STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055748	A. BUILDING _____ B. WING _____	07/27/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
SANTA MONICA CONV CTR II	2250 29TH STREET SANTA MONICA, CA 90405

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 0623 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to hold Resident 1's bed for seven days after Resident 1 was transferred on 6/10/2020 to a general acute care hospital (GACH). This deficient practice resulted in subjected Resident 1 to unnecessary prolonged hospitalization . Findings: A review of Resident's 1 Admission Record (Face Sheet) indicated the facility admitted the resident on 9/13/2016, with [DIAGNOSES REDACTED]. to perform everyday activities), and [MEDICAL CONDITION] (a progressive disorder that causes brain cells to waste away and die. It is the most common cause of dementia a continuous decline in thinking, behavioral and social skills that disrupts a person's ability to function independently). A review of Resident's 1 Minimum Data Set (MDS - standardized assessment and care-screening tool) dated 5/30/2020, indicated resident was unable to make decisions, required extensive assistance with dressing, eating, toilet use, and hygiene. A review of Resident 1's physician's orders [REDACTED]. A review of Resident 1's Bed Hold - Informed Consent form, Section: Confimation of Transfer and Bed Hold Provision, dated 6/8/2020, indicated Resident 1's responsible party was informed of the seven-day Bed-Hold. Section: 24 Hour Notification, dated 6/9/2020, indicated Resident 1's responsible party was informed of the seven-day Bed-Hold. On 7/16/2020 at 10 a.m., during an interview with GACH Case Manager (CM 1) and a review of CM 1's Progress Notes dated 6/10/2020 timed at 10:29 a.m., indicated CM 1 spoke with facility's Admission Coordinator (AC) informing Resident 1 had an order to return back to the facility. AC stated the facility would not be able to accept Resident 1 back because they did not have COVID -19 bed available until 6/12/2020. CM 1 stated that on 6/12/2020, AC reported the facility would not have a COVID-19 bed until Sunday 6/14 or Monday 6/15/2020. CM 1 stated that CM 2 documented calling the facility on 6/13 and 6/14/2020 and was told there was no bed available. On 7/16/2020 at 11 a.m. during an interview, AC stated the facility had six beds designated for COVID-19 residents, including Resident 1's room; however, they used Resident 1's bed with another resident that had just tested positive for COVID-19. AC stated on 6/12/2020, Resident 1's bed was available becasue two COVID-19 positive residents tested negative. AC stated she did not know why Resident 1 was not accepted.
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 permit Resident 1 to return to the facility after hospitalization on [DATE]. Resident 1 was permitted to return to the facility on [DATE]. This deficient practice subjected Resident 1 to unnecessary prolonged hospitalization . Findings: A review of Resident's 1 Admission Record (Face Sheet) indicated the facility admitted the resident on 9/13/2016, with [DIAGNOSES REDACTED]. to perform everyday activities), and [MEDICAL CONDITION] (a progressive disorder that causes brain cells to waste away and die. It is the most common cause of dementia - a continuous decline in thinking, behavioral and social skills that disrupts a person's ability to function independently). A review of Resident's 1 Minimum Data Set (MDS - standardized assessment and care-screening tool) dated 5/30/2020, indicated resident was unable to make decisions, required extensive assistance with dressing, eating, toilet use, and hygiene. A review of Resident 1's physician's orders [REDACTED]. On 7/16/2020 at 10 a.m., during an interview with GACH Case Manager (CM 1) and a review of CM 1's Progress Notes dated 6/10/2020 timed at 10:29 a.m., indicated CM 1 spoke with facility's Admission Coordinator (AC) informing Resident 1 had an order to return back to the facility. AC stated the facility would not be able to accept Resident 1 back because they did not have COVID -19 bed available until 6/12/2020. CM 1 stated that on 6/12/2020, AC reported the facility did not have COVID -19 bed until Sunday 6/14 or Monday 6/15/2020. CM 1 stated that CM 2 docuemented calling the facility on 6/13 and 6/14/2020 but was told there was no bed available. A review of the facility's Daily Census (list indicating residents' names with their correlating room and bed numbers) dated 6/10/2020, 6/11/2020, indicated the facility had eight empty beds. On 6/12 and 6/13/2020 the facility had seven empty beds. On 7/16/2020 at 11 a.m. during an interview, AC stated the facility had six beds designated for COVID-19 residents, including Resident 1's room; however, they used her bed with another COVID-19 resident. AC stated on 6/12/2020, Resident 1's bed was available becasue two COVID-19 positive residents tested negative. AC stated she did not know why Resident 1 was not accepted. Resident 1 was readmitted to the facility on l 6/15/2020.
F 0921 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Some	**Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.** Based on observation, interview, and record review, the facility failed to maintain safe and sanitary environment for resident, staff and the public. This deficient practice placed the facility at risk of pest infestation. Findings: On 6/12/2020 at 3 p.m., the gate to the trash area was observed blocking the sidewalk. There were over 20 large blue color garbage bags on the ground around the trash bin pushing against the gate and the gate could not close. At 3:10 p.m., during an interview, the Administrator and the Maintenance Supervisor (MS) stated the trash service would be coming back and they were going to contact the City of Santa Monica to get a larger trash bin. During an observation 6/12/20 at 4:15 p.m., the trash was filled to the top with the trash bags still on the ground. A review of the facility's undated policy and procedure titled, Housekeeping; Trash Bin Policy and Procedure, indicated staff are responsible for ensuring that their material makes it into the dumpster and debris is not left around the dumpster as a result of their disposal efforts.

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.