

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555894	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/31/2024
NAME OF PROVIDER OR SUPPLIER  Foothill Heights Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1515 North Fair Oaks Ave Pasadena, CA 91103	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48152</p> <p>Based on interview and record review, the facility failed to readmit one of one sampled resident (Resident 1) back to the facility on [DATE] after the resident was hospitalized at the General Acute Care Hospital (GACH).</p> <p>This deficient practice resulted in the violation of Resident 1's right to resume residency at the facility and had the potential to cause psychosocial harm.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record indicated Resident 1 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that included type 2 diabetes mellites (DM2 - condition that results in too much sugar circulating in the blood), hemiplegia (paralysis of one side of the body) and hemiparesis (inability to move one side of the body) affecting right dominant side, acute kidney failure (the sudden and rapid loss of kidney's ability to filter waste and balance fluid in blood), acute respiratory failure (a sudden condition in which not enough oxygen passes from the lungs into the blood), and amyotrophic lateral sclerosis (ALS - a progressive nervous system disease that affects nerve cells in the brain and spinal cord, eventually causing the loss of muscle control).</p> <p>A review of Resident 1's History and Physical, dated 2/2024, indicated Resident 1 does not have the capacity to understand and make decisions and bedridden (confined to bed because of illness or injury).</p> <p>A review of Resident 1's Minimum Data Set (MDS, a standardized assessment and care planning tool), dated 4/22/2024, indicated Resident 1 was moderately impaired with cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decision making. Resident 1 needed moderate assistance (staff does less than half the effort to complete activity) with dressing, toileting, bathing, and personal hygiene and independent with eating. Resident 1's MDS also indicated Resident 1 was always incontinent of bowel and bladder.</p> <p>A review of Resident 1's Order Summary Report, dated 4/25/2024, indicated an order to transfer Resident 1 to GACH 1 with bed hold (the right of the resident to resume facility residency after being away from the facility due to hospitalization ) for seven days.</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>A review of Resident 1's GACH discharge order, dated 5/21/2024, indicated an order for Resident 1 to be discharged .</p> <p>A review of facility's Resident Room Roster, dated 5/21/2024, indicated three (3) available beds in rooms A and B.</p> <p>A review of the facility's Daily Census, dated 5/21/2024, indicated facility had 3 available (open) beds with one resident room change.</p> <p>A review of the facility's Daily Census, dated 5/22/2024, indicated facility had 1 discharge, four (4) available beds and 3 resident room changes.</p> <p>A review of Resident 1's GACH progress notes written by GACH Case Manager (GCM), dated 5/22/2024, indicated:</p> <ol style="list-style-type: none"> <li>At 9:54 AM, GCM was provided a bed in Room B for Resident 1's readmission by Admissions (AD).</li> <li>At 10:19 AM, Responsible Party (RP) was told by Director of Nursing (DON), Resident 1 would need to be on hospice (care designed to give supportive care to residents in the final phase of a terminal illness and focus on comfort and quality of life, rather than cure) before being readmitted into facility.</li> <li>At 1:39 PM, per facility, a bed was no longer available for Resident 1.</li> </ol> <p>A review of Resident 1's GACH progress notes written by GACH Social Worker (GSW), dated 5/29/2024, the note indicated GSW spoke with DON and DON initially stated Resident 1 could not be readmitted back to the facility until Resident 1's hospice consents are signed.</p> <p>During an interview on 5/30/2024 at 3:49 PM with Business Office Manager (BOM), BOM stated if facility has an empty room [no residents], there is no rule to make it a male or female. BOM stated facility does not have a specific number to limit beds for male or female residents. BOM stated if census indicated an empty room with F (female) that does not indicate that only a female resident will be placed in that room. BOM stated the room can be given to male residents as well if empty.</p> <p>During an interview on 5/30/2024 at 4 PM with Administrator (ADM), ADM stated the facility's Resident's Room Roster, used by facility will indicate the calendar day prior to the [actual] current day. Admin also stated neighboring rooms can be housed with residents of different sexes (males and female) if all residents in the rooms are bedbound and not using the shared bathroom.</p> <p>During an interview on 5/30/2024 at 5:31 PM with the DON, the DON stated facility was full and facility could not designate an entire room to Resident 1 for a single occupancy [rooms can occupy two - four residents]. The DON stated Resident 1 needed to be on isolation and facility cannot give one room to accommodate Resident 1's isolation status every time he gets transferred to GACH and returns to the facility. The DON stated if Resident 1 returns to facility on hospice, Resident 1 will not need to go back and forth to the hospital.</p> <p>(continued on next page)</p>		

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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 an interview on 5/30/2024 at 5:41 PM with the ADM, ADM stated, The resident's physician recommended hospice because the infection is a part of his body. Every time he goes out, he comes back on isolation, and there are a lot of things we have to supply. The ADM also stated at the time Resident 1 wanted to return to the facility, there was no bed available.</p> <p>During an interview on 5/31/2024 at 4:55 PM with GACH CM, GACH CM stated that facility was made aware on 5/21/2024 of Resident 1's MD order to discharge the resident home and Resident has been living at the facility since 1/2022, and the facility was considered Resident 1's home. CM stated the DON agreed to accept Resident 1 back to the facility for readmission and provided CM a bed in Room B for Resident 1, but after a few hours, facility rescinded the acceptance stating the resident can only be accepted back to the facility if under hospice care since the resident always get sick and gets transferred to the hospital.</p> <p>A review of the facility's undated policy and procedure (P&amp;P) titled, Bed-Holds and Returns, indicated:</p> <ol style="list-style-type: none"> <li>1. Residents may return to and resume residence in the facility after hospitalization or therapeutic leave as outlined in the policy.</li> <li>2. A Medicaid (a public health insurance program where most or all of health care services are paid for by United States federal, state, and local governments) resident who exceeds the state bed-hold period, will be permitted to return to the facility to his or her previous room (if available) or immediately upon first availability of a bed in a semi-private room provided that the resident requires the facility's services and is eligible for Medicare skilled nursing services or Medicaid nursing services.</li> <li>3. The resident will be permitted to return to an available bed in the location of the facility that he or she previously resided.</li> </ol> <p>A review of the facility's P&amp;P titled, Admission Criteria, revised 3/2019, indicated Skilled Nursing Facility (SNF) can adequately treat conditions including diabetes and neuromuscular disorders [amyotrophic lateral sclerosis, affects nerve cells in the brain and spinal cord that control voluntary muscle movement and breathing], and adequately meet medical needs including medication management, limited mobility, and incontinence. The P&amp;P also indicated the admission policies apply to all residents admitted to the facility regardless of race, color, creed, national origin, age, sex, religion, handicap, ancestry, marital or veteran status, and/or payment source.</p>		