DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/10/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555349	A. BUILDING _____ B. WING _____	C 07/26/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VACAVILLE CONVALESCENT & REHAB	585 NUT TREE COURT VACAVILLE, CA 95687

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F 000	INITIAL COMMENTS The following represents the findings of the California Department of Public Health during a Federal Abbreviated Standard Survey concerning one Facility-Reported Incident and three Complaints: Facility-Reported Incident(s)- CA#00730253 Complaint(s)- CA#00733727, CA#00729801, CA#00734954 The inspections were limited to the Abbreviated Standard Survey did not represent the findings of a complete inspection of the facility. Representing the California Department of Public Health: RN surveyor #41333, HFEN (Health Facilities Evaluator Nurse). CA#00730253, CA#00733727, CA#00729801, and CA#00734954 were substantiated, with a deficiency written at F626.	F 000	This plan of correction constitutes my written credible allegation of compliance for the deficiencies noted.	12/15/21
F 626 SS=D	Permitting Residents to Return to Facility CFR(s): 483.15(e)(1)(2) §483.15(e)(1) Permitting residents to return to facility. A facility must establish and follow a written policy on permitting residents to return to the facility after they are hospitalized or placed on therapeutic leave. The policy must provide for the following. (i) A resident, whose hospitalization or therapeutic leave exceeds the bed-hold period under the State plan, returns to the facility to their previous room if available or immediately upon the first availability of a bed in a semi-private room if the resident-	F 626	**F 626 Permitting Residents to Return to Facility** **a) What corrective action(s) will be accomplished for the patient(s) identified to have been affected by the deficient practice?**	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 12/3/21

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.

12/21/21 - POC approved by 41333 - Informed Aime Cayanan, RN DON via telephone. @ 1:39pm

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F 626	Continued From page 1 (A) Requires the services provided by the facility; and (B) Is eligible for Medicare skilled nursing facility services or Medicaid nursing facility services. (ii) If the facility that determines that a resident who was transferred with an expectation of returning to the facility, cannot return to the facility, the facility must comply with the requirements of paragraph (c) as they apply to discharges. §483.15(e)(2) Readmission to a composite distinct part. When the facility to which a resident returns is a composite distinct part (as defined in § 483.5), the resident must be permitted to return to an available bed in the particular location of the composite distinct part in which he or she resided previously. If a bed is not available in that location at the time of return, the resident must be given the option to return to that location upon the first availability of a bed there. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to follow its policy for permitting residents to return to the facility after hospitalization, when facility staff did not readmit one resident (Resident 1) following her transfer to hospital for emergency care and services. This failure resulted in Resident 1's temporary loss of residence and a negative psychosocial outcome, as evidenced by vocalizations of sadness and anger. Findings: During a telephone interview on 3/20/21 at 9:15 a.m., the facility Administrator (ADM) stated	F 626	Resident 1 was transferred from the hospital to a more appropriate facility therefore no corrective action is needed. **b) How other patients having the potential to be affected by the same deficient practice be identified, and what corrective action will be taken.** All residents that go out to the hospital or have a therapeutic leave that exceeds that bed hold policy have the potential to be affected by the deficients practice. Audit was conducted of other residents that went out to the hospital regarding the be hold policy and no others were affected. No corrective action needs to be taken. **c) What immediate measures and systemic changes will be put into place to ensure that the deficient practice does not recur.** Each resident that is discharged to the hospital will receive the appropriate bed hold policy	

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F 626	Continued From page 2 Resident 1 would not be re-admitted back in the facility from the Emergency room because of her severe mental illness and very abusive behavior towards staff. ADM stated that the staff endured emotional trauma due to mental and verbal abuse by Resident 1. ADM stated that 17 nursing staff had resigned from our facility due to Resident 1 and more CNAs have recently submitted their resignation letters. ADM stated that he would not allow more nursing staff to resign from this facility because of Resident 1. ADM stated that he would take the consequences and responsibility for not re-admitting Resident 1 rather than losing all his nursing staff. ADM stated that he called the Ombudsman (An ombudsman is a legal representative, often appointed by a government or organization to investigate complaints made by individuals in the interest of the citizens or employees) to inform them that he would not re-admit Resident 1 in the facility from the Emergency room. During an interview on 3/20/21 at 10 a.m., in his room, Resident 4 stated that a resident frequently yells very loud (referring to Resident 1) as he pointed at Resident 1's room. During an interview on 3/20/21 at 10:08 a.m., Director of Nursing (DON) stated that Resident 1's behavior was disruptive and that she yells constantly. DON stated that Resident 1 would call 911 from her room, to report a CNA that allegedly abused her when she did not get her way. DON stated the Medical Doctor (MD), Resident 1's attending physician, was aware of the increased disruptive and abusive behavior so he increased the dose of the medication called Seroquel (Seroquel is used to treat bipolar disorder in adults). DON stated that there was no change in	F 626	consent with the opportunity to decide whether or not to accept that bed hold within 24 hours of discharge. Admissions director or designee will provide the necessary information for patient or responsible party. Administrator and or Director of Nurses are responsible for monitoring the facilities bed hold policy adherence. Any concerns will result is a just in time training with appropriate staff. **d) A description of the monitoring process and positions of persons responsible for monitoring (i.e., Administrator, Director of Nursing, or other responsible supervisory personnel). How the facility plans to monitor its performance to ensure corrections are achieved and sustained. The plan of correction must be implemented, corrective action evaluated for its effectiveness, and it must be integrated into the quality assurance system.** Monitoring occurs on a daily basis by the Interdisciplinary	

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F 626	Continued From page 3 Resident 1's behavior after increase dose of Seroquel. DON stated that on 3/8/21, Resident 1 demanded to get a Magnetic Resonance Imaging (MRI) (a diagnostic study to assess the health of organs and structures inside the body) of her bladder. DON stated that she informed MD but MD did not agree with Resident 1's request. DON stated that Resident 1 became very angry and yelled when MD did not order an MRI of her bladder. Staff B stated that she called MD again, then MD ordered to transfer Resident 1 to Emergency room for reason of Resident 1 had dark urine and left flank pain (left back pain). Staff B stated that she did not fill out the consent for bed hold and readmission form. During an interview on 3/20/21 at 10:50 a.m., Resident 5 stated that one resident was very demanding and that she complained and yell a lot (referring to Resident 1) as she pointed at Resident 1's room. During a telephone interview with Resident 1's daughter on 3/20/21 at 11:15 a.m., the daughter stated that ADM informed her he would not re-admit Resident 1 due to the resident's worsening psychiatric behavior. The daughter stated Resident 1 cried and exhibited anger after the hospital social worker told her that the facility would not re-admit her from the hospital's Emergency room. The daughter stated that she was aware how difficult to care for Resident 1 due to her psychiatric condition. The daughter stated that her mother felt that nobody wanted her. During an interview on 3/20/21 at 12:00 p.m., License Nurse E (LN E) stated that she felt nervous when she cared for Resident 1. LN E stated that Resident 1 made her feel inferior,	F 626	Team (IDT) during standup. At daily standup the admissions director or designee will report on whether or not hospital discharged patients received the opportunity for a bed-hold. On weekends the admissions director or designee will review discharges to ensure compliance and will report any concerns to the Director of Nursing or designee. Administrator and or Director of Nurses are responsible for ensuring the process is being maintained. **e) Dates when corrective action will be completed. The corrective action completion date must be acceptable to the Department. The deficient practice should be corrected immediately. This date shall be no more than 30 calendar days from the date the facility was notified of the non-compliance.** Corrective action will be completed by December 15, 2021. Admissions directors and licensed nurses will receive an inservice from the Director of Nurses on	

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F 626	Continued From page 4 screamed, yell and called her offensive names. LN E stated that Resident 1 was her own responsible party and that she was very controlling and refused to take her psychiatry medications. During an interview on 3/20/21 at 12:25 p.m., Certified nursing assistant F (CNA F) stated that Resident 1 would call her "stupid" and behaved abusively towards staff. CNA F stated that Resident 1 called other residents names and acted bossy toward other residents. CNA F stated that Resident 1 had instigated an argument with a previous roommate, who has since been discharged. During an interview on 3/20/21 at 2:00 p.m., ADM stated that he did not ask Resident 1 to sign the bed hold consent/form because the facility would not re-admit her. A review of the Policy & Procedure (P&P) titled "Transfer or Discharge Documentation," revised 12/2016, indicated the following: "The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident. ... The health of individuals in the facility would otherwise endangered." A review of the P&P titled "Bed holds and Readmission," dated 5/11, indicated: "If you must be transferred to an acute hospital for seven days or less, we will notify you or your representative that we are willing to hold your bed. You and your representative have 24 hours after receiving this notice to let us know whether you want us to hold your bed for you." A review of the form titled "Bed Hold Informed	F 626	the requirements of offering a bed-hold to patients discharged to the hospital and proper documentation.	

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F 626	Continued From page 5 Consent" revealed that the facility did not fill out the Bed Hold Informed Consent. A record review titled "Before the State of California, Department of Health Care Services, Office of Administrative Hearings and Appeals, In the Matter of the Refusal to Readmitted" dated 4/19/2021, the Court determination that the facility's decision to discharge Resident 1 did not comply with regulation and the facility should re-admit the resident from the hospital emergency department.	F 626		

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