

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055704	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/27/2025
NAME OF PROVIDER OR SUPPLIER Angels Nursing Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 415 S Union Avenue Los Angeles, CA 90017	

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 - Some</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** 49571</p> <p>Based on interview and record review, the facility failed to readmit one of three sampled residents (Resident 1) on 2/13/2025 to the facility after hospitalization to a General Acute Care Hospital (GACH), as indicated in the facility's policy titled Readmission.</p> <p>As a result, Resident 1 remained in the GACH with discharge orders written on 2/12/2025 to return to the facility. Denying the resident the right to return to their home in the facility and placing Resident 1 at risk for psychosocial harm.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Records dated 2/26/2025, the resident was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including quadriplegia (paralysis below the neck that affects all a person's limbs), type two diabetes (A long-term condition in which the body has trouble controlling blood sugar and using it for energy).</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS- a resident assessment tool), dated 12/11/2024 the MDS indicted Resident 1 had intact cognitive skills (mental action or process of acquiring knowledge and understanding) to make daily decisions on self-care activities. The MDS indicated the resident was dependent on staff for position changes such as sitting to lying, lying to sitting on side of bed, sit to stand, chair/bed-to-chair transfer.</p> <p>During a review of Resident 1 ' s History and physical (H&P) dated 6/6/2024, the H&P indicated Resident 1 had a cervical 3 to cervical 5 spinal injury, functional quadriplegic (paralysis below the neck that affects all a person's limbs), type two diabetes (A long-term condition in which the body has trouble controlling blood sugar and using it for energy). The H&P indicated resident has the capacity to understand and make decisions.</p> <p>During a review of Resident 1 ' s General Acute Care Hospital (GACH) Patient Orders dated 2/12/2025 indicated, Resident 1 was to be discharged from GACH back to the Skilled Nursing Facility (SNF) on 2/12/2025.</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 - Some</p>	<p>During a review of Resident 1 ' s GACH Patient Orders dated 2/12/2025 indicated, Discharge to NF (Nursing Facility) today, continue IV (Intravenous) Vancomycin (an antibiotics medication used to treat and prevent various bacterial infections) 1250 milligram IVPB (Intravenous Piggy Bag) daily times 2 more weeks, and Ceftriaxone (an antibiotics medication used to treat bacterial infections in many different parts of the body) 2 milligram IVPB daily times one more week.</p> <p>During a review of the facility census ' from 2/12/2025 to 2/18/2025, the census ' indicated the following:</p> <p>2/11/2025 total census 48, one female bed open. New female resident admitted on [DATE] into room with the bed hold.</p> <p>2/12/2025 total census 47, no female bed open.</p> <p>2/13/2025 total census 48, one female bed open.</p> <p>2/14/2025 total census 47, one female bed open.</p> <p>2/15/2025 total census 47, one female bed open.</p> <p>2/16/2025 total census 48, one female bed open.</p> <p>2/17/2025 total census 47, one female bed open.</p> <p>2/18/2025 total census 49. One open female bed given to a different bed hold resident returning from GACH.</p> <p>During an interview on 2/20/2025 at 10:48 AM with facility case manager (CM), the CM stated, CM had communicated with GACH case manager on 2/12/2025 and received an email indicating the resident was ready to be discharged back to the facility.</p> <p>During a telephone interview on 2/20/2025 at 11:00 AM with GACH Discharge Coordinator (DC), the DC stated, Resident 1 had a discharge plan since 1/23/2025. The DC stated the facility had denied readmission on 1/23/2025 because the resident was on three intravenous (IV: medication administered directing into a vein) antibiotics and the facility would not provide a Registered Nurse (RN) 24/7. The DC stated on 2/12/2025 the facility was informed the resident ' s IV antibiotics had been reduced from three to just one IV antibiotic. The facility CM informed the DC the facility did not have a female bed available.</p> <p>During an interview on 2/20/2025 at 11:15 AM with the Director of Nursing (DON), the DON confirmed having been informed by the GACH DC the resident was ready for discharge on 1/23/2025 and the facility informed the DC the resident could not be readmitted with three IV antibiotics because the facility would only staff one RN 8 hours per day. The DON stated from 2/12/2025 to the date of interview (2/20/2025) there was one female bed available, but the bed was on hold for a resident who was expected to come back within the bed hold time frame. The DON could not produce documentation of a discharge order from the GACH for the resident the facility was holding the bed for.</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 - Some</p>	<p>During a review of the facility ' s Policy and Procedure (P&P) titled Readmission, implemented on 2/9/2024, the P&P indicated An individual is a readmit if he or she was readmitted to the Facility from a hospital to which he/she was transferred for the purpose of receiving care or was discharged to a lower-level care and directly returned to the facility. A resident who exercised his/her bed hold rights prior to transfer from the Facility is not considered readmitted if the resident returns within the bed hold period. When a bed hold is not exercised or expires will be permitted to return to their previous room, if available or the next available bed in a semi-private room, assuming the resident still requires services offered by the facility.</p>		