

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555011	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/22/2025
NAME OF PROVIDER OR SUPPLIER Vineland Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 10830 Oxnard Street North Hollywood, CA 91606	

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)
F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. (continued on next page)

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 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to readmit one of three sampled residents (Resident 1) from the General Acute Care Hospital (GACH). On 12/17/2025, Resident 1 was discharged to the GACH and was for readmission back to the facility on [DATE]. The facility only readmitted back Resident 1 on 12/23/2025. This deficient practice resulted to a violation of Resident 1's right to be readmitted back to the facility. Findings:During a review of Resident 1's admission Record, the admission Record indicated the facility admitted Resident 1 on 9/17/2025 with diagnoses including epilepsy (a brain disorder causing seizures [abnormal electrical activity in your brain that temporarily affects your consciousness, muscle control, and behavior], and muscle weakness.During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 9/27/2025, the MDS indicated Resident 1 was severely impaired with thought process and required maximal assistance from staff to complete activities of daily living (ADLs - activities such as bathing, dressing, and toileting a person performs daily).During an interview on 12/19/2025 at 3:14 p.m. with the Social Service Worker (SSW), the SSW stated that she (SSW) spoke to the case manager of the GACH, the physician from GACH and ombudsman informing them that the facility will not take Resident 1 back in the facility when Resident 1 was already ready to be discharged in the GACH yesterday (11/18/2025). The SSW stated that the facility Administrator and the Director of Nursing (DON) decided not to readmit Resident 1 back in the facility.During an interview on 1/19/2025 at 3:48 p.m. with the DON, the DON stated that the facility was not accepting Resident 1 back from the facility.During an interview on 12/22/2025 at 9:00 a.m. with the Administrator, the Administrator stated that the facility was not taking Resident 1 back in the facility.During a concurrent interview and review on 12/22/2025 at 2:43 p.m. with the DON, the facility's policy and procedure (P&P) titled, Transfer and Discharge (including AMA) dated 12/19/2022, readmission to Facility dated 12/19/2022, Discharge Planning process dated 12/29/2022, and admission of a Resident dated 12/19/2022 were reviewed. The DON stated P&P indicated, It is the policy of this facility to protect the resident's right to readmission by initiating a bed-hold and permitting each resident to return to the facility after they are hospitalized or placed on therapeutic leave, regardless of payment source. The DON stated that the facility P&P did not indicate that Resident 1 was qualified not to be readmitted back to the facility. The DON stated that the facility can be able to take care of Resident 1 and the facility was equipped to take care Resident 1. The DON stated that it was possible that Resident 1 family members will have a hard time visiting Resident 1 due to the change of location if Resident 1 was transferred to another facility.During a review of Resident 1's admission Record, the admission Record indicated the facility readmitted Resident 1 on 12/23/2025. During a review of the facility policy and procedure titled, readmission to Facility, last review date 12/19/2022, the policy and procedure indicated, It is the policy of this facility to protect the resident's right to readmission by initiating a bed-hold and permitting each resident to return to the facility after they are hospitalized of placed on therapeutic leave, regardless of payment source.</p>		