

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055139	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/24/2020
NAME OF PROVIDER OF SUPPLIER SANTA TERESITA MANOR		STREET ADDRESS, CITY, STATE, ZIP 819 BUENA VISTA ST. DUARTE, CA 91010	
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 0623 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide one of two sampled residents (Resident 1) with a written proposed discharge notice before the transfer of the resident. This deficient practice resulted in Resident 1 not being readmitted to the facility after an emergency transfer. Findings: A review of Resident 1's Admission Record indicated an admission to the facility on [DATE] with a [DIAGNOSES REDACTED]. A review of Resident 1's Admission History and Physical Form dated 2/14/20 indicated Resident 1 did not have the capacity to understand and make decisions. A review of Resident 1's Application for up to 72- hour Assessment, Evaluation, and Crisis Intervention or Placement for Evaluation and Treatment, dated 4/27/20, indicated Resident 1 was a danger to others (DTO) and was gravely disabled. A review of Resident 1's Minimum Data Set (MDS- a standardized assessment and care- screening assessment tool), dated 4/27/20, indicated the resident required extensive assistance with bed mobility, transfers, dressing, eating, toilet use and personal hygiene. A review of Resident 1's Social Service Note (SSN), dated 4/27/20, indicated Resident 1 was 'discharged' to the hospital for psychiatric evaluation via 5150 (danger to self (DTS) or danger to others (DTO)). A review of Resident 1's Social Services Note (SSN), dated 5/7/20, indicated that Resident 1 required a more appropriate facility. The SSN indicated the facility was not an appropriate place for Resident 1. During an interview on 5/13/20 at 2:43pm, the Director of Nurses (DON) stated Resident 1 exhibited aggressive behavior and that the facility had challenges in meeting the needs of Resident 1. The DON stated that the facility was not equipped to care for the needs of Resident 1, therefore the facility did not plan on readmitting Resident 1. There was no documentation of Resident 1's record to indicate that the Notice, containing the reason for transfer, the effective date of transfer, the location, the resident's appeal rights, was given to the resident at the time of transfer. During an interview on 5/18/20 at 12:24pm, Licensed Vocational Nurse (LVN1) stated Resident 1 had aggressive behaviors and often times would yell. LVN1 stated behaviors included, fidgeting, pushing tables, swinging of extremities and yelling. LVN 1 stated that during the time Resident 1 was in the facility, Resident 1 was diagnosed by the psychiatrist to have [MEDICAL CONDITION] (mental disorder characterized by delusions, hallucinations, disorganized speech and behavior). During an interview on 5/19/20 at 12pm, the Administrator (Adm) stated Resident 1 was a danger to self (DTS) and danger to others (DTO). The Adm stated that Resident 1 had increasing aggressive behaviors, and was ordered to transfer to the hospital due to 5150 (DTO/DTS). The Adm stated that the facility was unable to meet Resident 1's needs due to not being a psychiatric facility. A review of Resident 1's Physician Note under S . Medical Group, dated 5/19/20, indicated the physician would not accept Resident 1 back as a patient at the facility, due to the facility not being a psychiatric hospital. A review of Resident 1's Medical Progress noted, dated 5/20/20, indicated the facility was not appropriate for Resident 1 due to behavioral disturbances. A review of the facility's policy and procedure (P&P), titled Transfer and Discharge, effective date 10/17/18, indicated if transfer or discharge is determined, Social Service needs to execute discharge planning which requires sufficient preparations .		
F 0625 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide one of two sampled Residents (Resident 1) with a written bed hold notification at the time of transfer to the acute hospital on [DATE]. This deficient practice had the potential for Resident 1 to not returning to the original bed or first available bed in the facility. Findings: A review of Resident 1's Admission Record indicated an admission to the facility on [DATE] with a [DIAGNOSES REDACTED]. A review of Resident 1's Application for up to 72- hour Assessment, Evaluation, and Crisis Intervention or Placement for Evaluation and Treatment, dated 4/27/20, indicated Resident 1 had aggressive behavior, a danger to others (DTO) and was gravely disabled. A review of Resident 1's Minimum Data Set (MDS- a standardized assessment and care- screening assessment tool), dated 4/27/20, required extensive assistance with bed mobility, transfers, dressing, eating, toilet use and personal hygiene. During an interview on 5/13/20 at 2:28pm, Social Service (SS) stated Resident 1 was transferred to the acute hospital on [DATE] as a 5150 (a danger to self or others) due to combative and aggressive behavior. SS stated the uncertainty of Resident 1's return to the facility. There was no record to indicate the resident received Bed-hold notice upon transfer or within 24 hours of the transfer. During an interview on 5/13/20 at 2:43pm, the Director of Nurses (DON) stated Resident 1 was transferred to a general acute care hospital (GACH) under a 5150. The DON stated that the needs of Resident 1 was challenging and that the facility was not equipped to care for the aggressive and/or combative behaviors. The DON stated that there was no bed hold notification initiated because bed holds were done when a resident was expected to return to the facility. The DON further stated that the facility could not meet the needs of Resident 1 and that Resident 1 would likely require a more appropriate facility, a psychiatric facility. At this current time, the DON stated that Resident 1 was not discharged from the facility. A review of the facility's policy and procedure (P&P), titled Bed Hold, effective date 10/15/17, indicated in cases if emergency transfer, notice at the time of transfer means that the family, surrogate or representative is provided with written notification within 24 hours of the transfer.		
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.