

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555805	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/24/2024
NAME OF PROVIDER OR SUPPLIER Bel Vista Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5001 East Anaheim Street East Long Beach, CA 90804	
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** 46537</p> <p>Based on interview and record review, the facility failed to complete and to provide a written notice of seven-day bed hold (a guaranteed reservation for residents that are transferred out emergently) document when the resident was transferred to the General Acute Care Hospital (GACH) for one of three sampled residents (Resident 1).</p> <p>This failure resulted in Resident 1 and Resident 1's Responsible Party not knowing their rights to a seven-day bed hold.</p> <p>Findings:</p> <p>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 cerebral infarction (loss of blood flow to a part of the brain), sick sinus syndrome (a type of abnormal heartbeat), and dementia (progressive state of decline in mental abilities).</p> <p>During a review of Resident 1 ' s History and Physical (H&P), dated 5/28/2024, the H&P indicated, Resident 1 did not have the capacity (ability) to understand and make decisions.</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS - a resident assessment tool), dated 11/1/2024, the MDS indicated Resident 1 required dependent assistance (Helper does all of the effort) from two or more staff for hygiene, transfer, maximal assistance (Helper does more than half the effort) from one staff for bed mobility, dressing, and supervision or touching assistance (Helper provides verbal cues and /or touching/steading and /or contact guard assistance as resident completes activity) from one staff for eating.</p> <p>During a phone interview on 12/24/2024, at 8:54 a.m., with Resident 1 ' s Responsible Party (RP), the RP stated, she received a call from facility staff that Resident 1 was transferred to the GACH on 12/20/2024. The RP stated, she asked the staff if she had to sign the bed hold document. The RP stated the staff said she did not need to sign it.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 555805
		If continuation sheet Page 1 of 2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555805	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/24/2024
NAME OF PROVIDER OR SUPPLIER Bel Vista Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5001 East Anaheim Street East Long Beach, CA 90804	
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>During a concurrent interview and record review on 12/24/2024, at 11:29 a.m., with the Business Office Manager (BOM), the facility ' s daily census (the number of patients receiving care at a healthcare facility at a given time) from 12/20/2024 to 12/24/2024 were reviewed. The census indicated, there was no bed hold placed for Resident 1. The BOM stated, the facility ' s policy indicated that the facility should provide a written bed hold notice to the resident and the RP, but it was not provided to Resident 1 and her RP upon transfer to the GACH.</p> <p>During an interview on 12/24/2024, at 4:00 p.m., the Director of Nursing (DON) stated, there should have been a seven-day bed- hold placed to reserve the Resident 1's room and the facility should have provided a written notice to Resident1 and Resident 1's RP when Resident 1 was transferred to the GACH. The DON stated, there was no bed-hold provided to Resident 1 and agreed it was Resident 1 ' s right to come back to her room.The DON stated, this was an Interdisciplinary Team (IDT- a group of healthcare professionals with various specialties who work together to treat a patient) ' s decision due to ongoing complications between the facility and Resident 1 ' s RP.</p> <p>During a review of Resident 1 ' s Order Summary Report (OSR), dated 12/26/2024, the OSR indicated to transfer Resident 1 to the GACH for further evaluation and management related to an episode of increased heart rate was ordered on 12/20/2024. The OSR indicated, there was no order for bed-hold.</p> <p>During a review of Resident 1 ' s SNF/NF to Hospital Transfer Form, dated 12/20/02024, the SNF/NF to Hospital Transfer Form indicated, Resident 1 was transferred to the GACH on 12/20/2024, at 5:30 p.m.</p> <p>During a review of the facility's policy and procedure (P&P) titled Bed-Hold and Return, revised 10/2022, the P&P indicated, Policy statement: Residents and /or representatives are informed (in writing) of the facility and state (if applicable) bed-hold policies. Policy interpretation and Implementation: 1. All residents/representatives are provided written information regarding the facility and state bed-hold policies, which address holding or reserving a resident ' s bed during periods of absence (hospitalization or therapeutic leave). Residents, regardless of payer source, are provided written notice about these policies at least twice: a. notice 1-well in advance of any transfer. b. notice 2: at the time of transfer (or, if the transfer was an emergency, within 24 hours) .3. Multiple attempts to provide the resident representative with notice2 should be documented in cases where staff were unable to reach and notify the representative timely .5. The requirement that residents be permitted to return to the facility following hospitalization or therapeutic leave applies to all residents</p>		