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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056308 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 07/24/2025 |
| NAME OF PROVIDER OR SUPPLIER Heritage Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 21414 S. Vermont Avenue Torrance, CA 90502 | |

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) |
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| <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** Based on interview and record review, the facility failed to ensure a written copy of the bed hold notice was created and provided to one of three sampled resident's (Residents 1) responsible party (RP) within 24 hours of transferring Resident 1 to a General Acute Care Hospital (GACH). This deficient practice resulted in the incomplete status of Resident 1 bed hold availability and no documented notice provided to RP.</p> <p>Findings: During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was initially admitted to the facility on [DATE] and re-admitted on [DATE] with diagnoses including Huntington's disease (nerve cells in parts of the brain that gradually break down and die), major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), and dementia (a progressive state of decline in mental abilities). During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool) dated 9/13/2024, the MDS indicated Resident 1's cognition (ability to think, understand, learn, and remember) was severely impaired. The MDS indicated Resident 1 was dependent (helper does all the work) with Activities of Daily Living (ADLs- activities such as bathing, dressing, and toileting a person performs daily). During a review of Resident 1's progress noted dated 9/13/2025 and timed at 12:05 a.m., the progress note indicated Resident 1 was transferred to GACH for further assessment. During a review of Resident 1's Medical Record, the Medical Record indicated no documented evidence that a written Bed Hold notice, or Transfer Agreement form was created. During a concurrent interview and record review on 7/25/2025 at 4:03 p.m., with Licensed Vocational Nurse (LVN) 1, LVN 1 stated Resident 1 was transferred to GACH on 9/13/2024. LVN 1 stated upon transfer of a resident, a bed hold notice form and a notice of transfer form is to be completed immediately. During an interview on 7/25/2025 at 4:23 p.m., with the Medical Records Supervisor (MRS), the MRS stated there was no bed hold notice form or transfer form for Resident 1's transfer to GACH on 9/13/2024. The MRS stated with any transfer out of the facility, these forms need to be completed because the bed hold agreement is an agreement with Medi-Cal and, so the resident and/or resident representative is aware of the bed hold policy and their rights. During an interview on 7/25/2025 at 4:34 p.m., with the Director of Nursing (DON), the DON stated the nurse's are responsible for ensuring the bed hold notice and transfer forms are completed. The DON stated the bed hold notification is important to be completed to ensure the resident or resident representative is aware of the possibility their bed will be given away after seven days. The DON stated it is important these forms are completed and sent to the Ombudsman, so they are aware and to ensure the transfer was appropriate. During a review of the facility's policy and procedure (P&P) titled, Bed-Holds and Returns, undated, the P&P indicated, Prior to transfers and therapeutic leaves, residents or resident representatives will be informed in writing of the bed-hold and return policy.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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