. This deficient practice resulted in Resident 1 not readmitted to the facility as of 7/15/2025. Findings: During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was admitted to the facility on [DATE], with diagnoses of morbid obesity (severe overweight) and muscle weakness. During a review of Resident 1's Care Plan titled, Discharge Care Plan, dated 4/5/2023, the care plan interventions indicated to discuss with resident/family/representative discharge planning process. During a review of Resident 1's History and Physical (H&P) dated 5/26/2025, the H&P indicated Resident 1 had the capacity to understand and make decisions. During a review of Resident 1's Minimum Data Set ([MDS], a resident assessment tool), dated 5/28/2025, the MDS indicated Resident 1 was able to understand and be understood by others. The MDS indicated Resident 1 required moderate supervision (Helper does less than half the effort. Helper lifts, holds, or supports trunks or limbs, but provides less than half the effort) for eating, and oral hygiene. The MDS indicated Resident 1 was dependent (Helper does none of the effort to complete the activity or require the assistance of two or more helpers to complete the activity) with toileting hygiene, showering/bathing, lower body dressing, putting on/taking off footwear and personal hygiene. The MDS indicated Resident 1 required maximal assistance (helper does more than half the effort) with upper body dressing. The MDS indicated Resident 1 was dependent with rolling from left to right side and sitting to lying/lying to sitting on side of bed. During a review of Resident 1's Order Listing Report dated 5/29/2025, the report indicated Resident 1 was transferred to a General Acute Hospital (GACH) via 911 (medical emergency phone number) due to desaturation (low oxygen level. Normal is 92-100 percent [%]) with a seven (7)- day bedhold (from 5/29/2025 to 6/6/2025). During a review of Resident 1's Progress Notes dated 6/10/2025 at 10:25 a.m., the progress notes indicated the facility's Admissions Director (AD) spoke with Resident 1 over the phone (date not indicated on note) while Resident 1 was still in GACH indicating that he (Resident 1) was ready to return to the facility (date not indicated). The progress notes indicated the facility was not contracted with Resident 1's health insurance anymore and could not readmit Resident 1 back to the facility. During an interview on 7/2/2025 at 8:33 a.m. with the Complainant, the Complainant stated Resident 1 was admitted to GACH on 5/28/2025 due to low oxygen saturation. The complainant stated Resident 1 was stable with orders to go back to the facility on 5/31/2025. The Complainant stated she called and notified the facility's AD on 6/3/2025, 6/5/2025, 6/11/2025, and 6/20/2025 Resident 1 was ready to be discharged back to the facility. The Complainant stated the facility's AD denied Resident 1's readmission 1 due to no coverage from the health insurance. During a concurrent interview and record review on 7/2/2025 at 2:18 p.m. with the facility's AD, the policy and procedure (P&P) titled, Bed-holds and Returns, dated 10/2022, was reviewed. The facility's AD stated the facility's P&P indicated residents should be permitted to return to the facility, following hospitalization regardless of payer source. The facility's AD stated residents who seek to return to the facility within the bed-hold period should be allowed to return to their previous room, if available. The facility's AD stated the facility denied Resident 1's readmission to the facility because the facility was no longer contracted with Resident 1's health insurance. The facility's AD stated GACH made several attempts to send Resident 1 back for readmission (AD could not recall dates she was called by GACH), but the facility could not accept Resident 1. The facility's AD stated they failed to follow the facility's P&P indicating to re-admit residents regardless of payment source by not accepting Resident 1. During an interview on 7/2/2025 at 2:51 p.m. with the Director of Nursing (DON), the DON stated Resident 1's health insurance was not contracted with the facility, and was not sure if they could readmit Resident 1 despite their P&P indicating residents should be readmitted to the facility regardless of payer source. During an interview on 7/14/2025 at 1:18 p.m. with the DON, the DON stated they did not receive a letter from Resident 1's health insurance company indicating the facility had not contract with the resident's health insurance. During an interview on 7/15/2025 at 12:52 p.m. with the Complainant, the Complainant stated Resident 1 is still in GACH as of 7/15/2025 and had not been readmitted back to the facility. During a review of the facility's P&P titled, Bed-holds and Returns dated 10/2022, the P&P indicated residents should be permitted to return to the facility following</p>		