

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

PRINTED: 02/08/2019  
FORM APPROVED  
OMB NO. 0938-0391

Accepted  
2/28/19  
362041

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555897	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 02/06/2019
NAME OF PROVIDER OR SUPPLIER  MONTEREY HEALTHCARE & WELLNESS CENTRE, LP			STREET ADDRESS, CITY, STATE, ZIP CODE 1267 SAN GABRIEL BLVD ROSEMEAD, CA 91770		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS  The following reflects the findings of the California Department of Public Health during the investigation of a complaint.  Complaint number: CA00615486.  Representing the Department: HFEN # 33638.  The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.  Three deficiencies was issued for complaint number CA00615486.	F 000	"Monterey Healthcare & Wellness Centre submits this plan of correction as part of the requirements under state and federal law. By submitting this plan of correction, Monterey Healthcare & Wellness Centre does not admit that the deficiency listed on this form exists, nor does the center admit to any statements for the alleged deficiency. The center reserves the right to challenge in legal, regulatory, or administrative proceedings, the deficiency, statements, facts, and conclusions that from the basis of the deficiency."	3/1/19	
F 622 SS=D	Transfer and Discharge Requirements CFR(s): 483.15(c)(1)(i)(ii)(2)(i)-(iii)  §483.15(c) Transfer and discharge- §483.15(c)(1) Facility requirements- (i) The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless- (A) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility; (B) The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility; (C) The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident; (D) The health of individuals in the facility would otherwise be endangered; (E) The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility.	F 622	Corrective action for residents found to have been affected by the deficient practice: <ul style="list-style-type: none"><li>Resident #1 written notification of the transfer and discharge was called to sister on 12/2/18. Written notification of transfer and discharge was mailed to sister on 2/6/19.</li><li>Resident #1 was readmitted on 12/10/18.</li></ul> Corrective action for resident that may be affected by same deficient practice:	RECEIVED 2019 FEB 15 PM 3:36 HEALTHCARE FACILITY INSPECTION ADMINISTRATIVE	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) 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 622	<p>Continued From page 1</p> <p>Nonpayment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for his or her stay. For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge a resident only allowable charges under Medicaid; or</p> <p>(F) The facility ceases to operate.</p> <p>(ii) The facility may not transfer or discharge the resident while the appeal is pending, pursuant to § 431.230 of this chapter, when a resident exercises his or her right to appeal a transfer or discharge notice from the facility pursuant to § 431.220(a)(3) of this chapter, unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the facility. The facility must document the danger that failure to transfer or discharge would pose.</p> <p>§483.15(c)(2) Documentation.</p> <p>When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider.</p> <p>(i) Documentation in the resident's medical record must include:</p> <p>(A) The basis for the transfer per paragraph (c)(1)(i) of this section.</p> <p>(B) In the case of paragraph (c)(1)(i)(A) of this section, the specific resident need(s) that cannot be met, facility attempts to meet the resident needs, and the service available at the receiving</p>	F 622	<ul style="list-style-type: none"> <li>No other residents were affected by this deficient practice.</li> </ul> <p>Measures will be put in place to ensure that the deficient practice does not occur:</p> <ul style="list-style-type: none"> <li>DNS reeducated licensed nurses on 2/11/19 regarding completion of Notification of Transfer &amp; Discharge.</li> <li>Administrator/designee provided in-service to Social services director regarding providing copy of written notice of transfer and discharge form to resident/responsible party.</li> </ul> <p>Measures to monitor its performance to make sure that solution are sustained:</p> <ul style="list-style-type: none"> <li>Medical record will perform audit on discharge resident and provide copy to DNS to review.</li> <li>DNS will report any trends or issue to QAA committee monthly x3 months.</li> </ul>	3/5/19	

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F 622	<p>Continued From page 2</p> <p>facility to meet the need(s).</p> <p>(ii) The documentation required by paragraph (c) (2)(i) of this section must be made by-</p> <p>(A) The resident's physician when transfer or discharge is necessary under paragraph (c) (1) (A) or (B) of this section; and</p> <p>(B) A physician when transfer or discharge is necessary under paragraph (c)(1)(i)(C) or (D) of this section.</p> <p>(iii) Information provided to the receiving provider must include a minimum of the following:</p> <p>(A) Contact information of the practitioner responsible for the care of the resident.</p> <p>(B) Resident representative information including contact information</p> <p>(C) Advance Directive information</p> <p>(D) All special instructions or precautions for ongoing care, as appropriate.</p> <p>(E) Comprehensive care plan goals;</p> <p>(F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to provide a written notification of the transfer and discharge to a resident and/or responsible party for one of two sampled residents (Resident 1). Resident 1 transferred to the General Acute Care Hospital 1 (GACH 1), and the Responsible Party 1 (RP 1) for resident was not provided a written document of the transfer and discharge, on 12/2/18, transfer to GACH 1, and on 12/7/18, when resident was unable to be readmit to the facility.</p> <p>This deficient practice resulted in the violation of</p>	F 622			3/3/19

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F 622	<p>Continued From page 3</p> <p>the resident's rights to know in writing the reason for the transfer and discharge and ability to file an appeal of the involuntary transfer and discharge.</p> <p>Findings:</p> <p>On 12/12/18, at 8:30 AM, an unannounced visit was conducted to the facility to investigate a complaint regarding permitting residents to return to the facility following GACH 1 hospitalization for Resident 1, on 12/7/18 (6th day of bed hold) and was not permitted to return because there was no bed available.</p> <p>A review of Resident 1's Face Sheet indicated resident was admitted to the facility, on 11/7/18, and readmitted back to the facility, on 12/10/18, with diagnoses that included schizophrenia (mental disease that affects how the brain works and thoughts may not be clear, or may jump from one topic to another). The Face Sheet indicated resident had a responsible party (RP 1).</p> <p>A review of Resident 1's Minimum Data Set (MDS, a standardized assessment and care planning tool), dated 9/28/18, indicated the resident was alert and required extensive assistance with transfers, walking, dressing, and toileting.</p> <p>A review of Resident 1's Physician and Telephone Orders, dated 12/2/18, indicated Resident 1 transferred to GACH 1 via paramedics (emergency services). The physician order indicated for a facility to hold Resident 1's bed for seven (7) days.</p> <p>A review of an e-mail correspondence from GACH 1, dated 12/7/18, indicated the facility's</p>	F 622			3/5/19

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F 622	<p>Continued From page 4</p> <p>Social Services Director (SSD 1) informed GACH 1's Case Manager 1 (CM 1) that there was no open beds available in the facility on 12/7/18. The email indicated that the facility's DON informed CM 1 that the facility was not sure Resident 1 would be returning and could readmit Resident 1 on 12/10/18.</p> <p>A review of Resident 1's Notice of Proposed Transfer and Discharge, notification date 12/2/18, indicated Resident 1's responsible party (RP 1) was notified by telephone of Resident 1's transfer to GACH 1.</p> <p>There was no documented evidence in Resident 1's medical records of a written notification of the transfer and discharge to the RP 1 on 12/2/18. There was no second notification of the transfer and discharge to the resident and/or RP 1, on 12/7/18, when Resident 1 was ready to return to the facility and was not permitted to return.</p> <p>A review of the facility's Daily Census Report indicated no open male beds from 12/4/18 to 12/9/18.</p> <p>During an interview, on 12/12/18, at 9:22 AM, the Admission's Coordinator (AC 1) stated they could not readmit Resident 1 on 12/7/18, because resident's bariatric bed was returned to the bed company.</p> <p>On 12/12/18 at 10:15 AM, during an interview and record review of facility's Daily Census Report, the Director of Nursing (DON) stated the facility could readmit Resident 1, if resident's bariatric bed was in the facility. A concurrent record review of the facility's Daily Census Report with the DON for 12/7/18 indicated there was no open male</p>	F 622		3/8/19	

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F 622	Continued From page 5 beds available that day. The DON stated they would have to move residents around to accommodate Resident 1. The DON stated that another resident (Resident 2) was occupying Resident 1's previous room temporarily while Resident 1 was away.  During a telephone interview, on 1/31/19 at 4:10 PM, the Administrator Designee (AD) stated the facility staff did not provide the written notice of proposed transfer when Resident 1 was transferred to the GACH, on 12/2/18, and a notice of proposed discharge when the facility could not readmit the resident on 12/7/18. The AD stated the resident's needs could not be met by the facility, because Resident 1's bariatric bed was not available on 12/7/18.  A review of the facility's policy and procedure titled, "Bed Hold," revised date 7/17, indicated that if the facility determined that the resident who was transferred with an expectation of returning to the facility could not return to the facility, the facility would complete a Notice of Transfer and Discharge document.  A review of the facility's policy and procedure titled, "Notice of Transfer/Discharge," revised date 10/17, indicated that the facility would provide the resident and responsible party with a written notice of transfer/discharge prior to or at the time of transfer/discharge and their appeal rights. F 625 SS=D Notice of Bed Hold Policy Before/Upon Trnsfr CFR(s): 483.15(d)(1)(2)  §483.15(d) Notice of bed-hold policy and return-	F 622			3/15/19
		F 625	F625  Corrective action for residents found to have been affected by the deficient practice:  • Resident #1 written Notification of bed hold was called to sister on 12/2/18.		

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F 625	<p>Continued From page 6</p> <p><b>§483.15(d)(1) Notice before transfer.</b> Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies-</p> <p>(i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility;</p> <p>(ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any;</p> <p>(iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and</p> <p>(iv) The information specified in paragraph (e)(1) of this section.</p> <p><b>§483.15(d)(2) Bed-hold notice upon transfer.</b> At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to provide a written bed hold notification to a resident and/or resident's responsible party (RP 1) for one of two sampled residents (Resident 1). Resident 1 transferred to the General Acute Care Hospital 1 (GACH 1), and the Responsible Party 1 (RP 1) for resident was not provided a written document of bed hold notice, on 12/2/18, transfer to GACH 1.</p> <p>This deficient practice resulted in the violation of</p>	F 625	<p>Written notification of bed hold was mailed to sister on 2/6/19.</p> <ul style="list-style-type: none"> <li>Resident #1 was readmitted on 12/10/18.</li> </ul> <p><b>Corrective action for resident that may be affected by same deficient practice:</b></p> <ul style="list-style-type: none"> <li>No other residents were affected by this deficient practice.</li> </ul> <p><b>Measures will be put in place to ensure that the deficient practice does not occur:</b></p> <ul style="list-style-type: none"> <li>DNS reeducated license nurses on 2/11/19 regarding completion of Notification of bed hold.</li> <li>Administrator/designee provided in-service to Social services director regarding providing copy of written of notification of bedhold form to resident/responsible party.</li> </ul> <p><b>Measures to monitor its performance to make sure that solution are sustained:</b></p>		3/18/19



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F 625	<p>Continued From page 7</p> <p>the resident's rights to resume residency at the facility during the timeframe that the resident was ready to return.</p> <p>Findings:</p> <p>A review of Resident 1's Face Sheet indicated resident was admitted to the facility, on 11/7/18, and readmitted back to the facility, on 12/10/18, with diagnoses that included schizophrenia (mental disease that affects how the brain works and thoughts may not be clear, or may jump from one topic to another). The Face Sheet indicated resident had a responsible party (RP 1).</p> <p>A review of Resident 1's Minimum Data Set (MDS, a standardized assessment and care planning tool), dated 9/28/18, indicated the resident was alert and required extensive assistance with transfers, walking, dressing, and toileting.</p> <p>A review of Resident 1's Physician and Telephone Orders, dated 12/2/18, indicated Resident 1 transferred to GACH 1 via paramedics (emergency services). The physician order indicated for a facility to hold Resident 1's bed for seven (7) days.</p> <p>A review of an e-mail correspondence from GACH 1, dated 12/7/18, indicated that the facility's Social Services Director (SSD 1) informed GACH 1's Case Manager (CM) that there was no open beds available in the facility on 12/7/18. The e-mail indicated that according to the facility's director of nurses (DON), Resident 1's bariatric bed was returned to the bed company, on 12/6/18, because the facility was paying "for it (bed) to sit there."</p>	F 625	<ul style="list-style-type: none"> <li>Medical record will perform audit on discharge resident and provide copy to DNS to review.</li> <li>DNS will report any trends or issue to QAA committee monthly x3 months.</li> </ul>	3/1/19	

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F 625	Continued From page 8  A review of Resident 1's Notification of Bed Hold, dated 12/2/18, indicated that Resident 1's RP 1 was notified of the resident's bed hold rights that started 12/2/18 and ends on 12/9/18. The notification indicated, "A bed hold will be maintained (not to exceed 7 days)."  During an interview, on 12/12/18, at 8:40 AM, the Social Services Director (SSD) stated the facility's bed hold policy indicated the facility would hold the resident's bed while away in the acute hospital for seven days.  During an interview, on 12/12/18 at 10:25 AM, the Administrator Designee (AD) stated Resident 1's RP 1 was notified via phone of the resident's bed hold rights and the written notification remained in the medical records. The AD stated the facility did not provide RP 1 a written bed hold notification at the time of transfer to the GACH or within 24 hours.  A review of the facility's policy and procedure titled, "Bed Hold," revised date 7/17, indicated the facility would notify the resident and/or representative (responsible party), in writing, of the bed hold option, any time the resident was transferred to an acute care hospital or requests therapeutic leave.	F 625		3/17/19	
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	F 626	Corrective action for residents found to have been affected by the deficient practice:  • Resident #1 was readmitted on 12/10/18		

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

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FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555897	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 02/06/2019
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F 626	<p>Continued From page 9</p> <p>therapeutic leave. The policy must provide for the following.</p> <p>(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-</p> <p>(A) Requires the services provided by the facility; and</p> <p>(B) Is eligible for Medicare skilled nursing facility services or Medicaid nursing facility services.</p> <p>(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.</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 implement the facility's bed hold policy to hold the resident's bed for up to seven (7) days and be permitted to return to the facility in his/her previous room following hospitalization for one sampled resident (Resident 1). Resident 1 transferred to the General Acute Care Hospital 1</p>	F 626	<p>Corrective action for resident that may be affected by same deficient practice:</p> <ul style="list-style-type: none"> <li>No other residents were affected by this deficient practice.</li> </ul> <p>Measures will be put in place to ensure that the deficient practice does not occur:</p> <ul style="list-style-type: none"> <li>Administrator/designee re-educate Admission coordinator, Social service director &amp; DNS regarding bedhold policy &amp; procedure on 2/6/2019</li> <li>Admission coordinator will check daily census report to ensure bed is hold to resident who was transferred to an acute care hospital according to bed hold policy and procedure. Any issue or concern will be report to administrator/designee.</li> </ul> <p>Measures to monitor its performance to make sure that solution are sustained:</p> <ul style="list-style-type: none"> <li>Administrator/designee will report any trends regarding</li> </ul>	3/17/19	

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F 626	<p>Continued From page 10 (GACH 1) on 12/2/18.</p> <p>This deficient practice resulted in Resident 1 incurring additional unnecessary days of acute care hospital stay and violated the resident's rights to return to the facility during the seven day bed hold time frame (started 12/2/18 and ends on 12/9/18).</p> <p>Findings:</p> <p>On 12/12/18, at 8:30 AM, an unannounced visit was conducted to the facility to investigate a complaint regarding permitting residents to return to the facility following GACH 1 hospitalization for Resident 1, on 12/7/18 (8th day of bed hold) and was not permitted to return because there was no bed available.</p> <p>A review of Resident 1's Face Sheet indicated resident was admitted to the facility, on 11/7/18, and readmitted back to the facility, on 12/10/18, with diagnoses that included schizophrenia (mental disease that affects how the brain works and thoughts may not be clear, or may jump from one topic to another). The Face Sheet indicated resident had a responsible party (RP 1).</p> <p>A review of Resident 1's Minimum Data Set (MDS, a standardized assessment and care planning tool), dated 9/28/18, indicated the resident was alert and required extensive assistance with transfers, walking, dressing, and toileting.</p> <p>A review of Resident 1's Physician and Telephone Orders, dated 12/2/18, indicated Resident 1 transferred to GACH 1 via paramedics (emergency services). The physician order</p>	F 626	bedhold to QAA committee monthly x 3 months	3/17/19	