

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>056407</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/23/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ALL SAINTS HEALTHCARE SUBACUTE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>11810 SATICOY STREET NORTH HOLLYWOOD, CA 91605</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview and record review, the facility failed to permit one of three sampled Residents (Resident 1) to return to the facility after hospitalization. Resident 1 was permitted to return to the facility on [DATE]. This deficient practice subjected Resident 1 to an unnecessary prolonged hospitalization. Findings: A review of Resident 1's Admission Record indicated the resident was originally admitted to the facility on [DATE] and then readmitted on [DATE] with [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS (a standardized assessment and screening tool)) dated 4/28/20, indicated the resident rarely/never understands others and is rarely/never understood by others. A review of the physicians order from the General Acute Care Hospital 1(GACH 1), dated 5/25/20 at 1:28 p.m., indicated to discharge Resident 1 by ambulance to the facility's sub-acute unit (care provided on an inpatient basis for those individuals needing services that are more intensive than those typically received in a skilled nursing facility but less intensive than in a hospital) on 5/25/20. A review of the facility's census (daily list indicating resident names with correlating room numbers), dated 5/25/20, indicated room [ROOM NUMBER] did not have any residents residing in the room and had an empty bed available for admission. A review of GACH Case Manager (CM1) progress note inquiry, dated 5/25/20, indicated CM1 spoke with Vice President of Operations (VP) of the skilled nursing facility (SNF), and was informed that they required a COVID test result within the 24 hours window for the patient to be admitted at their sub-acute unit. During an interview with CM1 on 5/26/20 at 4:50p.m., CM1 stated Resident 1's COVID test was done on 5/21/20 and the result was received on 5/25/20. During an interview and concurrent record review with the Administrator (Admin) on 6/11/20 at 12:52p.m., Admin verified that their census indicated there were no residents in room [ROOM NUMBER]. Admin verified the discharging GACH had order to admit Resident 1 for 5/25/20. Admin stated that Resident 1 was not admitted on [DATE]. During an interview with the Admin on 7/9/20 at 2:55p.m., Admin stated that their VP is the lead RN (Registered Nurse) that makes clinical decisions and determinations with the Director of Nursing (DON) on all resident admissions, discharges and transfers. During an interview with the VP on 5/26/20 at 2:20p.m., VP stated that they have 2 rooms designated in the facility as transition rooms (rooms [ROOM NUMBERS]) for residents being admitted or readmitted into their facility. VP stated that CM1 called on 5/25/20 and wanted to discharge Resident 1 back to the facility. CM1 indicated to VP that Resident 1 was tested for COVID19 on 5/21/20. VP stated they refused to re-admit Resident 1 because the test was 4 days prior to requested admission. During an interview with the VP on 7/9/20 at 3:00p.m., VP verified that on 5/25/20 a bed was available to admit Resident 1. VP stated that it was my decision to not admit Resident 1 on 5/25/20. VP confirmed the only reason for the decision to not admit Resident 1 was solely based upon Resident 1's COVID test time frame. VP further stated Resident 1 would have been admitted to room [ROOM NUMBER] on 5/25/20 if the COVID test result had been within the time frame they required. A review of the facility's policy and procedures titled Admission of Patient to Subacute, dated 6/10/13, does not indicate any specific requirements related to COVID testing. A review of the facility's policy and procedure titled Admission and Re-admission of a Resident dated 6/1/10 indicated it is the facility's policy to establish guidelines and criteria for re-admission of residents in the facility. The facility will admit only those residents whose medical and nursing care needs can be met.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

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.