STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056293	A. BUILDING _____ B. WING _____	**07/27/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
ALCOTT REHABILITATION HOSPITAL	**3551 WEST OLYMPIC BLVD. LOS ANGELES, CA 90019**

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 interview and record review, the facility failed to provide the written notice of bed hold prior to the transfer to the General Acute Hospital (GACH 1) for one of two sampled residents (Resident 1). This deficient practice resulted in Resident 1 being deprived of exercising her right to a bed hold and the right to return to the facility. Findings: A review of the Admission Record indicated Resident 1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. A review of the Resident 1's Minimum Data Set (MDS, standardized care and screening tool) dated 1/31/20, indicated Resident 1 had short and long term memory problems. Resident 1 had severely impaired daily decision making regarding tasks of daily life. Resident 1 needed two person physical assistance with bed mobility and transfer and one person physical assistance with the rest of the activities of living (ADLs). A review of the Nurses Notes, dated 4/3/20, at 7; 10 p.m., indicated Resident 1 was positive for the coronavirus (Covid-19- is a respiratory illness that can spread from person to person). Resident 1 had an oxygen saturation of 84% in room air, Blood pressure (Bp- this is the force of your blood pushing against the walls of your arteries) was 85/50 and lethargic (lack of energy). Resident 1's primary Physician was notified and order received to transfer Resident 1 to GACH 1. Resident 1's family was notified and agreed to transfer Resident 1 to GACH 1. The Nurses Notes indicated Resident 1 was transferred to GACH 1 by the paramedics at 9:15 p.m. A review of the Nurses Notes dated 4/3/20, at 9:50 p.m. indicated Resident 1 returned by ambulance from GACH to the facility at 9:50 p.m. The Nurses Notes indicated the facility refused to readmit Resident 1 because Resident 1 was positive for the Covid-19. Resident 1 was sent back to the GACH 1. A review of the GACH 1 Emergency (ER) Report dated 4/3/20, indicated Resident 1 was admitted at the ER due to respiratory distress, positive for the Covid 19 infection and [DIAGNOSES REDACTED] (low blood sugar level). The ER Report indicated Resident 1's blood glucose level (the amount of sugar in your blood) was 300 mg/dl (normal blood glucose level is 80-130 mg/dl). Resident 1 was transferred back to the facility. The facility refused to re-admit Resident 1. Resident 1 was admitted to the GACH 1 for comfort care. During an interview the Director of Nursing (DON), on 6/19/20, at 9:34 a.m., the DON stated Resident 1 was transferred to GACH 1 and was stabilized. GACH 1 sent Resident 1 back to the facility, however, the facility refused to readmit Resident 1 because Resident 1 had tested positive to Covid-19. The DON further stated the facility had no available room for isolation. A review of the facility policy and proceures titled, Bed Holds, with a reviewed date of 2/5/19, indicated the facility will provide/offer a bed-hold of up to seven days when a resident is transferred to the acute hospital. Review of the All Facilities Letter 20-32, dated 3/30/20, (superseded by AFL 20-32.1 dated 6/26/20) indicated facilities shall not refuse to admit or readmit a resident based on their status as a suspected or confirmed covid-19 case. Facilities shall institute appropriate precautions to prevent the spread of infection to health care personnel and other residents.
F 0626 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure one of two sampled residents (Resident 1) was allowed to return to the facility after a hospitalization . This deficient practice had the potential to create unnecessary stress and affected the continuity of care for Resident 1. Findings: A review of Resident 1's Admission Record indicated, Resident 1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. A review of the Resident 1's Minimum Data Set (MDS, standardized care and screening tool) dated 1/31/20, indicated Resident 1 had short and long term memory problems. Resident 1 had severely impaired daily decision making regarding tasks of daily life. Resident 1 needed two person physical assistance with bed mobility and transfer and one person physical assistance with the rest of the activities of living (ADLs). A review of Resident 1's Nurses Notes, dated 4/3/20, at 7:10 p.m., indicated Resident 1 was positive for the coronavirus (COVID-19, respiratory illness that can spread from person to person). Resident 1 had an oxygen saturation (amount of oxygen in the blood stream) of 84% in room air (normal range is 95 to 100%), blood pressure (Bp) was 85/50 (normal is 120/80) and lethargic (lack of energy). Resident 1's primary Physician was notified and order received to transfer Resident 1 to GACH 1. Resident 1's family was notified and agreed to transfer Resident 1 to General Acute Care Hospital (GACH 1). The Nurses Notes indicated Resident 1 was transferred to GACH 1 by the paramedics at 9:15 p.m. A review of Resident 1's Nurses Notes dated 4/3/20, at 9:50 p.m. indicated Resident 1 returned by ambulance from GACH to the facility at 9:50 p.m. The facility refused to readmit Resident 1 because Resident 1 was positive for the COVID-19. Resident 1 was sent back to the GACH 1. A review of the GACH 1 Emergency (ER) Report dated 4/3/20, indicated Resident 1 was admitted at the ER due to respiratory distress, positive for the COVID-19 infection and [DIAGNOSES REDACTED] (low blood sugar level). The Report indicated Resident 1's glucose level was 300. Resident 1 was transferred back to the facility but the facility refused to re-admit Resident 1. Resident 1 returned to GACH 1 and was admitted for comfort care. During an interview with the Director of Nursing (DON), on 6/19/20, at 9:34 a.m., the DON stated Resident 1 was transferred to GACH 1 on 4/3/20. The DON further stated GACH 1 sent Resident 1 back to the facility however, the facility refused to readmit Resident 1 because she was positive for COVID-19. The DON further stated the facility had no available room for isolation. A review of the All Facilities Letter 20-32, dated 3/30/20, indicated facilities shall not refuse to admit or readmit a resident based on their status as a suspected or confirmed COVID-19 case. Facilities shall institute appropriate precautions to prevent the spread of infection to health care personnel and other residents. A review of the facity policy and procedures titled, Infection Control Manual, undated, indicated If residents test positive, the facility will keep positive residents in a designated space.
F 0684 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Provide appropriate treatment and care according to orders, resident's preferences and goals.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to follow the physician's order by ensuring the blood sugar was checked as ordered for one of two sampled rcsidents (Resident 1). This deficient practice resulted in Resident 1 being lethargic and adversely affected the Resident 1's health status. Findings: A review of Resident 1's Admission Record indicated Resident 1 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. A review of the Resident 1's Minimum Data Set (MDS, standardized care and screening tool) dated 1/31/20, indicated Resident 1 had short and long term

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.

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F 0684 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	(continued... from page 1) memory problems. Resident 1 had severely impaired daily decision making regarding tasks of daily life. Resident 1 needed two person physical assistance with bed mobility and transfer and one person physical assistance with the rest of the activities of living (ADLs). A review of Resident 1's Summary of Physician Orders for 4/1/20 to 4/30/20, indicated to obtain a blood sugar level daily at 6:30 a.m. and 4:30 p.m. The Summary Physician Order indicated Resident 1 had a daily order for linagliptin (medication that helps control blood sugar) 5 milligrams (mg.) orally 1 tablet daily and insulin [MEDICATION NAME] injection (control of blood sugar level) 22 units subcutaneously (SQ, injection given under the skin) at 9 a.m. A review of the Medication Administration Record [REDACTED]. on 4/3/20 at 9 a.m. A review of the Nurses Notes, dated 4/3/20, at 6:50 p.m., indicated Resident 1 was found lethargic and the blood sugar level was 51milligram per deciliter (mg/dL.) mg/dL (normal range for someone with diabetes is 80 to 130 milligram per deciliter (mg/dL.). During an interview and concurrent record review with Registered Nurse Supervisor (RNS 1) on 6/19/20, at 8:24 a.m., RN 1 reviewed Resident 1's MAR. RNS 1 stated Resident 1's blood sugar level was not done at 4:30 p.m. During an telephone interview with the RNS 2, on 6/19/20, at 1:38 p.m., RNS 2 stated Resident 1's blood sugar level was not done on 4/3/20 at 4:30 p.m. because the charge nurse was busy. RN 2 stated Resident 1 was found lethargic and the blood sugar was done at 6:50 p.m. instead. RNS 2 further stated Resident 1 was given 50% [MEDICATION NAME] solution (D50, treat [DIAGNOSES REDACTED]) intravenously (IVP) one time. During a telephone interview with the Licensed Vocational Nurse (LVN 1) 0n 7/7/20, at 1:49 pm, the LVN 11 stated he did not check Resident 1'sugar level at 4:30 p.m. LVN further stated he found Resident 1 lying on her bed, lethargic. LVN further stated Resident 1 had a blood sugar level of 5l and he notified the RNS immediately. A review of the Medication Guide indicated linagliptin and insulin gargling may cause serious side effects including [DIAGNOSES REDACTED] (low blood sugar level). The Guide indicated to check blood sugar as ordered by the physician.