

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555651	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/29/2025
NAME OF PROVIDER OR SUPPLIER Stanley Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 14102 Springdale Street Westminster, CA 92683	

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 0628</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39683</p> <p>Based on interview, medical record review, facility document review, and facility P&P review, the facility failed to provide written information to the residents about a bed-hold information upon the resident transferring to an acute care hospital for three of three sampled residents (Residents 1, 2, and 3). These failures had the potential for the residents not receiving accurate information to determine if they wanted a bed-hold and to return to the facility.</p> <p>Findings:</p> <p>Review of the facility's P&P titled Bed-Holds and Returns revised March 2017 showed prior to a transfer, written information will be given to the residents and their representative that explains in detail the residents' rights and limitations regarding bed-holds, the reserve bed payment policy, and the per diem rate to hold a bed beyond the state's bed-hold period.</p> <p>Review of the facility's Bedhold Notification Upon Transfer form showed the form was to be completed upon transfer and to provide a copy to the resident or their responsible party. The form showed the resident, or their responsible party was notified of their options to hold the bed and had check boxes to show if a bed-hold was desired, not desired, not applicable, or not eligible for a bed-hold, but still desired to pay privately for a bed-hold.</p> <p>1. Closed medical record review for Resident 1 was initiated on 5/29/25. Resident 1 was admitted to the facility on [DATE], and transferred to an acute care hospital on 5/17/25.</p> <p>Review of Resident 1's medical record failed to show the resident was provided information on the bed-hold options.</p> <p>2. Medical record review for Resident 2 was initiated on 5/29/25. Resident 2 was admitted to the facility on [DATE].</p> <p>Review of Resident 2's EHR census showed the resident went on an acute care hospital on a paid leave on 5/1/25, and returned to the facility on [DATE].</p> <p>Review of Resident 2's medical record failed to show the resident or her responsible party was provided with the information on their bed-hold options.</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 0628</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>3. Medical record review for Resident 3 was initiated on 5/29/25. Resident 3 was admitted to the facility on [DATE].</p> <p>Review of Resident 3's EHR census showed the resident went on an acute care hospital on a paid leave 4/30/25, and returned to the facility on [DATE].</p> <p>Review of Resident 3's medical record failed to show the resident or responsible party was provided with the information on their bed-hold options.</p> <p>On 5/29/25 at 1012 hours, an interview and concurrent medical record review for Residents 1, 2, and 3 was conducted with LVN 1. LVN 1 stated she was the nurse for Residents 1, 2, and 3, when they were transferred to the acute care hospitals. LVN 1 stated the facility obtained the physician's orders for the residents to have bed-holds if admitted to the acute care hospital. LVN 1 stated their process for the bed-hold was after receiving the notification from the acute care hospital the resident was being admitted, the LVN was then to call and ask if the resident or responsible party wanted a bed-hold. LVN 1 stated they did not provide anything in writing to the residents or their responsible party about bed-hold options. When asked what options LVN 1 discussed with the residents or responsible parties, LVN 1 replied she only asked if they wanted a bed-hold and did not know any particulars about who was responsible for the bed-hold payments.</p> <p>On 5/29/25 at 1150 hours, an interview was conducted with the Administrator. The Administrator stated all the residents should be offered written information about the bed-hold options upon transferring out of the facility.</p>		