

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056291	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/24/2024
NAME OF PROVIDER OR SUPPLIER  Casa Bonita Convalescent Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE  535 E Bonita Avenue San Dimas, CA 91773	

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** 44027</b></p> <p>Based on interview and record review, the facility failed to readmit one of one sampled resident (Resident 1) from the General Acute Care Hospital (GACH) after the resident was cleared by the GACH to return to the facility on [DATE], according to the facility's Policy and Procedure (P&amp;P).</p> <p>This deficient practice had the potential to result in the denial of Resident 1's rights to return to the facility.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record (AR), the AR indicated Resident 1 was admitted to the facility on [DATE] and readmitted on [DATE] with multiple diagnoses that included hemiplegia (muscle weakness or partial paralysis on one side of the body) and hemiparesis (muscle weakness or partial paralysis on one side of the body) following unspecified cerebrovascular (relating to the brain and its blood vessels) disease affecting left dominant side, respiratory failure (when the lungs can't get enough oxygen into the blood), and dysphagia (difficulty swallowing foods or liquids).</p> <p>During a review of Resident 1's Minimum Data Set (MDS, standardized assessment and care-screening tool), dated [DATE], the MDS indicated the resident was severely impaired in cognitive skills (ability to make daily decisions). Resident 1 was dependent (helper does all the effort) on staff for dressing, personal hygiene, and toilet use.</p> <p>During a review of Resident 2's AR, the AR indicated Resident 2 was admitted to facility on [DATE] with multiple diagnoses including spinal stenosis (the spaces in the spine narrow and create pressure on the spinal cord and nerve roots), post laminectomy (surgical procedure that removes a portion of a vertebra called the lamina, which is the roof of the spinal canal) syndrome (the patient continues to feel pain after undergoing a back surgery), and lack of coordination.</p> <p>During a review of Resident 2's MDS, dated [DATE], the MDS indicated the resident had no impairment in cognitive skills (ability to make daily decisions). Resident 2 was dependent (helper does all the effort) on staff for dressing, personal hygiene, and toilet use.</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 an interview on [DATE] at 9:04 AM with the administrator (ADM), the Adm stated Resident 1 was readmitted to room [ROOM NUMBER] of the facility on [DATE]. The ADM stated GACH tested Resident 1 for Candid Auris (C. Auris, a multidrug-resistant fungal infection) and that Resident 1 was positive (required an isolation room [separate infected residents from non-infected residents]). The ADM stated they would need to arrange an isolation room for Resident. The ADM stated the ADM made arrangements for Resident 1 to go to a different facility from the GACH. The ADM stated those arrangements eventually did not happen as the other facility could not accept Resident 1. The ADM stated the facility did have an empty room at the time the GACH was ready to send Resident 1 back to the facility but that the facility was concerned the C. Auris would spread in the facility.</p> <p>During a concurrent interview and record review on [DATE] at 9:55 AM with the Admissions Coordinator (AC), the facility's Daily Census for [DATE] and [DATE]/2024 were reviewed. The Daily Census, dated [DATE] indicated room A had an empty bed. The Daily Census, dated [DATE] indicated Resident 2 was moved from Room B to Room A and that Resident 1 was admitted to Room B. The AC stated the facility moved Resident 2 to accommodate the readmission of Resident 1 to the facility. The AC stated Resident 1 was transferred to the GACH on [DATE]. The AC stated the Case Manager (CM) at the GACH notified AC on [DATE] that Resident 1 was ready to be discharged from the GACH and would need to return to the facility. The AC stated the facility could not readmit Resident 1 to the facility because Resident 2 required an isolation room. The AC stated the facility could have accommodated the admission of Resident 1 on [DATE] if the facility had made the same room changes that were done on [DATE].</p> <p>During a telephone interview on [DATE] at 10:01 AM with the CM, the CM stated Resident 1 had a discharge order from the GACH on [DATE]. The CM stated Resident 1 was stable and ready to return to the facility. The CM stated Resident 1 tested positive for C. Auris while at the GACH. The CM stated the AC told her that the facility did not have an isolation room for Resident 1. The CM stated the facility is required to take residents back even if the resident has an isolation need. The CM stated because the facility did not receive Resident 1 back Resident 1 overstayed at GACH for 10 days.</p> <p>During an interview on [DATE] at 10:31 AM with the Infection Preventionist (IP), the IP stated Resident 1 was the fifth resident at the facility with C. Auris.</p> <p>During a review of the facility's P&amp;P titled, Readmission to the Facility, revised [DATE], the P&amp;P indicated, Residents who have been discharged to the hospital or for therapeutic leave will be given priority in readmission to the facility. The P&amp;P indicated, A Medicaid resident 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 if the resident:</p> <ol style="list-style-type: none"> <li>a. Requires the services provided by the facility.</li> <li>b. Meets the admission criteria as outlined in facility policy.</li> <li>c. Was not discharged for any reason outlined in the transfer or discharge notice policy.</li> <li>d. Is eligible for Medicaid nursing facility services.</li> </ol> <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 review of the facility's P&amp;P titled, Bed-Holds and Returns, revised [DATE], the P&amp;P indicated, 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 within the bed-hold period defined in the state plan are allowed to return to their previous room, if available. Residents who seek to return to the facility after the state bed-hold period has expired (or when state law does not provide for bed-holds) 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:</p> <ul style="list-style-type: none"> <li>a. Still requires the services provided by the facility; and</li> <li>b. Is eligible for Medicare skilled nursing facility or Medicaid nursing facility services.</li> </ul>