

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>055538</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/13/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BONNIE BRAE SKILLED NURSING</b>		STREET ADDRESS, CITY, STATE, ZIP <b>420 SOUTH BONNIE BRAE ST. LOS ANGELES, CA 90057</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 allow one of two sampled residents (Resident 1) to return to the nursing facility, following a hospitalization that exceeded the bed-hold policy. The facility had an available bed but was reserved to Resident 2 who had exceeded the bedhold policy, too. This deficient practice resulted to Resident 1 not being readmitted back to the facility which can potentially deprive Resident 1 from receiving necessary care and services. Findings: A review of Resident 1's Admission Record indicated the resident was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. A record review of Resident 1's Minimum Data Set (MDS, a standardized assessment and screening tool) dated 12/1/19, indicated the resident had severe impairment in cognitive skills. Resident 1 required full staff performance every time for bed mobility, transfers, toileting, and personal hygiene. During an interview on 1/17/20 at 2:28 p.m., and concurrent record review, the Assistant Director of Nursing (ADON) stated the facility transferred Resident 1 to General Acute Care Hospital (GACH) on 12/19/19 for further medical evaluation. The ADON stated the facility placed a 7-day hold on Resident 1's bed after transfer to GACH. During an interview on 1/17/20 at 3:00 p.m., and concurrent record review, the Admissions Coordinator (AC) stated he had numerous conversations with the Case Manager (CM) from the GACH. AC stated CM informed him Resident 1 was medically cleared by GACH for discharge back to the facility and GACH was inquiring about the availability of a bed at the facility. AC stated CM made inquiries of an open bed for transfer for Resident 1's on numerous occasions during the month of January 2020, and each time AC informed CM of no available beds. During an interview on 1/28/20 at 3:20 p.m., and concurrent record review of the facility's daily census dated 1/16/20 (a record of all residents residing at the facility, beds on hold for hospitalization or therapeutic leave, and beds available to receive new and returning residents), the Administrator in Training (AIT) stated a room is available to admit a new or returning resident but was reserved for Resident 2 who was still out on hospitalization. AIT further stated Resident 2's seven-day bed hold ended on 1/15/20 and the facility continued to reserve for Resident 2 because he was a relative of the facility's Activity Director (AD). A record review of the facility daily census dated 1/16/20 and 1/17/20, indicated a room was open and available for a new admission or re-admission. A review of the facility's Policy and Procedure titled, Readmission to the Facility, revised on (NAME)2013, indicated Residents who have been discharged to the hospital or for therapeutic leave will be given priority in readmission to the facility Residents who are not receiving Medicaid benefits will be readmitted to the facility upon the first availability of a bed Readmission procedures apply equally to all residents regardless of race, color, creed, national origin, or payment source.</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.