

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056149	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/19/2024
NAME OF PROVIDER OR SUPPLIER  California Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  6700 Sepulveda Blvd. Van Nuys, CA 91411	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49135</p> <p>Based on interview and record review, the facility failed to permit one of four sampled residents (Resident 1) to return to the facility after hospitalization .</p> <p>This deficient practice subjected Resident 1 to an unnecessary prolonged hospitalization .</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record, the Admission Record indicated the facility originally admitted the resident on 5/29/2024 with diagnoses that included intracranial (within the skull) injury with loss of consciousness (when a person is neither awake nor aware of the external environment) of unspecified duration, traumatic subdural (space between the skull and the brain) hemorrhage (excessive bleeding) with loss of consciousness of 30 minutes or less, and acute (sudden) respiratory failure (condition in which not enough oxygen passes from your lungs into your blood).</p> <p>During a review of Resident 1's Minimum Data Set (MDS -a resident assessment tool), dated 6/5/2024, the MDS indicated that Resident 1 was cognitively (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) impaired and was dependent from staff for transfer, dressing, toilet use, personal hygiene, and bathing.</p> <p>During a review of Resident 1's Change of Condition (COC- a sudden clinically important deviation from a resident's baseline in physical, cognitive, behavioral, or functional domains)/Interact Assessment Form dated 9/10/2024, the COC indicated an order to transfer Resident 1 to General Acute Care Hospital 1 (GACH 1) due to abnormal Computed Tomography (CT- imaging test that produces images of the inside of the body) scan results.</p> <p>During a review of Resident 1's Order Summary Report, the Order Summary Report indicated an order to transfer to GACH 1 for further evaluation and treatment secondary to abnormal CT scan results, dated 9/10/2024.</p> <p>During a review of the facility's census (daily list indicating resident names with corresponding room numbers) dated 11/16/2024 (census for 11/17/2024), 11/17/2024 (census for 11/18/2024), and 11/18/2024 (census for 11/19/2024), the facility's census indicated that there was one available male bed (room [ROOM NUMBER]B) in the facility.</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 - Few</p>	<p>During a review of Resident 1's GACH 1 physician's progress note dated 11/17/2024, the progress note indicated that Resident 1's repeat CT of the head on 10/27/2024 has improved and stable overall. The progress note indicated Resident 1 is now stable for discharge.</p> <p>During a review of Resident 1's GACH 1 Discharge Orders dated 11/19/2024, the Discharge Orders indicated a list of discharge medications to be continued upon Resident 1's return to the facility.</p> <p>During an interview on 11/14/2024 at 3:15 p.m., with the Administrator (ADM), the ADM stated Resident 1 was admitted to the facility on [DATE] to the facility's subacute unit (medical care setting where residents require more complex, round-the-clock care). The ADM stated Resident 1's health had improved and was transferred from the facility's subacute unit to the facility's skilled nursing unit (setting where residents need medical care or treatment that only a licensed nurse or other healthcare professional can provide) until Resident 1 was transferred to GACH 1 on 9/10/2024. The ADM stated Resident 1 had been discharged from the facility for more than 60 days from the facility's skilled nursing unit and now returning to the facility's subacute unit is considered a new resident in the facility's subacute unit. The ADM stated he (ADM) understands that a resident whose hospitalization or therapeutic leave exceeds the bed hold period will return to the facility to the resident's previous room if available or immediately upon the first available bed. The ADM stated since it has been more than 30 days since Resident 1 was transferred to the hospital and Resident 1 is returning to the facility's subacute unit and not the facility's skilled nursing unit, it is the facility's discretion to prioritize the facility's long-term subacute residents who have been discharged no more than 30 days to be fair.</p> <p>During an interview on 11/15/2024 at 3:45 p.m., with the ADM, the ADM stated it is only fair to prioritize to readmit the facility's long-term subacute residents since Resident 1 was discharged from the facility's skilled nursing unit and will be a new admit to the facility's subacute unit.</p> <p>During an interview on 11/19/2024 at 9:40 a.m., with General Acute Care Hospital Case Manager 1 (GACH CM 1), GACH CM 1 stated Resident 1 had a discharge order for 11/17/2024 and the GACH physician consultants cleared Resident 1 to be transferred back to the facility's subacute unit. GACH CM1 stated a bed request referral was sent to the facility on [DATE] and was declined because there was no bed available.</p> <p>During an interview on 11/19/2024 at 10:10 a.m., with GACH CM 2, GACH CM 2 stated Resident 1 had a discharge order dated 11/17/2024. GACH CM 2 stated the facility's Admission Director (AD), and the Director of Nursing (DON) stated the facility does not have an available subacute bed.</p> <p>During a concurrent interview and record review on 11/19/2024 at 3:35 p.m., with the AD, reviewed the facility's bed request inquiries titled, Care Services Requests, the facility's census dated 11/16/2024 (census for 11/17/2024), 11/17/2024 (census for 11/18/2024), and 11/18/2024 (census for 11/19/2024), and the facility's policy and procedure titled, Readmission to the Facility, last reviewed on 7/16/2024. The AD confirmed by stating that an inquiry for Resident 1's bed request was sent on 11/18/2024 at 8:55 a.m. by GACH CM 1 and on 11/19/2024 at 1:00 p.m. by GACH CM 3. The AD confirmed by stating that the facility's census dated 11/16/2024, 11/17/2024, and 11/18/2024 indicated there was an available male bed (room [ROOM NUMBER]B) in the facility on 11/18/2024 and 11/19/2024. The AD stated the facility should have readmitted Resident 1 based on the facility's Readmission to the Facility policy which indicated that residents who have been discharged to the hospital will be given priority in readmission to the facility upon the first availability of a bed.</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 - Few</p>	<p>During a concurrent interview and record review on 11/19/2024 at 3:35 p.m., with the DON, reviewed the facility's bed request inquiries titled, Care Services Requests, the facility's census dated 11/16/2024 (census for 11/17/2024), 11/17/2024 (census for 11/18/2024), and 11/18/2024 (census for 11/19/2024), and the facility's policy and procedure titled, Readmission to the Facility, last reviewed on 7/16/2024. The DON confirmed by stating that an inquiry for Resident 1's bed request was sent on 11/18/2024 at 8:55 a.m. by GACH CM 1 and on 11/19/2024 at 1:00 p.m. by GACH CM 3. The DON confirmed by stating that the facility's census dated 11/16/2024, 11/17/2024, and 11/18/2024 indicated there was an available male bed (room [ROOM NUMBER]B) in the facility on 11/18/2024 and 11/19/2024. The DON stated the facility should have readmitted Resident 1 based on the facility's Readmission to the Facility policy which indicated that residents who have been discharged to the hospital will be given priority in readmission to the facility upon the first availability of a bed.</p> <p>During a review of the facility's policy and procedure titled, Readmission to the Facility, last reviewed on 7/16/2024, indicated residents who have been discharged to the hospital or for therapeutic leave will be given priority in readmission to the facility. A Medicaid resident (someone who receives health care coverage through the Medicaid program which is a public health care insurance program for people with limited incomes and resources) whose hospitalization or therapeutic leave exceeds the bed hold period allowed by the state will be readmitted to the facility upon the first availability of a bed in a semi-private room.</p>		