

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555435	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/10/2020
NAME OF PROVIDER OF SUPPLIER RECHE CANYON REGIONAL REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP 1350 RECHE CANYON RD COLTON, CA 92324	
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 0625 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<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>Based on interview and record review, the facility failed to follow their policy and procedure for placing Resident 1 on a 7-day bed-hold (a reservation of a bed that allows a resident to return to a facility after a hospital stay) for one of three sampled residents. This failure resulted in Resident 1 not returning to the facility. Findings: During a concurrent interview and record review on March 12, 2020, at 3:10 PM, with SW, she stated that Resident 1 was Medi-Cal (Medicaid) pending when she was discharged to the hospital on January 20, 2020. SW stated there is no record of the resident or resident representative had been informed in writing of the bed hold and return policy. The progress note on January 27, 2020, shows Case Manager was communicating with Resident 1's daughter in regards to the status of Medi-Cal. The progress note indicated the agency Name of agency was informed that Resident 1's Medi-Cal is pending. During a review of a billing document titled Rate History, printed on March 12, 2020, shows that Resident 1 was Medi-Cal pending Sub Acute Vent from December 4, 2019 to January 19, 2020. During an interview on March 12, 2020, at 3:55 PM, with the Administrator (ADM), ADM stated that Resident 1 was not on 7-day bed hold after asking for proof of 7-day bed hold. During an interview on March 12, 2020, at 4:41 PM, with the Chief Financial Officer (CFO), CFO stated that Resident 1 is still Medi-Cal pending. She was Medi-Cal pending at the time of discharge on January 20, 2019. During an interview on March 12, 2020, at 4:45 PM, with the ADM, the ADM stated that she should have had a 7-day bed hold and accepted her back. During a review of the facility's policy and procedure titled, Bed-Holds and Returns, dated March 2017, indicated, under Policy Statement, Prior to transfers and therapeutic leaves, residents or resident representatives will be informed in writing of the bed-hold and return policy. Also, under Policy Interpretation and Implementation .1. Residents may return to and resume residence in the facility after hospitalization or therapeutic leave as outlined in this policy. 2. The current bed-hold and return policy established by the state will apply to Medicaid residents in the facility. 3. Prior to transfer, written information will be given to the residents and the resident representatives that explains in detail: a. The rights and limitations of the resident regarding bed-holds; b. The reserve bed payment policy as indicated by the state plan (Medicaid residents); c. .to hold a bed beyond the state bed-hold period (Medicaid residents). 5. If a Medicaid resident exceeds the state bed-hold period, he or she will be permitted to return to the facility .</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.