

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056110	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/19/2020
NAME OF PROVIDER OF SUPPLIER LAGUNA HILLS HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 24452 HEALTH CENTER DRIVE LAGUNA HILLS, CA 92653	
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 medical record review, the facility failed to allow one of two sampled residents (Resident 1) to return and resume residence in the facility after the acute care hospital determined Resident 1 was ready for discharge from the acute care hospital. This caused Resident 1 to remain in the acute care hospital for approximately an additional three weeks. Resident 1 lived at the facility for four years prior to being discharged to the acute care hospital.</p> <p>Findings: Medical record review for Resident 1 was initiated on [DATE]6/2020. Resident 1 was admitted to the facility on [DATE], and was transferred to the acute care hospital on [DATE]. On [DATE]6/2020 at 1155 hours, an interview and concurrent medical record review was conducted with the DON. The DON stated Resident 1 was transferred to the acute care hospital on [DATE], for striking a staff member. The DON stated several days after Resident 1 was transferred to the acute care hospital, the social worker from the acute care hospital contacted the facility to inquire if the facility would readmit Resident 1 back to the facility on ce he was stable. The DON stated the facility informed the social worker from the acute care hospital that the facility would not readmit Resident 1. The DON stated approximately two weeks after Resident 1 was transferred to the acute care hospital, the social worker from the acute care hospital contacted the facility again to inquire if the facility would readmit Resident 1 back to the facility now that Resident 1 was ready for discharge from the acute care hospital. The DON stated the facility informed the social worker from the acute care hospital again, that the facility would not readmit Resident 1. When asked if the facility's refusal to readmit Resident 1 was based on his behavior at the time he was transferred to the acute care hospital, the DON stated yes. The DON was asked if the facility communicated with the acute care hospital or requested additional medical records to determine Resident 1's condition at the time he was ready to be transferred back to the facility. The DON stated no, because the facility had already decided not to permit Resident 1 to return the facility due to his behavior at the time he was transferred to the acute care hospital. Review of the history and physical examination [REDACTED]. Resident 1's [DIAGNOSES REDACTED].</p> <p>Review of Resident 1's MDSs dated 3/27/17 to 11/12/19, showed Resident 1 had no behavioral symptoms. The MDS dated [DATE], showed Resident 1 exhibited physical behavioral symptoms directed toward others, which occurred one to three days. On 4/20/2020 at 1032 hours, a telephone interview was conducted with the CSW (Clinical Social Worker from the acute care hospital). The CSW stated she initially contacted the facility on or around [DATE]20, to inquire if the facility would readmit Resident 1 once he was stable. The CSW stated the facility informed her they would not readmit Resident 1. The CSW stated Resident 1's medication regimen was adjusted by the psychiatrist during Resident 1's hospital admission and his behavioral symptoms had improved and stabilized. The CSW stated on or around [DATE]20, when Resident 1 was ready to be discharged from the acute care hospital, she contacted the facility again to inquire if the facility would readmit Resident 1. The CSW stated the facility informed her again that they would not readmit Resident 1. Review of the acute care hospital's documentation titled Progress Notes Report showed the following entries by the CSW dated: - [DATE]20 at 1213 hours, showed the facility stated they were unwilling to accept Resident 1 back due to Resident 1 requiring a locked dementia facility. The entry showed the acute care hospital's psychiatrist spoke with the facility's DON and explained that Resident 1 did not require a locked facility. - 3/19/2020 at 1609 hours, showed the CSW contacted the facility and was waiting for the facility's determination if they would readmit Resident 1. - 3/23/2020 at 1437 hours, showed the CSW was notified by the facility's Administrator that the facility was officially denying Resident 1's readmission to the facility. Review of the acute care hospital's documentation titled Progress Notes - Psychiatry dated [DATE]20 at 1250 hours, identified an entry by the psychiatrist showing Resident 1 was becoming less labile (of or characterized by emotions that are easily aroused or freely expressed, and that tend to alter quickly and spontaneously; emotionally unstable), less anxious, and had less episodes of agitation. Resident 1 was compliant with medications and was becoming more cooperative with care. Review of the acute care hospital's documentation titled Discharge Summary Note dated [DATE]3/2020, showed an entry by the psychiatrist showing Resident 1's medication regimen was adjusted and managed, and as the hospitalization progressed, Resident 1 was noted to be more cooperative with care, more compliant with medications, and episodes of sundowning (a group of symptoms occurring in the late afternoon and spanning into the night that may affect people with dementia; can cause a variety of behaviors, such as confusion, anxiety, aggression or ignoring directions) had decreased in frequency. Resident 1's overall affect became brighter, he was pleasant, he was noted to be less delusional, and he had less episodes of striking out. Resident 1 tended to push caregivers during care, but was able to be redirected. [MEDICAL CONDITION] and behavioral disturbances were controlled and Resident 1 was less anxious and depressed. Resident 1's representatives filed an appeal with the State of [ST], [ST] Department of Health Care Services, Office of Administrative Hearings and Appeals due to the facility's failure to allow Resident 1 to be readmitted to the facility. The appeal was granted on [DATE], and the facility was notified they must immediately readmit Resident 1 to his former bed.</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.