STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555397	A. Building B. Wing	01/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Rehabilitation Center of Los Angeles	340 South Alvarado Street Los Angeles, CA 90057

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 0626 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49571 Based on interview and record review, the facility failed to allow one sampled resident (Resident 1) to return to the facility following a hospitalization on [DATE], 11/24/2024, and 2/3/2025. Resident 1 was transferred to general acute the acute care hospital (GACH) on 8/24/2024. This deficient practice had the potential to result in psychosocial harm for Resident 1, had caused emotional distress and confusion for Resident 1's decision maker family member (FM). Findings: During a review of Resident 1's Admission Records, dated 1/31/2025, the admission record indicated, Resident 1 was initially admitted to the facility on ,d+[DATE] and readmitted on [DATE] with a diagnosis including chronic respiratory failure a condition in which your blood doesn't have enough oxygen causing shortness of breath and difficulty breathing, often caused by a disease or injury) dysphagia (difficulty swallowing) generalized muscle weakness (weakening, shrinking, and loss of muscle), type 2 diabetes (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing). Resident 1's face sheet indicated FM was the emergency contact family member. During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool), dated 9/5/2024, indicated Resident 1 had severely impaired cognitive skills (mental action or process of acquiring knowledge and understanding) to make daily decision on self-care activities, dependent for mobility to turn left and right (Helper does all of the effort, Resident does none of the effort to complete the activity). During a review of Resident 1's History and Physical (H&P) dated 9/30/2024, the H&P indicated Resident 1 has encephalopathy (a disease damaged the functions of the brain), type 2 diabetes (A long-term condition in which the body has trouble controlling blood sugar and using it for energy), cerebrovascular accident (CVA- stroke, loss of blood flow to a part of the brain) with paraplegia (loss of movement and/or sensation, to some degree, of the legs). During a review of Resident 1's Census list dated 1/31/2025 indicated, Resident 1 was transferred to GACH on 9/16/2024, 10/14/2024, and 10/28/2024. (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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F 0626 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of Resident 1 ' s GACH Discharge Planning Needs dated 2/1/2025 indicated, Resident 1 anticipate discharge from GACH to Skilled Nursing Facility (SNF) on 11/16/2024. Social Worker (SW) notes indicated GACH Case Manger (CM) spoke with the SNF facility's admission on 11/15/2024, SNF facility admission informed GACH CM the facility does not have isolation bed at this time. The same Discharge Planning Needs indicated, GACH CM called and spoke to Resident 1's family member, family member agreeable for Resident 1 to go back to the facility. GACH attempetd to discharge Resident 1 to the Skilled Nursing Facility (SNF) on 11/16/2024, 11/24/2024, and 2/3/2025. A review of Resident 1's Discharge Planning Needs dated 2/1/2025 indicated, Resident 1 anticipated discharge date from GACH to SNF 11/24/2024. GACH received a call from the facilities marketer (MKTG) on 11/20/2024, MKTG indicated the facility could not accept Resident 1 due to isolation. A review of Resident 1's Discharge Planning Needs dated 2/1/2025 indicated, Resident 1 anticipated discharge date from GACH to SNF 1/14/2025. The Discharge Planning Needs 1/10/2025 notes indicated; no isolation bed today as stated by the facility ' s admissions intake to GACH discharge planner. A review of Resident 1's Discharge Planning Needs dated 2/1/2025 indicated, Resident 1 anticipated discharge date from GACH to SNF 2/3/2025. Communication notes on 1/30/2025, between GACH discharge coordinator and the facility ' s MKTG, indicated, there is no isolation bed available at this time, Resident 1 is on waiting list number 2. A review of facility's census indicted; the facility has a subacute unit (a medical facility that provides short-term, intensive care for patients who need more care than an assisted living facility but less than a hospital). The census indicated the following: 1/31/2025 capacity of 24 beds with census 18, one female isolation vacant bed. 1/30/2025 capacity 24 beds with census 19, one female isolation vacant bed. 1/29/2025 capacity 24 beds with census 19, one female vacant bed. 1/28/2025 capacity 24 beds with census 19, one female isolation vacant bed and one female vacant bed. 1/27/2025 capacity 24 beds census 21, one female isolation vacant bed. 1/26/2025 capacity 24 beds census 20, one female isolation vacant bed. 1/25/2025 capacity 24 beds census 20, one female isolation vacant bed. 1/24/2025 capacity 24 beds census 21, one female isolation vacant bed. (continued on next page)

Printed: 04/30/2025
Form Approved OMB
No. 0938-0391

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F 0626 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 1/31/2025 at 10:26 AM, with the Director of Admissions (DAD), the DAD stated, admissions are referred to the director of nursing (DON), hospital administrator (ADM), and infection prevention nurse (IP) for review and recommendations. Clinical staff makes the final decision for admissions. Stated, I am familiar with Resident 1 and have spoken to many people from GACH. Resident 1 is not admitted back to the facility because the resident requires isolation room, cannot be cohorted with other residents. The plan is to admit Resident 1 when a single isolation room is available. During an interview on 1/31/2025 at 11:34 AM with the facility's admissions marketing (MKTG) stated, I am involved in decision makings for admissions collaborating with clinical staff and ADM. Stated, I am familiar with Resident 1, has spoken with GACH staff and Resident 1's FM. The last conversation with GACH and FM was on 1/30/2025. MKTG stated, the facility is unable to provide a specific date for admissions because Resident 1 requires a single isolation room. The facility does not have a waiting list, admission is based on first come first serve and based on clinical accommodation needs. During an interview on 1/31/2025 at 11:50 AM with the facility administrator (ADM), ADM stated, I am familiar with Resident 1 and involved with DON, IP, and admissions department to make admission decisions. Stated the facility is licensed for 180 beds with 179 bed capacity. The Sub Acute unit has a capacity for 26 beds, 24 beds occupied regularly. Stated, Resident 1 used to stay in a single isolation room, we did not want to compromise other residents and cannot cohort Resident 1. Resident 1's old room is occupied by another resident; we are waiting for available single isolation room to admit Resident 1. During a telephone interview on 2/1/2025 at 12:02 PM with GACH Social Worker (SW), SW stated, we have attempted several times to transfer Resident 1 back to the SNF facility where Resident used to stay. We have an alternate facility booked for the resident but Resident 1's family/decision maker does not want Resident 1 to go to another facility. SW further stated Resident 1's FM has been informed by SNF admission staff named MKTG, Resident 1 can is not returned to the facility because FM has filed a complaint against the facility in the past. During an interview on 2/3/2025 at 4:40 PM with Resident 1's family member/decision maker (FM), FM stated, Resident 1 has been in GACH for three and half months. Has been trying to go back the SNF, but the facility did not accept Resident 1. FM further stated, the whole process was stressful and confusing, I can ' t even keep up with the back and forth between GACH and SNF, I wish I could record the conversations. FM stated when Resident 1 feels better and ready to transfer, I prefer Resident 1 go back to the same facility. During a review of the facility's Policy and Procedure (P&P) titled Admission Policy, reviewed November 2024, the P&P indicated, The facility does not request or require residents or potential residents to waive their rights for admission to the facility During a review of the facility 's P&P titled Permitting Resident To Return To Facility, reviewed November 2024, the P&P indicated, The facility permits residents to return to the facility after they are hospitalized or placed on therapeutic leave. When a resident returns to the facility from a hospitalization or therapeutic leave, the resident must be permitted to return to their previous room, if available; or must be permitted to return to an available bed in the location in which he or she previously resided.