

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>055182</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/02/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LEMON GROVE CARE AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>8351 BROADWAY LEMON GROVE, CA 91945</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 0626  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview and record review, the facility failed to implement its policy/procedure for resident readmission to the facility following a transfer to the general acute care hospital (GACH) for one of three residents (Resident 1). This failure resulted in Resident 1 not being permitted to return to the facility after a hospital transfer. Findings: Resident 1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. On 12/7/18, a record review was conducted. Resident 1's Progress Notes, dated 11/23/18, indicated, .psychiatrist (name omitted) gave order to have resident transferred to emergency room for evaluation sue (sic) to suicidal ideation (thoughts of taking one's own life) A review of Resident 1's Bed Hold (reserving a resident's bed for 7 days) Notification, dated 11/23/18, indicated the resident's family member was notified of Confirmation of Transfer &amp; Bed Hold Provision. The form did not indicate if the resident or family member refused or accepted a bed hold. On 4/23/19 at 1:16 P.M., a joint interview and record review was conducted with licensed nurse (LN) 1. LN 1 stated, We don't discharge residents to the hospital, we transfer them. LN 1 stated when a resident was transferred to the hospital, the resident's return was expected once they were medically cleared and treatment could be provided in the facility. LN 1 stated the facility had to readmit their residents after transfer to the GACH. LN 1 reviewed Resident 1's Progress notes, dated 10/30/18, .DC (discharge) plan is to either stay in this facility as custodial (long term) patient or find another accepting SNF (skilled nursing facility) in the North County Area LN 1 stated, Resident's (Resident 1) discharge plan did not include leaving the resident at the hospital. LN 1 stated Resident 1's discharge plan had not been followed. LN 1 reviewed Resident 1's Bed Hold Notification, dated 11/23/18, and stated there was no indication on the form if a bed hold was accepted or refused. LN 1 stated the form was vague. LN 1 stated a bed hold had to be offered to all residents upon transfer. LN 1 reviewed Resident 1's clinical record and stated there was no documentation the resident or resident's family had accepted or refused a bed hold. LN 1 stated this should have been documented. On 4/23/19 at 2:45 P.M., a joint interview and record review was conducted with the business office manager (BOM). The BOM reviewed Resident 1's clinical record and stated the resident's insurance was not billed for a bed hold when the resident was transferred to the GACH on 11/23/18. The BOM stated bed holds were automatic for residents on, or in the process of applying for, MediCal (State sponsored medical insurance). The BOM stated Resident 1 was MediCal pending, and should have had a bed hold. The BOM stated Resident 1 was not given a bed hold because the resident would not be accepted back to the facility. The BOM stated the admissions coordinator (AC) had notified her the facility would not permit the resident to return. The BOM reviewed Resident 1's records and stated there was no documentation the resident had refused a bed hold. On 4/23/19 at 3:30 P.M., a joint interview and record review was conducted with the facility's administrator (ADM). The ADM stated the facility accepted all their residents back from a hospital leave. The ADM stated, Everyone gets a bed hold regardless of insurance. The ADM stated all bed holds are honored and residents were readmitted within the 7-day bed hold period. The ADM stated if the hospital leave exceeded the 7 days, then the resident would be offered to return to the first available bed. The ADM acknowledged the facility's Bed Hold Notification form did not specify if a resident accepted or refused a bed hold. The ADM stated it was her expectation for a resident's refusal or acceptance of a bed hold to be documented in the resident's clinical record. The ADM did not provide and answer for why Resident 1 was not permitted to return to the facility after being treated and medically cleared at the GACH. The ADM reviewed the facility policy titled Readmission Following Transfer, revised 11/2017, and did not provide an answer as to whether or not the policy had been followed. On 5/29/19 at 3:30 P.M., a telephone interview was conducted with hospital social worker (HSW). HSW stated Resident 1 was transferred to the GACH on 11/23/18. HSW stated Resident 1 had been medically cleared by the GACH physician to return to the facility on [DATE]. HSW stated the GACH attempted to discharge Resident 1 back to the facility on [DATE], and the facility refused to permit the resident to return. HSW stated she was informed by the facility's AC that the facility would not take Resident 1 back because the resident had filed two complaints against the facility and had bad behavior. HSW further stated the GACH attempted to send Resident 1 back to the facility within the 7 day bed hold period and the facility continued to refuse to readmit their resident. HSW stated the facility's refusal to readmit their resident, caused Resident 1 to remain in the hospital for an additional two weeks when that level of acute care was not medically necessary. A review of GACH physician's progress note, dated 11/27/18, indicated, .DC (discharge) planning underway and pending limited resources may return to (facility name omitted). A review of Resident 1's GACH documentation titled Biopsychosocial Assessment, dated 11/26/18, indicated, .Pt's (patient's) placement at (facility name omitted) is confirmed at this time, .also left a voice message for facility DON (director of nursing) . A review of GACH Social Work Addendum, dated 11/29/18, indicated, (Facility name omitted) SNF has refused to accept pt back, constituting pt abandonment by facility . has attempted to work with facility to have them reconsider. They have cited reasons of the two reports filed against facility and pt's 'bad behavior' (with focus on the latter), as reasons to not accept pt back ON 6/13/19 at 10:30 A.M., a joint interview and record review was conducted with the facility's AC. The AC stated she was aware Resident 1 was medically cleared to return to the facility and the GACH had attempted to send the resident back on 11/26/18 through 11/29/18. The AC stated the DON told her the facility would not permit Resident 1 to return due to the resident's behaviors. The AC stated every resident received a bed hold when they were transferred to the hospital. The AC stated if the resident did not wish to pay for the bed hold, they would still be allowed to return to the facility upon the first available bed. The AC reviewed the facility's census, and stated the facility had 11 available female beds on 11/26/18, 11 available female beds on 11/27/18, nine available female bed on 11/28/19, nine available female beds on 11/29/18, and 10 available female beds on 11/30/18. The AC reviewed the facility's policy Readmission Following Transfer, revised 11/2017, and stated Resident 1's right to return to the facility had not been honored. The DON no longer worked for the facility and could not be interviewed. Per the facility's policy titled Readmission Following Transfer, revised 11/2017, It is the policy of (facility name omitted) to inform the resident, or the resident's representative of its bedhold policy and of the resident's right to return to the Facility following transfer to a general acute care hospital .5. Medi-Cal eligible residents will be permitted to return to the first available bed even if the resident has an outstanding Medi-Cal balance The facility's policy titled Bed Hold, revised 11/2016, did not provide guidance for documenting a resident's refusal or acceptance of a bed hold.</p>		
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.