

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555578</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/21/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HOLIDAY MANOR CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>20554 ROSCOE BLVD CANOGA PARK, CA 91306</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 0625  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<b>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.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to provide the resident and/or resident's responsible party a written notification of seven days bed-hold (holding or reserving a resident's bed while the resident is absent from the facility for hospitalization ) upon resident's transfer to the general acute care hospital (GACH 1) for one of three sampled resident (Resident 1). This deficient practice placed Resident 1 and/or Resident 1's responsible party at risk of not knowing the resident's right to return to the facility and had the potential to deny Resident 1's timely return to the facility due to no available bed. Findings: A review of Resident 1's admission record (face sheet) indicated the resident was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS- a standardized assessment and care screening tool) dated 12/25/19 indicated Resident 1's cognition (ability to think, understand and reason) was severely impaired and required extensive assistance from staff with bed mobility, transfer, walking, dressing, toilet use and personal hygiene. During a review of the Situation, Background, Assessment, Recommendation Form (SBAR - a tool used to facilitate prompt and appropriate communication between nurses and physicians) dated [DATE] indicated Resident 1 was having periods of anxiety (feeling of worry, nervousness or unease) manifested by inability to relax. Resident 1 was screaming, yelling, throwing things and striking out at others. Further review of the physician's orders [REDACTED]. During an interview and concurrent record review on 2/28/20, at 10:55 AM, with the Director of Nursing (DON) she stated a seven day bed hold notice should have been explained, offered and provided to Resident 1 and/or Resident 1's responsible party upon transfer to GACH 1 however there was no documented evidence found the facility explained and offered a seven day bed hold notice to Resident 1 and or Resident 1's responsible party. The DON confirmed a seven day bed hold was not provided to Resident 1. The DON stated the facility is not comfortable in accepting the resident back because of behavioral issues. A review of the facility's policy and procedure titled Holding Bed Space dated 12/2006 indicated the facility shall inform residents upon admission and prior to a transfer for hospitalization or therapeutic leave of the facility's bed hold policy. A copy of the resident's bed-hold will be filed in the resident's medical record. Another review of the facility's policy and procedure titled, Transfer or Discharge, Preparing a Resident for, dated 9/2013 indicated the business office will be responsible for informing the resident, or his or her representative of the facility's re-admission appeal rights and bed-holding policies.		
F 0626  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<b>Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to allow a resident to return to the facility to the facility after being transferred to the general acute care hospital (GACH 1). This deficient practice can lead to a transfer of the resident to another skilled nursing facility not of the resident's or responsible party's preference or choice and had the potential to place resident at risk for inappropriate care. Findings: A review of Resident 1's admission record (face sheet) indicated the resident was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS- a standardized assessment and care screening tool) dated 12/25/19 indicated Resident 1's cognition (ability to think, understand and reason) was severely impaired and required extensive assistance from staff with bed mobility, transfer, walking, dressing, toilet use and personal hygiene. During a review of the Situation, Background, Assessment, Recommendation Form (SBAR - a tool used to facilitate prompt and appropriate communication between nurses and physicians) dated [DATE] indicated Resident 1 was having periods of anxiety (feeling of worry, nervousness or unease) manifested by inability to relax. Resident 1 was screaming, yelling, throwing things and striking out at others. Further review of the physician's orders [REDACTED]. During an interview on 2/28/20, at 8:40 a.m., with the Director of Nursing (DON), she stated Resident 1 was not allowed to be readmitted to the facility due to the resident's inappropriate behaviors requiring constant supervision. During an interview on 2/28/20 at 11:02 p.m., with the Assistant Administrator (AA), she stated she feels uncomfortable allowing Resident 1 to be readmitted back to the facility because of behavioral and safety concerns. The facility's policy and procedure titled Re-admission to the Facility dated 4/2013 indicated residents who have been discharged to the hospital or for therapeutic leave will be given priority in readmission to the facility. Readmission procedures apply equally to all residents regardless of race, color, creed, national origin, or payment source.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.