STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555397	A. BUILDING _____ B. WING _____	**06/25/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
COUNTRY VILLA REHABILITATION CENTER	**340 SOUTH ALVARADO STREET LOS ANGELES, CA 90057**

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 0620 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Not require residents to give up Medicare or Medicaid benefits, or pay privately as a condition of admission; and must tell residents what care they do not provide.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to follow its policy on admitting residents to ensure the facility can provide necessary care and services for one of two sampled residents (Resident 1). The director of nursing (DON) after evaluating Resident 1's medical record from the general acute hospital (GACH), declined Resident 1's admission to the facility. However, on 4/8/20, Resident 1 was admitted to the facility without the DON's knowledge and approval. This deficient practice had the potential for the facility to admit residents that it cannot provide the necessary care and services needed. Findings: A review of the Admission Record indicated the facility admitted Resident 1 on 4/8/20 with [DIAGNOSES REDACTED]. A review of the Admit/Readmit Assessment form, dated 4/8/20 timed at 8:01 p.m., indicated Resident 1 was alert and oriented, nonverbal and was able to make needs known by writing or shaking head yes or no. Resident 1 needed limited assistance with bed mobility and dressing and was totally dependent with transfer and toilet use. A review of the Respiratory Therapy - Initial Assessment, dated 4/8/20, at 9:35 p.m., indicated Resident 1 had a [MEDICAL CONDITION] and was connected to a ventilator (a machine designed to provide breathing for a resident who is unable to breathe on their own). On 5/15/20 at 11:26 a.m., during a telephone interview, the DON stated she reviewed Resident 1's GACH records and refused to admit Resident 1 because the facility could not take care of Resident 1. The DON stated Resident 1 was unstable because when GACH tried to trial Resident 1 without the ventilator, Resident 1's heart rate would increase. The DON also stated Resident 1 had multiple medical problems including coronary artery bypass surgery. The DON stated after reviewing the GACH records and interview with GACH staff, she denied Resident 1's admission to the facility. However, the DON stated Resident 1 was later admitted to the facility without her approval and knowledge. On 5/19/20 at 10:12 a.m., during a telephone interview, the Admission Coordinator (AC) stated that on 3/16/20 the GACH called and wanted to discharge Resident 1 from GACH to the facility. The AC stated the DON and the RT manager reviewed Resident 1's GACH records. The DON would request more documents from the GACH such as the Medication Administration Record [REDACTED]. The AC stated it would be the DON who would give the final decision on whether to admit Resident 1. On 5/19/20 at 4:22 p.m., during a telephone interview, the DON stated if she was still at the facility when Resident 1 arrived, she would have sent Resident 1 back to the GACH. The DON stated staff did not have to call her when a new admit comes to the facility. On 6/19/20 at 12:23 p.m., during a telephone interview, the Medical Director (MD) stated the DON was not comfortable accepting Resident 1 to the facility because of Resident 1's medical problems. However, MD stated, an RT approved Resident 1's admission. The MD stated the RT should not have given the approval. The MD stated the DON should be the person to decide whether to admit Resident 1 to the facility or not. A review of the facility's Job Description Summary for a Respiratory Therapist, dated 10/2016, indicated the RT tests, treats, and provides care to residents experiencing [MEDICAL CONDITION] (breathing) difficulties. A review of the facility's Job Description Summary for a Director of Nursing, dated 10/2016, and indicated the DON assumes authority, responsibility and accountability for the delivery of nursing services in the facility. The DON collaborates with other departments, medical professionals, consultants and organizations including government agencies, to develop, support and coordinate resident care, related administrative functions and to represent the interests of the facility. A review of the facility's policy titled, Admission and Orientation of Residents, dated 6/1/17, indicated The facility will only admit those residents whose medical and nursing care needs can be adequately provided at the facility Eligibility for admission will be determined by the Administrator and Director of Nursing Services who may consult with the Business Office Manager. Admissions will be determined by a professional assessment/evaluation of the resident's conditions and needs, the skills and abilities of Facility and staff to meet those needs and the Attending Physician's prescribed course of treatment When a new resident arrives at the facility, the Admissions Coordinator or designee will: notify the Director of Nursing Services

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.