

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>055141</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/09/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>RAMONA NURSING &amp; REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>11900 RAMONA BOULEVARD EL MONTE, CA 91732</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 ensure one of one sampled resident (Resident 1), with Medicaid benefits, was permitted to return to the facility after discharged from general acute care hospital (GACH). This deficient practice resulted in an additional two days stay at GACH, from 3/18/2020 to 3/19/2020 for Resident 1. Findings: The Department received a complaint on 3/18/2020, alleging that the facility refused to readmit Resident 1 on 7 day of the resident's 7-day bed hold, and that the responsible party (RP) to pay \$200 a day to hold the bed. A Review of Resident 1's admission record, indicated the facility admitted the resident on 8/16/2020, with [DIAGNOSES REDACTED]. The face sheet also indicated Resident 1 had Medical insurance coverage. A review of Resident 1's minimum data set (MDS, a standardized assessment and care planning tool), dated 2/23/2020, indicated resident had moderate cognitive (ability to make decisions of daily living), and usually had the ability to make self understood and sometimes ability to understand others. A review of a physician's orders [REDACTED]. A review of a Bed Hold Notification Informed Consent On Admission, indicated Resident 1 acknowledged the right to exercise a bed hold and signed it on 8/25/2020. A review of a Second Notice of Bed Hold indicated the facility notified Resident 1's responsible party via telephone about the resident 1's bed hold on 3/10/2020. The notice indicated the resident's responsible party responded, Bed Hold not desired. On 3/19/2020, at 4 p.m., during a concurrent record review and interview with the director of nursing (DON) and the administrator, both stated that Resident 1's RP did not want the bed hold after multiple explanations, and that the health insurance covered the bed hold. The administrator stated the facility did not readmit the resident nor accept new admission due to the [MEDICAL CONDITION] (OVID-19, a disease that has spread worldwide and is easily transferable when an infected person sneezes or coughs, sending tiny droplets into the air). The administrator stated the facility reserved beds for the residents diagnosed with [REDACTED]. The administrator declined the bed hold due to the RP did not know what the physician wanted to do after the resident's surgery. The AD further stated RP wanted a closer facility. On 3/23/2020, at 10 a.m., during a telephone interview, the GACH Licensed Clinical Social Worker (LCSW) stated Resident 1 was medically cleared for discharge on day 7 of the surgery however, the facility would not accept the resident back because the RP refused the bed hold when the resident left. LCSW stated the facility declined to admit or readmit residents from the area where Resident 1 had the surgery done due to current the [MEDICAL CONDITION], and that beds were reserved for any residents diagnosed with [REDACTED]/19/2020. The facility's policy and procedure on admission (Resident Accepted for Admission to Facility) revised 8/31/2015, did not include permitting residents to return to the facility after they are hospitalized or placed on therapeutic leave. A review of the facility's undated Administrative Manual Bed-Hold Acknowledgment/Notification, indicated a resident whose hospitalization or therapeutic leave exceeds the bed-hold under the state plan, shall be readmitted to the facility immediately upon the first availability of a bed in a semi-room if the resident requires the services provided by the facility and is eligible for Medi-Cal (Medicaid) services.</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.