

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555894	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/29/2020
NAME OF PROVIDER OF SUPPLIER FOOTHILL HEIGHTS CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1515 NORTH FAIR OAKS AVE PASADENA, CA 91103	
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 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to re-admit one of two sampled residents (Resident 1) back to the facility from a General Acute Care Hospital 1 (GACH 1) after the resident was cleared by GACH 1 to return to the facility on [DATE]. This deficient practice resulted in the resident not being able to return to the facility. Findings: A review of Resident 1's Admission Record indicated the resident 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 4/6/20, indicated the resident had severe impairment in cognitive skills. Resident 1 required extensive assistance (resident involved in activity, staff provide guided maneuvering) from staff in activities in daily living (ADLs such as transferring, dressing, toilet use and personal hygiene). On 6/2/20 at 11:45 a.m., during an interview with the Administrator (ADM) and Director of Nurses (DON), ADM stated the facility transferred Resident 1 to GACH 1 because the resident displayed behavioral issues including aggressive behavior and non-compliance to medications and wound treatment. ADM stated the resident removed a mounted television off the wall and threw it toward the hallway. ADM stated Resident 1 refused medications and wound treatments to the resident right above the knee amputation (AKA) stump. ADM stated the facility did not re-admit Resident 1 back to the facility. A review of Resident 1's physician order, dated 5/30/20, indicated to transfer the resident to GACH 1 for psychiatric evaluation. A record review of Resident 1's Progress Notes, dated 5/30/20, indicated the facility transferred the resident to GACH 1. Resident 1's progress note indicated the resident was in stable condition and did not have signs of aggressiveness, pain, or discomfort. A review Resident 1's Progress Notes, dated 5/31/20 at 12 a.m., indicated GACH 1 called the facility that the resident was ready to return to the facility and not violent. The nurse documented that the facility will not admit the resident without the ADM's permission. The nurse also documented that she called the ADM and the ADM said not to admit Resident 1. A review of Resident 1's Progress Notes, dated 5/31/20 at 2:16 p.m., indicated Resident 1 was on a gurney with Emergency Medical Technicians (EMTs) at the facility and the facility did not readmit the resident. On 7/27/20 at 4:05 p.m., during a telephone interview, the DON stated that every resident gets a seven-day bed hold unless the resident signs out against medical leave (AMA). On 7/27/20 at 4:11 p.m., during a telephone interview, the ADM stated the facility did not offer Resident 1 a seven-day bed hold because the facility was unable to meet Resident 1's behavioral needs. On 7/27/20 at 5:12 p.m., during a telephone interview, a Licensed Vocational Nurse 1 (LVN 1) stated residents are given a seven-day bed hold upon transfer to a GACH as part of the resident's rights. A review of the facility's adopted guidance titled, CDPH (California Department of Public Health) 327, dated 5/2011, indicated under the category of Bed Holds and Readmission that if a resident must be transferred to an acute hospital for seven days or less, the facility will notify the resident or resident's representative that the facility will hold the resident's bed. A review of the facility's undated record titled, Bed Hold Notification Form, indicated the bed hold notification should be completed on admission and upon transfer. The form indicated that the resident has the option of requesting a seven-day bed hold to keep a bed vacant and available for return to this facility. It further indicated that the resident will be notified of his/her right to hold a vacant space. A review of CDPH All Facilities Letter 16-01 titled, Transfer, Discharge, and Readmission Requirements, dated 1/20/2016, indicated all skilled nursing facilities (SNF) shall hold the bed of any resident transferred to a GACH for at least seven days. The facility's policy shall allow for readmission to the facility upon the first available bed.</p>		

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.