

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555878	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/24/2024
NAME OF PROVIDER OR SUPPLIER Granite Hills Healthcare & Wellness Centre, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1340 E Madison Ave El Cajon, CA 92021	

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 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47956</p> <p>Based on interview and record review, the facility failed to follow appropriate discharge protocols for one of one resident (Resident 1). This failure had the potential for Resident 1 not being able to return to the facility which he considered his home and not being able to appeal the discharge.</p> <p>Finding:</p> <p>During a review of the Admission Record, Resident 1 was admitted to the facility on [DATE] with a diagnosis of End Stage Renal Disease (irreversible kidney failure).</p> <p>During a review of the Bed Hold Agreement dated September 10, 2024. The Bed Hold agreement indicated that the facility will hold Resident 1 's bed for up to seven (7) days if the resident is transferred to a general acute care hospital The document indicated that Resident 1 was being transferred to [name] Hospital.</p> <p>During a review of the facility census, it indicated Resident 1 had a bedhold for September 10, 11, 12, 13, 14, 15 and 16. Per the same facility census, on September 17, 18, 19 it indicated Resident 1 was no longer on the census and was listed as being discharged .</p> <p>During a phone interview on September 26, 2024, at 14:25 P.M., with the complainant who was the case manager at [name] hospital. The complainant stated Resident 1 was ready to be discharge on September 12 and had a discharge order. The complainant further stated she called the facility DON and the DON refused to take Resident 1 back and said Resident 1 had been discharged .</p> <p>During a phone interview on September 24, 2024, at 15:02 P.M., with Resident 1. Resident 1 stated, They say I am not welcome there, but that ' s like my home, my stuff is still there. How am I going to get that?</p> <p>During an interview on September 24, 2024, at 10:07 A.M., with DON. The DON stated Resident 1 was on a seven-day bed hold then discharged because the facility cannot meet his needs. The DON also stated that Resident was non-compliant with medications and diet, often refusing medications and ordering meals from outside of the facility. There were no evidence of documentation that Resident 1 was provided a 30 day notice and how to appeal. There were no evidence of documentation that the facility did a proper discharge for Resident 1.</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 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of facility policy and procedure titled, Transfer and Discharge; Operational Manual- Social Services Revision date October 2017, the policy indicates, A . the Facility should provide at least 30 days ' notice before the resident is transferred or discharged .</p>