

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

PRINTED: 10/31/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055077	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/18/2024
NAME OF PROVIDER OR SUPPLIER CORAL COVE POST ACUTE			STREET ADDRESS, CITY, STATE, ZIP CODE 1730 GRAND AVE LONG BEACH, CA 90804	
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F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during the investigation of a complaint. Complaint Number: CA00925727 The inspection was limited to the specific complaint and Facility Reported Incident investigated and does not represent the findings of a full inspection of the facility. One deficiency was identified for the complaint number: CA00925727.(F626)	F 000	Preparation and/or execution of this Plan of Correction does not constitute admission by the Provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because it's required by the provisions of Health and Safety Code Section 1280 and 42 C.F.R. 483." This Plan of Correction constitutes Grand Avenue Healthcare and Wellness Center credible allegation of compliance for the alleged deficient practices.	
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- (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	F 626	FTAG 626 Permitting Residents to Return to Facility How corrective actions(s) will be accomplished for those residents found to have been affected by the deficient practice: - As off 10/22/24, Resident 1 no longer a resident at the facility and has successfully been discharge from acute.	11-8-24

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 626	<p>Continued From page 1</p> <p>facility, the facility must comply with the requirements of paragraph (c) as they apply to discharges.</p> <p>§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.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to re-admit one of three sampled residents (Resident 1), when Resident 1 due to low oxygen (an element of air breathed in by humans to sustain life) levels of 84 percent ([% part in every hundred] the amount of oxygen [O2] in person 's blood: reference range is 95% to 100% without the use of supplemental oxygen)) on 9/20/2024.</p> <p>This deficient practice resulted in Resident 1 remaining at the GACH after Resident 1 was deemed appropriate for transfer back to the facility on 10/1/2024 but was denied readmission by the facility. Resident 1 had not been readmitted to the facility as of 10/17/2024, placing the resident at risk for confusion, disorientation and psychosocial harm related to dislocation from a place that was considered Resident 1's home.</p> <p>Findings:</p> <p>During a review of Resident 1 's Admission Record, the Admission Record indicated,</p>	F 626	<p>education, by</p> <p>ADON/Designee regarding</p> <p>Bed Hold Policy with</p> <p>emphasis on holding the</p> <p>residents' bed up to 7</p> <p>days and/or offering the</p> <p>next available semi-</p> <p>private room if resident</p> <p>exceeded 7 days at the</p> <p>acute care hospital.</p> <p>- On 11/05/24 and 11/6/24</p> <p>Resource Nurse and</p> <p>Nursing Consultant</p> <p>provided Admitting</p> <p>Nurses re-education</p> <p>regarding Bed Hold Policy</p> <p>with emphasis on holding</p> <p>the residents' bed up to 7</p> <p>days and/or offering the</p> <p>next available semi-</p> <p>private room if resident</p> <p>exceeded 7 days at the</p> <p>acute care hospital</p> <p>- During Daily Clinical</p> <p>Meetings on Mondays to</p> <p>Fridays, the IDT will</p> <p>review residents</p> <p>transferred to the acute</p>		

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F 626	Continued From page 2 Resident 1 ' s original admission to the facility was on 2/2/2024 with diagnoses including Alzheimer ' s disease (a progressive disease that destroys memory), Depression (a mood disorder that can affect how a person feels), and anxiety disorder (a mental disorder characterized by feeling constant worry). During a review of Resident 1 ' s History and Physical (H&P), the H&P indicated Resident 1 does not have the capacity to understand and make decisions. During a review of Resident 1 ' s Minimum Data Set (MDS- a federally mandated assessment tool) dated 5/9/2024, the MDS indicated Resident 1 ' s cognitive skills (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) were moderately impaired. The MDS indicated Resident 1 was dependent on toilet transfer, chair/bed to chair transfer, required maximal assistance for toilet hygiene, bathing, dressing the lower body, and required substantial/maximal assistance (helper lifts or holds trunk or limbs and provides more than half the effort) with upper body dressing. During a review of Resident 1 ' s Physician ' s Orders Summary report dated 9/1/2024 through 10/31/2024, the order summary report indicated the following: -An order dated 9/5/2024 for the Right Medial (inner) malleolus (ankle) with deep tissue injury (DTP1 - injury of lower layers of tissue under the skin caused by continuous pressure), clean with normal saline (fluid used for medical reasons such as cleaning wounds), pat dry, apply xeroform (a sterile [processed to be	F 626	hospital to ensure that bed hold is in place as appropriate, and residents are permitted to return to the facility as appropriate. How facility plans to monitor its performance to make sure the solutions are sustained and to ensure deficient practice will not recur: - Admissions Director/Marketer will review and audit discharges to the acute care hospital daily M-F for 1 week, then weekly for 2 months, to ensure residents transferred to the acute hospital are permitted to return to the facility as appropriate. Any issues identified will be addressed by the		

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F 626	<p>Continued From page 3</p> <p>non-infectious], non-stick, absorbent dressing), once daily.</p> <p>-An order dated 9/5/2024 for a stage 4 (a full thickness tissue loss that exposes bone, tendon, or muscle, caused by constant pressure), injury to the sacrococcyx (the lowest part of the spinal area, the tail bone); cleanse with normal saline, pat dry, apply Santyl Nickel (medical ointment) thick layer, cover with moist gauze (a loose woven fabric used to cover wounds) daily and as needed.</p> <p>During a review of Resident 2 ' s Change of Condition (COC) dated 9/20/2024 and timed at 9:00 p.m., the COC indicated Resident 1 had a productive cough (a cough that produces a slimy substance that is produced in the lungs) with congestion (difficulty breathing due to excessive build up of fluids in the body).</p> <p>During a review of the Order Summary Report (Physician ' s Orders), the order summary indicated an physician ' s order dated 9/20/2024 to transfer Resident 1 to the GACH via 911 due to low oxygen saturation, 7-days-bed-hold (facility will hold bed for resident if emergently or temporarily transferred out of facility) if admitted to the GACH.</p> <p>During a review of Resident 1 ' s GACH Admission Records dated 9/20/2024 and timed at 9:12 p.m., the Admission Records indicated Resident 1 was admitted to the GACH for Pneumonia (a lung infection that makes it difficult to breath), fever (a higher body temperature [reference range: 97 degrees Fahrenheit to 99 degrees Fahrenheit] that maybe an indication of an infection), and hypoxia (oxygen levels lower than the body needs to function).</p>		F 626	<p>Administrator accordingly.</p> <ul style="list-style-type: none"> - Admission shall bring their daily audit of transfers to acute care hospital and track residents 'return if not in the seven-day window the next available bed shall be offered by admission coordinator and documented. Documentation will be brought to quality assurance meeting monthly times 3 months or until 100% compliance is met - The Administrator and DON will be responsible for monitoring and sustaining compliance. <p>Completion date:</p> <p>11/8/2024</p>	

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	<p>During a review of Resident 1 ' s GACH laboratory test results dated 10/09/2024 and timed at 11:52 p.m., the GACH laboratory test indicated Resident 1 ' s wound (unspecified where on the body) was positive for and had a heavy growth of staphylococcus aureus methicillin resistant (MRSA a bacteria that cause a wide variety of clinical diseases) present. The GACH laboratory test results indicated Resident 1 also had pseudomonas (a germ that can cause infection in the blood, lungs and other parts of the body), and extended- spectrum beta- lactamases e-coli (ESBL a bacterial infection caused by Escherichia coli) in his urine.</p> <p>During a telephone interview with Resident 1's Social Worker (SW) at the GACH on 10/17/2024 at 08:00 a.m., the SW stated on 9/21/2024 she called the facility ' s admission department and sent documentation to the facility to let them know resident 1 would be able to return to the facility when the physician discharges him. The SW stated on 10/1/2024 Resident 1 had discharge orders from the GACH, so she called the admissions department of the facility. The SW stated she called multiple times and never got a response from the facility.</p> <p>During a record review of the facility ' s Daily Census dated 10/1/2024, the census indicated one available male bed that Resident 1 could have been placed in.</p> <p>During an interview on 10/17/2024 at 12:15 p.m., with the Administrator (ADM), the ADM stated when a resident is ready to return to the facility the resident has a right to come back this is his home.</p>				Blank		

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F 626	<p>Continued From page 5</p> <p>During an interview on 10/17/2024 at 4:15 p.m., with the facility 's Marketer, the Marketer stated that she worked along with the social service staff at the GACH to place residents back into the facility. The Marketer stated that the facility did not readmit Resident 1 because the facility did not have any isolation (precautions implemented to prevent the spread of infection) beds. The Marketer stated they could not re-admit Resident 1 because his requirements for isolation was not cleared until 10/16/2024.</p> <p>According to guidance from the California Department of Public Health for Skilled Nursing Facilities dated 2019, a facility has no reason to deny admission of a resident based on being positive for a multi-drug resistant organism (MDRO) infection (www.cdph.ca.gov).</p> <p>A review of an All Facilities Letter (AFL-guidance issued to licensed skilled nursing homes by the California Department of Public Health) dated 6/10/2019 indicated guidance for skilled Nursing Facilities to safely care for residents with MDRO ' s in compliance with state and federal regulations.</p> <p>During an interview on 10/18/2024 at 10:00 a.m., the DON stated prior to readmitting a resident to the facility, she reviews clinical information from the GACH to determine if the facility can meet the resident ' s needs. The DON stated, she was not aware Resident 1 had orders to return to the facility.</p> <p>During a review of the facility ' s policy and procedure (P/P) titled "Bed Hold and Notice" revised 7/2017, the P/P indicated Medi Cal/ Medicaid eligible residents who are on a</p>			F 626	Blank		

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F 626	Continued From page 6 therapeutic leave or are hospitalized beyond the states bed -hold policy must be readmitted to the first available bed even if the resident has an outstanding Medi-Cal/ Medicaid balance.			F 626			
					Blank		