

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05A269	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/14/2025
NAME OF PROVIDER OR SUPPLIER Meadowbrook Behavioral Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3951 East Blvd. Los Angeles, CA 90066	

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** 45524</p> <p>Based on interview and record review, the facility failed to follow its' policy and procedures (P&P) by not allowing one of three sampled residents (Resident 1) to return to the facility. Resident 1 was admitted to General Acute Care Hospital (GACH) on [DATE] and was had an order to discharge back to the facility on [DATE].</p> <p>This deficient practice resulted in Resident 1 remaining at the hospital longer than necessary (24 days as of [DATE]) and had the potential to affect the resident ' s psychosocial wellbeing.</p> <p>Findings:</p> <p>During a review of the admission record for Resident 1 indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including paranoid schizophrenia (a mental illness that is characterized by disturbances in thought) and diabetes mellitus (DM-a high blood sugar).</p> <p>During a review of the Minimum Data Set (MDS - a resident assessment tool) dated [DATE], indicated Resident 1 had moderate cognitive impairment (a stage of cognitive decline that affects short-term memory and the ability to complete complex tasks). The same MDS indicated Resident 1 was independent for all Activities of Daily Living such as: (ADLs- routine tasks/activities such as eating, oral hygiene, toileting hygiene, shower/bathe self, personal hygiene, lower/upper body dressing, putting on/taking off footwear).</p> <p>During a review of a History and Physical (H&P-a term used to describe a physician's examination of a patient. In an H&P, the physician obtains a thorough medical history from the patient, performs a physical examination, and then documents their findings) for Resident 1 dated [DATE] indicated Resident 1 did not have the capacity to make decisions.</p> <p>During a review of an H&P for Resident 1 dated [DATE] at 10 am, indicated, Resident 1 was admitted to GACH for abdominal pain and shortness of breath. The H&P indicated under assessment diagnosis which included pneumonia (a lung infection that can cause inflammation and fluid in the air sacs of the lungs), fecal impaction (a condition where a large, hard mass of stool (fecal matter), and developmental delay (a condition where a child's development in one or more areas of cognitive, motor, language, social, or adaptive skills lags behind what is typically expected for their age).</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 GACH physician orders dated [DATE] indicated Please plan to discharge patient on oral Keflex (a cephalosporin antibiotic prescribed to treat bacterial infections) 500 mg (Milligrams- mg- metric unit of measurement, used for medication dosage and/or amount) q (every) 6 + probenecid 1 g (gram) p.o. (by mouth) daily both till [DATE]).</p> <p>During an interview with the Assistant Admissions Coordinator (AAC) on [DATE] at 12:31 pm, the AAC stated residents must be medically cleared and have an active physician ' s order for discharge before they are readmitted to the facility. AAC stated that whenever a resident is transferred to GACH, a 7 day bedhold (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) goes into effect. AAC stated that she was informed by the Social Worker (SW) that they might be a discharge order for Resident 1 on [DATE], which was the 7th day of his bedhold. AAC stated that she then requested for records for GACH and gave them to the Director of Nursing for review. AAC stated that the DON informed her (AAC) that Resident 1 was not eligible for readmission because he was still on Intravenous (means within a vein. Most often it refers to giving medicines or fluids through a needle or tube inserted into a vein) antibiotics and needed to be on isolation due to his diagnosis of MSSA (Methicillin-Susceptible Staphylococcus aureus- a common cause of skin and soft tissue infections, as well as other infections such as pneumonia and bloodstream infections). AAC stated that she called the SW to notify that Resident 1 was not cleared for discharge because of the IV antibiotics. The SW stated that she was going to ask the physician if they wanted to switch the order to an oral antibiotic. AAC stated that the SW called her later the same day and informed her that the order was changed to an oral antibiotic. AAC stated that she informed the SW that Resident 1 was still not cleared due to the MSSA. AAC stated that on [DATE], Resident 1 ' s bed was then given to a new resident.</p> <p>During an interview with the DON on [DATE] 2:15 pm, the DON stated that Resident 1 was sent to GACH because of abdominal distention, constipation, and weakness where he (Resident 1) was diagnosed with fecal impaction becomes stuck in the rectum) and pneumonia. The DON stated that even though Resident 1 ' s IV antibiotic were changed to oral on the 7th day, the DON stated that Resident 1 should have been in isolation due to the MSSA. The DON confirmed that there was no order for Resident 1 to be in isolation.</p> <p>During a review of the facility's policy and procedures (P&P) titled, Bed-Holds and Returns, revised , d+[DATE], the P&P indicated, Residents and/or representatives are informed (in writing) of the facility and state (if applicable) bed-hold policies. The P&P ' s policy interpretation and implementation included:</p> <p>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> <p>a. still requires the services provided by the facility; and</p> <p>b. is eligible for Medicare skilled nursing facility or Medicaid nursing facility services.</p>		