

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056425	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Studebaker Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 13226 Studebaker Rd Norwalk, CA 90650	

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** 45425</p> <p>Based on interview and record review, the facility failed to ensure a resident who was transferred to a General Acute Care Hospital (GACH) on 12/9/2024 due to the resident's combative behavior after he was found with drug paraphernalia (any equipment that is used to produce, conceal, and consume illicit drugs), was readmitted to the facility on ce the resident was treated and cleared by the GACH to return to the facility on [DATE] for one of three sampled residents (Resident 1).</p> <p>This deficient practice resulted in the denial of Resident 1's bed hold</p> <p>(a resident's right to keep a bed vacant and available for seven days after their transfer to the hospital in anticipation of their return to the facility) and him remaining at the GACH for two days after the GACH deemed Resident 1 able to return to the facility. This deficient practice had the potential for Resident 1 to continue to be displaced from his residence.</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 a diagnosis of Parkinson's disease (a progressive disease of the nervous system marked by tremors, muscular rigidity, and slow, imprecise movements).</p> <p>During a review of Resident 1's Minimum Data Set ([MDS] a resident assessment tool) dated 10/22/2024, the MDS indicated Resident 1's cognition was intact and Resident 1 required supervision or touch assistance (helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity) to complete activities of daily living ([ADLs] activities such as bathing, dressing and toileting a person performs daily).</p> <p>During a review of Resident 1's Nurses Notes dated 12/9/2024, the Nurses Notes indicated Resident 1 was sent to the GACH due to aggressive behavior and danger to self and others. The Nurses Notes indicated Resident 1 was combative and trying to strike the facility staff when drugs and drug paraphernalia was found and confiscated.</p> <p>During a review of Resident 1's Bed Hold Notification form dated 12/9/2024, the Bed Hold Notification form indicated Resident 1 desired a bed hold for a duration of seven days and was verbally notified.</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>During a review of Resident 1's Notice of Transfer/Discharge note (a written or verbal notification that a resident or their representative intends to leave a skilled nursing facility [SNF] or the SNF initiates the transfer or discharge) dated 12/9/2024, the Notice of Transfer/Discharge note indicated Resident 1 was transferred for the resident's welfare and the resident's needs could not be met at the facility. The Notice of Transfer/Discharge was not signed by the resident.</p> <p>During a review of the facility's Census (a form documenting the number of residents receiving care at a given time) dated 12/12/2024, the Census indicated Resident 1's room was listed as EMPTY, and there was no resident's name assigned to the room.</p> <p>During a review of the GACH's Face Sheet, the Face Sheet indicated Resident 1 was admitted to the Emergency Department (ED) on 12/10/2024.</p> <p>During a review of Resident 1's Psychiatry ED Progress Note dated 12/11/2024, the Psychiatry ED Progress Note indicated Resident 1 was placed on a 5150 hold due to being hostile to staff in the facility, disoriented, and unable to care for himself. The Psychiatry ED Progress Note indicated Resident 1 had significantly improved compared to when he initially presented to the emergency room, and he expressed a desire to go back to the facility. The Psychiatry ED Progress Note indicated Resident 1 was calm and cooperative and seemed back to his baseline level. The Psychiatry ED Progress Note indicated the plan was to discontinue Resident 1's 5150 hold when Resident 1's discharge back to the facility was arranged.</p> <p>During a review of Resident 1's Behavioral Health Social Work Progress Note dated 12/11/2024, the Behavioral Health Social Work Progress Note indicated the facility refused to readmit Resident 1 to the facility because the facility had given Resident 1's bed away. The Behavioral Health Social Work Progress Note indicated Resident 1 was psychiatrically and medically stable for discharge back to the facility.</p> <p>During an interview on 12/12/2024 at 9:17 a.m., the GACH Social Worker (SW) stated the Medical Director (MD) of the ED spoke to one of the staff members at the facility and the facility was under the impression Resident 1 was being taken to jail and he no longer had a bed at the facility. The GACH SW stated the facility informed the MD that Resident 1 should be discharged to a residential substance abuse program (treatment for those suffering from addiction to drugs and/or alcohol) for rehabilitation. The GACH SW stated Resident 1 did not meet criteria for admission to the GACH.</p> <p>During an interview on 12/12/2024 at 12:49 p.m., the Director of Nursing (DON) stated she informed the MD at the GACH that Resident 1 required a substance abuse program, and she was not sure how the facility could help Resident 1 with his drug problems. The DON stated she did not tell the GACH the facility would not readmit Resident 1 but instead Resident 1 should be admitted to a different type of facility, one that could help him with substance abuse.</p> <p>During a review of the facility's policy and procedure (P/P) titled Bed Hold dated 10/1/2023, the P/P indicated the facility will hold the resident's bed for up to seven (7) days if the resident was transferred to a GACH, as long as the resident or resident's representative notified the facility within 24 hours of the transfer that they wish to have the facility hold the resident's bed.</p>		