

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056194	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Windsor Gardens Convalescent Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 915 S. Crenshaw Blvd. Los Angeles, CA 90019	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43454</p> <p>Based on interview and record review, the facility failed to permit one of four residents (Resident 1) and implement their Bed-hold policy and procedures (P&P) after Resident 1 was transferred General Acute Care Hospital 1 (GACH 1) and was ready to be transferred back to the facility on [DATE]. The facility did not permit Resident 1 back to the facility.</p> <p>This deficient practice resulted in the Resident 1 remaining at GACH 1 and the potential to cause psychosocial harm.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record indicated resident was admitted to the facility on [DATE] with diagnoses including chronic obstructive pulmonary disease (COPD - a group of lung diseases that block airflow and make it difficult to breathe), encephalopathy (a disease in which the functioning of the brain is affected by some agent or condition-such as viral infection or toxins in the blood) and respiratory failure (condition in which your blood does not get enough oxygen or has too much carbon dioxide).</p> <p>A review of the Minimum Data Set (MDS - a federally mandated resident assessment tool) dated [DATE], indicated Resident 1 ' s cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions was severely impaired. The MDS indicated Resident 1 was total dependent from staffs for activities of daily living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves).</p> <p>A review of Resident 1's Physician Order Report, dated [DATE] indicated if transferred to the acute hospital, seven-day bed hold if appropriate.</p> <p>A review of Resident 1's SBAR (situation, background, assessment, recommendation-a communication tool used by healthcare workers when there is a change of condition among the residents), dated [DATE] indicated the physician's recommendation to send Resident 1 to General Acute Care Hospital 2 (GACH 2) Emergency Department for her to be placed on intravenous hydration (IV -fluids given directly into the blood stream), have gastrostomy tube (a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems) taken out .</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 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of facility's License, effective [DATE] indicated, facility has a bed capacity of 98 residents for skilled nursing.</p> <p>A review of the facility ' s daily census indicated the following:</p> <ul style="list-style-type: none"> i. On [DATE], facility has a census of 89. ii. On [DATE], facility has a census of 90. iii. On [DATE], facility has a census of 91. iv. On [DATE], facility has a census of 92. <p>During an interview with GACH 1 ' s Case Manager Director (CMD) on [DATE] at 9:40 a.m., CMD stated, Resident 1 was ready to be discharged back to facility on [DATE], she sent the referral to the facility and contacted the facility, in which she was told that there was no bed available for Resident 1. CMD stated, they contacted the facility again on [DATE] at [DATE] in which she was told that there was no bed available, and Resident 1 has been discharged and no bed held.</p> <p>During an interview with Admission Director (AD) on [DATE] at 12:17 p.m., AD stated, Resident 1 ' s referral from GACH 1 was sent to the facility in which she forwarded the information to clinical nurse for review. AD stated, she was notified that since Resident 1 is on contact isolation (residents with known or suspected infections that represent an increased risk for contact transmission), they don ' t have a bed available for Resident 1. When asked about the census on [DATE], [DATE], [DATE] and [DATE], AD stated and confirmed, according to their census, they have beds availability. AD further stated, Resident 1 is a custodial and she lived in the facility, therefore, they should be readmitting Resident 1.</p> <p>During an interview with the Director of Nursing (DON) on [DATE] at 12:6 a.m., DON stated Resident 1 lives in the facility, and she should be readmitted when ready to be discharge from GACH. DON stated, she was not aware that Resident 1 was ready to be discharged from GACH 1. DON further stated, they do have bed available on [DATE] and as of today, they also have available according to their census and they should make necessary room changes as needed to accommodate Resident 1.</p> <p>During a review of the facility ' s P&P titled, Bed-Holds and Returns, dated [DATE], the P&P indicated, all residents/representatives are provided written information regarding the facility and state bed-hold policies, which address holding or reserving a resident ' s bed during periods of absence (hospitalization or therapeutic leave). Residents, regardless of payer source, are provided written notice about these policies at least twice: well in advance of any transfer; and at the time of transfer (or, if the transfer was an emergency, within 24 hours) . The requirement that residents be permitted to return to the facility following hospitalization or therapeutic leave applies to all residents regardless of payer source . Residents who seek to return to the facility after the bed-hold period has expired are allowed to return to their previous room if available or immediately to the first available bed in a semi-private room provided that the resident: still requires the services provided by the facility; and is eligible for Medicare skilled nursing facility.</p>		