

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056313	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER Pacific Villa, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 3501 Cedar Avenue Long Beach, CA 90807	

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** 36292</p> <p>Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 1), who was transferred to a General Acute Care Hospital (GACH) on 9/5/2024 for evaluation and treatment related to abnormal laboratory (labs) results, was refused readmission to the facility after Resident 1 was treated and stabilized at the GACH on 10/1/2024.</p> <p>This deficient practice resulted in Resident 1 remaining at the GACH for 11 days after Resident 1 was deemed appropriate for transfer back to the facility but was denied readmission by the facility. Resident 1 was subsequently transferred to a different facility (10/11/2024), placing the resident at risk for confusion, disorientation related to displacement from a place that was considered Resident 1's home.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record (Face Sheet) the Face Sheet indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including bipolar disorder (mania and depression combination), and extrapyramidal movement disorder (involuntary muscular movement caused by side effects of antipsychotic medications).</p> <p>During review of Resident 1's Minimum Data Set ([MDS] a federally mandated resident assessment tool) dated 9/5/2024, the MDS indicated Resident 1 had the ability to understand others, make himself-understood and required maximal assistance (helper does more than half the effort) with activities of daily living ([ADLs] routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves).</p> <p>During a review of Resident 1's Change of Condition (COC) dated 9/5/2024 the COC indicated Resident 1's lab results were abnormal.</p> <p>During a review of Resident 1's Physician's Order dated 9/5/2024 and timed at 5 p.m., the Physician's Order indicated to transfer Resident 1 to the GACH (GACH 1).</p> <p>During a review of Resident 1's Nurse Progress Note dated 9/5/2024 and timed at 4:51 p.m., the Nurse Progress Note indicated Resident 1 was transferred to GACH 1 for further evaluation.</p> <p>During a review of the facility's Daily Census, the following was indicated:</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>From 10/1/2024 through 10/7/2024 - there was one male bed available</p> <p>From 10/8/2024 through 10/9/2024 - there were three male beds available</p> <p>From 10/10/2024 through 10/11/2024 - there were four male beds available</p> <p>During a review of GACH 1's Admission Records (Face Sheet), the Face Sheet indicated Resident 1 was transferred to GACH 1 on 9/5/2024 and discharged to GACH 2 on 9/18/2024.</p> <p>During a review of GACH 2's Admission Record, GACH 2's Admission Record indicated Resident 1 was admitted to GACH 2 on 9/18/2024 and discharged to skilled nursing facility (SNF 2) on 10/11/2024.</p> <p>During a review of GACH 2's Case Management/Social Services assessment dated [DATE], the Case Management/Social Services Assessment indicated SNF 1 reported they had no available beds since 10/1/2024.</p> <p>During an interview on 10/11/2024 at 11:15 a.m. the Director of Nurses (DON) stated Resident 1 contracted Candida auris ([C. auris] a yeast that can cause life-threatening infections as is a highly contagious in healthcare settings) at GACH 2 and she could not readmit Resident 1 to the facility because they had no available isolation beds.</p> <p>During an interview on 10/17/2024 at 2:30 p.m., Registered Nurse 1 (RN 1) stated, she spoke to someone at GACH 2, who reported Resident 1 had C. auris. RN 1 stated they did not refuse to readmit Resident 1 to the facility (SNF 1), they did not have any isolation beds available.</p> <p>During an interview on 10/17/2024 at 2:40 p.m., the Administrator (ADM) stated they could not readmit Resident 1 because there were no available beds.</p> <p>During a telephone interview on 10/17/2024 at 4:30 p.m., the Social Worker (SW) from GACH 2 stated, she called the facility about Resident 1's discharge on 10/1/2024 and was told by RN 1 that there were no available beds.</p> <p>A review of an All Facility's Letter 24-15 (AFL 24-15), dated 6/13/2024, indicated as of 3/20/2024, all Skilled Nursing Facilities (SNFs) in compliance with the Centers for Medicare & Medicaid Services (CMS an agency that provides health coverage to more than 160 million) Enhanced Barrier Precautions ([EBP] an infection control strategy that uses personal protective equipment ([PPE] clothing and gear that medical professional wear to protect themselves from infection and injury to reduce the spread of Multidrug-resistant Organisms ([MDROs] bacteria that have become resistant to certain antibiotics in nursing homes) requirement, were able to admit and provide care for residents with MDROs. Thus, there was no basis for the facility to refuse admission of a Resident based on the resident's need for EBP or MDRO status. Residents on EBP do not require placement in a single-person room, even when known to be infected or colonized with an MDRO.</p> <p>During a review of the facility's undated policy and procedure (P/P) titled Bed Hold Notice Upon Transfer, the P/P indicated a resident whose hospitalization or therapeutic leave exceeds the bed-hold period under the State plan will be readmitted to the facility immediately upon the first availability of a bed in a semi-private room if the resident requires the services provided by the facility and is eligible for Medicaid nursing facility services.</p>		