

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056111	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/27/2025
NAME OF PROVIDER OR SUPPLIER Griffith Park Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 201 Allen Ave. Glendale, CA 91201	

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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</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 one of two sampled residents (Resident 1) and responsible party (RP) was provided written information regarding bed holds (a reservation that allows one to stay in, or return to, a care facility) upon Resident 1 ' s transfer to the General Acute Care Hospital (GACH) in accordance to the facility ' s Policy and Procedure (P&P) for Bed Holds and Returns.</p> <p>This deficient practice had the potential to result in Resident 1 and RP 1 being misinformed or unaware of Resident 1 ' s reservation of a bed and rights to return to the facility.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission Record (AR), the AR indicated the facility initially admitted Resident 1 to the facility on [DATE] and readmitted the Resident on 5/22/25. Resident 1's diagnosis included Type 2 Diabetes (high blood sugar), chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing), and schizoaffective disorder (a mental illness that can affect thoughts, mood, and behavior). The AR indicated Resident 1 had a Public Guardian (oversees the care of people, including the elderly and those who are gravely disabled due to mental illness, who are unable to care for themselves).</p> <p>During a review of Resident 1's Minimum Data Set (MDS, a resident assessment tool), dated 3/5/25, the MDS indicated Resident 1 ' s cognition (thought process) is moderately impaired.</p> <p>During a record review of Resident ' s 1 telephone order dated 5/7/25 at 7:55 P.M., documented by registered nurse (RN) 1, the order indicated to transfers Resident 1 to the General Acute Care Hospital (GACH) for psychiatric evaluation due to refusing medication, hostile behavior and increased delusion. The ordered indicated for a seven (7) day bed hold.</p> <p>During a record review of Resident ' s 1 Progress Note, dated 5/7/2025 at 10:20 P.M., the Note indicated Resident 1 was transferred to the GACH on 5/7/25 at 10:25 P.M. and was in no distress.</p> <p>During an interview on 5/27/2025 at 10:08 A.M., Resident 1 stated she was not informed and/or provided information about the bed hold policy when she was transferred to GACH.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/27/2025 at 11:09 A.M., Resident 1 ' s Responsible Party (RP) 1 stated, RP 1 was informed by facility staff that Resident 1 was transferred to the GACH on 5/7/2025 due to behavior issues, however, RP 1 stated shewas not informed and/or provided written information regarding the facility ' s bed-hold policy upon transfer or after Resident 1 was transferred to the GACH on 5/7/25.</p> <p>During a concurrentinterview and record review of Resident 1 ' s Bed hold order dated 5/7/25 at 7:55 P.M., and documented by RN 1, the order indicated to transfer Resident 1 to the GACH for a psychiatric evaluation due to refusing medication, hostile behavior and increased delusion. The order indicated for a 7-day bed hold, initiated on 5/7/25 at 11:40 A.M. RN 1 stated after receiving the order, RN 1 did not inform or provide any written information to RP 1 regarding the facility ' s bed hold policy.</p> <p>During a concurrent interview and record review on 5/27/25 at 11:49 A.M., with the Director of Nurses (DON), the facility ' s Policy and Procedure (P&P) for Bed hold, revised October 2022 was reviewed. DON stated nurse must notify the Resident and/or RP regarding the bed hold policy, upon admission and/or transfer to GACH. The DON stated if transfer was conducted via 911 call or emergency transfer, a written bed hold notification information must be provided within 24 hours to the RP based on facility policy. DON stated there was no documentation indicating RP 1 ' s notification upon Resident 1 ' s transfer to the GACH, or thereafter. The DON stated there was not written information regarding Bed Holds provided to RP 1.</p> <p>A review of the facility's P&P for Bed-Holds and Returns, revised 2022. The P&P indicated, all residents and/or representative are provided written information regarding facility and state bed-hold policies, which address holding or reserving a resident ' s bed during periods of absence. 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).</p>		