

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555438	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/15/2020
NAME OF PROVIDER OF SUPPLIER KEI-AI LOS ANGELES HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 2221 LINCOLN PARK AVE LOS ANGELES, CA 90031	
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 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<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**</p> <p>Based on interview and record review, the facility failed to implement the seven-day Bed-Hold Policy (holding or reserving a resident's bed while the resident is absent from the facility for therapeutic leave or hospitalization) for one of one sampled resident (Resident 1). Resident 1 was transferred on 3/30/20 to the general acute care hospital (GACH). On 4/1/20, when Resident 1 was medically cleared to return to the facility, the facility refused to readmit Resident 1. This deficient practice resulted in Resident 1 to remain hospitalized unnecessarily for seven additional days until Resident 1 went to a lower level of care facility. Findings: A review of the Admission Record indicated Resident 1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. A review of the Bed Hold Notification Informed Consent, dated 2/10/20, indicated Resident 1 was given an option to request a seven-day bed hold to keep a bed vacant and available for return to the facility. The Notification indicated Resident 1 had a confirmed transfer and bed hold provision on 3/30/20 at 5:50 p.m. A review of the Minimum Data Set (MDS, standardized care and screening tool), dated 2/14/20, indicated Resident 1 was oriented to year, month, and day. Resident 1 needed one-person physical assistance with activities of daily living (ADLs). A review of the Progress Notes dated 3/30/20, at 2:30 p.m., indicated Resident 1 had episodes of screaming and yelling at staff. At 5:37 p.m., Resident 1 was verbally aggressive and called the nurse a derogatory racial slur. A review of the physician's orders [REDACTED]. A review of the Social Services Notes dated 4/7/20, at 11:16 a.m., indicated Resident 1 was denied re-admission to the facility because Resident 1 was becoming belligerent (hostile and aggressive) with staff about wanting to leave the facility, refusing care, and calling staff derogatory and racial names. The Notes indicated nurses and certified nursing assistants (CNA) were becoming afraid of Resident 1's erratic behavior. On 6/11/20 at 9:13 a.m., during a telephone interview and concurrent record review, MDS registered nurse (MDS RN) stated that on 3/30/20 Resident 1 was verbally aggressive and insulting to staff. Resident 1's primary physician was notified and received an order to transfer Resident 1 to the GACH for psychiatric evaluation. On 6/11/20 at 10 a.m., during an interview and concurrent record review of social worker notes, Social Services Director (SSD) stated Resident 1 was verbally aggressive towards staff and was transferred to the GACH for psychiatric evaluation. SSD stated a referral was received from the GACH on 4/1/20 to re-admit Resident 1 but readmission was denied. On 6/11/20 at 10:12 a.m., during a telephone interview, the Admission Coordinator stated Resident 1 was transferred to GACH on 3/30/20 and the GACH notified the facility on 4/1/20 that Resident 1 was coming back to the facility. The Admission Coordinator stated Resident 1 was denied re-admission. The Admission Coordinator stated the Administrator and the Director of Nursing (DON) were responsible in deciding whether to re-admit Resident 1 or not. On 6/11/20 at 10:20 a.m. during a telephone interview, the Business Office Manager stated Resident 1 was given a bed hold from 3/30/20 to 4/6/20. Business Office Manager stated Resident 1 had a right for a bed hold. On 6/11/20 at 2:23 p.m., during a telephone interview, the DON stated Resident 1 was transferred to GACH due to aggressive behavior and yelling at staff. Resident 1 was calling derogatory and racial names to the nurses. The DON stated the facility could not meet the needs of Resident 1. On 6/15/20 at 12:11 p.m., during a telephone interview, the DON stated she did not review the referral or any documentation form GACH regarding Resident 1's readmission. DON stated the Administrator was involved in the decision of not readmitting Resident 1. On 6/15/20 at 12:30 p.m., during a telephone interview, the Discharge Planner (DP) from the GACH stated Resident 1 was medically cleared from the hospital and for readmission back to the facility. DP stated a call was made to the facility on [DATE] to give then a referral for the readmission. DP stated facility refused to readmit the resident so the GACH processed the discharge to a lower level of care facility on 4/7/20. On 6/15/20 at 12:52 p.m., during a telephone interview, the Administrator stated readmission of Resident 1 was denied because of behavioral concerns. The Administrator stated he did not review or see the referral or not sure if there was one. The Administrator stated he acknowledged that it was not a perfect outcome for Resident 1 and that the facility could do better. The Administrator assured that this will not happen again. A review of the facility's policy and procedure titled, Transfers and Discharges - Out of Facility, with an effective date of 2/5/16 indicated, It is the policy of the facility to ensure that it is in compliance with all State and Federal regulations and residents' rights when transferring/discharging a resident within and out of the facility a bed shall be held for the resident for up to a maximum of seven (7) days for the resident's 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.