STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055708	A. BUILDING _____ B. WING _____	**08/04/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
LEGACY POST-ACUTE REHABILITATION	**1335 N. WATERMAN AVENUE SAN BERNARDINO, CA 92404**

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 **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 interviews and record reviews, the facility failed to ensure a hospitalized timeframe, when one of three sampled residents (Resident 1) was not allowed to return to the facility after being sent out for a psychiatric evaluation. This failure had the potential to cause serious mental harm to Resident (Resident 1) who considers the facility his home. Findings: An abbreviated survey was conducted on June 26, 2020 at 10:30 AM, to investigate a complaint regarding the facility refusing to accept resident back after hospitalization . Resident 1 is a [AGE] year-old male admitted to the facility on [DATE], and diagnosed with [REDACTED]. A review of the Social Service notes dated June, 7, 2019 documents that Resident 1 called the Certified Nursing Assistant, (CNA), a b**** while she was providing personal care to Resident 1. Resident 1 and his roommate got into an argument regarding speaking disrespectfully to the CNA. The Social Services Director informed Resident 1 of the need to be respectful towards others and not start arguments with his roommates. Resident 1 demanded a room change because he did not like his roommates. Resident 1 was given a change of rooms. A review of Social Services notes dated August 6, 2019 documents Resident 1 continued to have arguments with staff and refusing to have his showers, refusing his medications and refusing personal care. Resident 1 was not on any [MEDICAL CONDITION] medications. A review of Social Service notes dated August 19, 2019, documents that Resident 1 had thrown water from his water pitcher at his former roommate and Resident 1 would refuse to take his showers, refuse to take his medications and yell at the staff who were providing his care. A Psychiatric consult was completed on August 19, 2019, and Resident 1 was diagnosed with [REDACTED]. Resident 1 was also prescribed [MEDICATION NAME] 250 mg, (medication to decrease irritable behaviors), twice a day. A review of Social Service notes dated September 4, 2019 documented a Social Services meeting with Resident 1 regarding current incident of throwing urinal with urine at CNA and to refrain from throwing urine at staff. A review of Social Service notes dated February 6, 2020 documents that Resident 1 continues to have episodes of yelling at staff, refusing to take his medication, refusing his personal care and refusing to have his room cleaned. A review of Psychiatry Notes dated May, 21, 2020 documents that Resident 1 is taking [MEDICATION NAME] (medication to decrease irritability) 250 mg, twice a day and Trazadone (medication to decrease anxiety) 50 mg at bedtime. Resident 1 is tolerating his medications without significant side effects. On June 26, 2020 at 10:45 AM, a review of a nursing note dated June 23, 2020, was conducted. The note reflected that Resident 1 threw a lunch plate out into hallway. The Director of Nurses, (DON) was called to speak with Resident 1 and without warning, Resident 1 threw a urinal filled with urine at the DON and then he threw a trashcan at the DON. The DON was covered in urine. The Physician was notified of Resident 1's behavior and ordered Resident 1 be placed on a 5150 (allows a mentally ill patient to be involuntarily placed in a psychiatric hospital for 72 hours) for Resident 1. Police were called to the facility and Resident 1 was transported to the hospital. During an Interview on June 26, 2020 at 11:10 AM with the Social Services Director, (SSD) regarding Resident 1, the Social Worker stated that Resident 1 has history of yelling and throwing objects at other staff during his care. The SSD stated that due to Resident 1's behaviors it would be difficult to have Resident 1 return to the facility. The SSD stated most residents are usually allowed to return to the facility. During an interview with the DON on June 26, 2020 at 12:10 PM, the DON stated the Discharge Planner at the hospital informed him on June 25, 2020, that Resident 1 was stabilized and ready to be discharged after two days at the hospital. The DON informed the Discharge Planner that he will not accept the resident back due to his behaviors and that Resident 1 is a danger to his staff and other residents. An interview was conducted with the Business Office Manager on July 20, 2020 at 10:35 AM, regarding providing the required notice to the Resident, (Resident 1) that his bed would be held for seven days as per facility policy. The Business Office Manager stated the resident was not provided a bed hold notice. When asked what was the reason for not obtaining a bed hold approval for Resident 1, the Business Office Manager did not provide an answer. Requested from the DON a copy of the Bed Hold Policy. The DON only provided the bed hold regulations, (rules imposed by authorities), and stated they follow the bed hold regulations. On June 26, 2020 at 12:10 PM, an interview and concurrent record review of the facility's policy titled, Discharge/Transfer of Resident, dated May 2020 was conducted. The policy reflects, It is the policy of this facility to effectuate an orderly transfer or discharge .Explain and give copy of Bed hold form to the resident and/or representative. (Note: if emergency transfer, complete as soon as possible.) The DON acknowledged that the bed hold form was not given to Resident 1 and he refused to accept Resident 1 back to the facility.

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.