STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555565	A. Building B. Wing	07/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Artesia Palms Care Center	11900 E. Artesia Blvd. Artesia, CA 90701

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** 36292 Based on interview and record review, the facility failed to readmit a resident, who was transferred to a General Acute Care Hospital (GACH) on [DATE] for evaluation and treatment due to behavioral symptoms, agitation, aggression, and psychosis (mental disorder, disconnection from reality) and was ready to return to the facility from the GACH for one of three sampled residents (Resident 1). This deficient practice resulted in Resident 1 remaining at the GACH (as of [DATE]) after Resident 1 was ready to be discharged back to the facility on [DATE] but was denied readmission. Resident 1 has remained at the GACH unnecessarily for additional six days, placing Resident 1 at risk for confusion, disorientation and psychosocial harm related to being displaced from the facility, a place that was considered Resident 1's home since initial admission on [DATE]. Findings: During a review of Resident 1's Admission Record, the Admission Record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including dementia (memory loss, thinking abilities that interfere with daily life), metabolic encephalopathy (problem in the brain caused by chemical imbalance), depression (a constant feeling of sadness and loss of interest in activities of daily living), and anxiety disorder (excessive worry and feelings of fear, dread, and uneasiness) During a review of Resident 1's Minimum Data Set ([MDS] - a standardized assessment and care screening tool), dated [DATE], the MDS indicated Resident 1had moderately impaired cognitive skills for daily decision making. During a review of Resident 1 ' s Physician ' s Order dated [DATE], the Physician ' s Order indicated Resident 1 was incapable of understanding rights, responsibilities, and informed consent. During a review of Resident 1's Change of Condition ([COC] a facility tool to document a resident ' s sudden change from baseline) dated [DATE], the COC indicated Resident 1 had behavioral symptoms of aggressive behavior and psychosis, talking to self, and was verbally aggressive towards staff. During a review of Resident 1's Physician's Order dated [DATE], the Physician's Order indicated, to transfer the resident to the GACH for further psychiatric evaluation with a seven-day Bed-Hold (facility reserves bed for resident who is emergently transferred out). (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555565	A. Building B. Wing	07/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Artesia Palms Care Center	11900 E. Artesia Blvd. Artesia, CA 90701

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	During a review of Resident 1's Nurse ' s Progress Notes dated [DATE] and timed 7:00 pm, the Nurse ' s Progress Notes indicated Resident 1 was transferred to a GACH via ambulance for further evaluation on [DATE]. During a review of Resident 1's Notice of Transfer/discharge date d [DATE], the Notice of Transfer/Discharge indicated Resident 1 was transferred to the GACH on [DATE], because it was necessary for the resident. During a review of the GACH Admission Records, the GACH ' s Admission Records indicated Resident 1 was admitted to the emergency roiagnom on [DATE], with diagnoses of dementia with psychosis, worsening agitation, and aggression, and was subsequently admitted to the inpatient behavioral unit for behavior management. During a review of the GACH ' s Discharge Plan Records dated [DATE] and timed at 11:28 pm, the Discharge Plan Records indicated, the psychiatrist ' s plan was for Resident 1 ' s discharge back to the facility on [DATE]. The GACH ' s Discharge Plan Records indicated the social worker called the facility and had to leave a voice mail message due to no answer. During a review of the GACH ' s Discharge Plan Records dated [DATE] and timed at 9:38 pm, the GACH ' s Discharge Plan Records indicated the social worker called the facility to inquire about Resident 1 ' s return to the facility. The GACH ' s Discharge Plan Records indicated the facility ' s Marketer stated Resident 1 was off his seven-day Bed-Hold and the facility was unable to take him back. During a review of the GACH ' s Discharge Plan Records dated [DATE] and timed at 1:10 pm, the GACH ' s Discharge Plan Records indicated that the social worker talked to Resident 1, and the resident stated he would like to return to the facility. During an interview on [DATE] at 11:35 a.m., the registered nurse supervisor (RN 1) stated the facility was a special-focus-facility (a facility under monitoring due to a record of poor state inspection results) under Centers for Medicare and Medicaid Services ([CMS] - a federal agency that provides the nation ' s major health coverage program) and are unable to readmit residents who exceed the seven day Bed-Hold, because they are considered a new admission. During an interview on [DATE] at 12:15 pm, the Administrator (ADM), stated they could not readmit Resident 1 per the interim manager ' s guidance, once Resident 1 had exceeded the seven-day Bed-Hold, Resident 1 would be considered a new admission and the facility would not be reimbursed by CMS for services rendered. During an interview on [DATE] at 9:30. am, the social worker from the GACH stated on [DATE], the facility ' s response to Resident 1 returning back was unable to accept Resident 1 due to Resident 1 being off his seven-day Bed-Hold and facility is unable to take him back. During a review of the facility ' s policy and procedure (P&P) titled, Bed-Holds and Returns, revised , d+[DATE], the P&P indicated that residents are permitted to return to the facility following hospitalization or therapeutic leave regardless of payer source. The P&P indicated that residents who seek to return to the facility after the state seven-day Bed-Hold period has expired are allowed to return to their previous room, if available, or immediately to the first available bed in a semi-private room. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555565	A. Building B. Wing	07/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Artesia Palms Care Center	11900 E. Artesia Blvd. Artesia, CA 90701

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	During a review of the facility's policy and procedure (P&P) titled Readmission to the Facility revised , d+[DATE], the P&P indicated that Residents, who have been discharged to the hospital or for therapeutic leave, will be given priority in readmission to the facility