

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555309	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2024
NAME OF PROVIDER OR SUPPLIER Sundance Creek Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 5800 West Wilson Street Banning, CA 92220	

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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47832</p> <p>Based on interview, and record review, the facility failed to ensure information related to facility bed hold (holding or reserving a resident's bed while the resident was absent from the facility during hospitalization or therapeutic leave) was provided to one (Resident 1) of three sampled resident's family member. This failure had resulted in the family member not given the opportunity to ensure a facility bed would remain available for Resident 1's return to receive services needed.</p> <p>Findings:</p> <p>On May 7, 2024, at 8:25 a.m., an unannounced visit to the facility was conducted to investigate a complaint related to discharge and bed hold issues.</p> <p>On May 7, 2024, Resident 1's medical record was reviewed. Resident 1 was admitted to the facility on [DATE], with a diagnosis which included history of traumatic brain injury (when a sudden external physical assault damages the brain) and adjustment disorder with mixed disturbance of emotions and conduct. The facility history and physical indicated Resident 1 did not have the capacity to understand and make decisions.</p> <p>Resident 1's medical record indicated that on April 9, 2024, resident was transferred to emergency room under 51-50 (a Code when an adult experiences a mental crisis and a danger to themselves and or others and detained for 72-hour psychiatric hospitalization) to a hospital for psychiatric evaluation and treatment. Order also indicated no bed-hold.</p> <p>On April 9, 2024, Resident 1 was noted to be cursing and banging the walls, trying to enter other resident's rooms and kicked the isolation carts in the hallway. The staff were instructed to close the doors for the safety of the other residents and residents were fearful. Staff were unable to stop Resident 1 and [NAME] police Department was called for help. Attending physician was also called who ordered to transfer Resident 1 to the acute care hospital.</p> <p>On May 7, 2024, at 11:14 a.m., during an interview with the Social Service Director (SSD) stated Resident 1 had become progressively difficult to care for. The SSD stated a decision as a team was made to not provide a bed-hold for Resident 1.</p> <p>On May 14, 2024, at 4:37 p.m., the SSD stated that the Notice of Proposed Transfer/Discharge (NOPTD) was not given to the resident or to the responsible party within 24 hours per requirement.</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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On May 7, 2024, at 3:41 P.M., during an interview with the Director of Nursing (DON) stated as a team it was decided that facility could no longer take care of Resident 1 and therefore a bed-hold was not provided.</p> <p>On May 14, 2024, at 4:35 p.m., the DON stated after Resident 1 was transferred to the hospital on April 9, 2024, she did not follow-up with the hospital if Resident 1's behavior had improved and been stabilized.</p> <p>The facility policy and procedure were reviewed. The policy titled, Bed-Holds and Returns revised October 2022, indicated, All residents/representatives are provided written information regarding the facility and state bed-hold policies .residents, regardless of payer source, are provided written notice about these policies at least twice .well in advance of any transfer and at the time of transfer (or, if the transfer was an emergency, within 24 hours) .following a hospitalization , residents whom staff are concerned about permitting to return due to their clinical/behavioral condition at the time of transfer are evaluated based on their current condition, not their condition when originally transferred .</p>