


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

PRINTED: 10/04/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/02/2017
NAME OF PROVIDER OR SUPPLIER WILLOW GLEN CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1267 MERIDIAN AVENUE SAN JOSE, CA 95125		
(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 a standard abbreviated survey regarding investigation of a complaint conducted on 9/13/17 and 10/2/17. For Complaint CA00552576 regarding Admission, Transfer and Discharge Rights, a Federal deficiency was identified (see F206). A Class "B" Citation was also issued. Inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. Representing the California Department of Public Health: 36043, Health Facilities Evaluator Nurse.	F 000	PLAN OF CORRECTIONS "This plan of correction is prepared as part of the quality assurance process for the provider. This plan of correction and any attached documents are prepared with substantial reliance upon privileged peer review information and/or reports and as such are protected from discovery." "This plan of correction is prepared, submitted and/or executed solely because it is required by local, state and/or federal regulations, codes, and or guidelines. As this transmission is required by law, it is not a waiver of the provisions within applicable laws and regulations or any other codes, statutes or regulations."		10/9/17
F 206 SS=D	483.15(e)(1)(2) POLICY TO PERMIT READMISSION BEYOND BED-HOLD (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;	F 206	F206 Corrective Action: Patient was readmitted to facility on 9/15/17. 		10/9/17
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 206	<p>Continued From page 1 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>(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 readmit one of three sampled residents (1) during a seven-day bed-hold period and to follow the Department of Health Care Services, 'Administrative Appeals' order to readmit the resident. These failures violated the resident's right to readmission as required by law.</p> <p>Findings:</p> <p>Resident 1's clinical record was reviewed. He had diagnoses including dementia (brain disease causing a long-term and often gradual decrease in the ability to think, remember, and affecting a person's daily functioning) with behavioral</p>	F 206	<p>Other Residents: No other residents were affected.</p> <p>Systemic Changes: Bed hold policy and procedure reviewed by IDT team. All residents to be issued a 7-day bed hold upon transfer to acute setting.</p> <p>Residents will be readmitted to back to facility following the bed hold policy.</p> <p>Monitoring: Admissions and Business Office to monitor residents on 7-day bed hold and report any findings to Quarterly QA.</p>		

CALIFORNIA DEPARTMENT
OF PUBLIC HEALTH
OCT - 9 2017
L & C DIVISION
SAN JOSE

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F 206	<p>Continued From page 2</p> <p>disturbance, anxiety disorder, and major depression.</p> <p>Review of Resident 1's Progress Notes, dated 5/2/17, indicated the resident was transferred to EPS due to aggressive behavior.</p> <p>Review of Resident 1's History and Physical from acute care hospital, dated 5/2/17, indicated the resident was cleared and ready to discharge to the facility by the EPS but the facility would not take the resident back. Resident 1 was admitted to the emergency department (ED) for skilled nursing facility (SNF) placement.</p> <p>During an interview with community relation director (CRD) on 9/13/17 at 1:25 p.m., he stated on 5/2/17 Resident 1 was transferred to EPS. The facility refused to take the resident back.</p> <p>Review of the Department of Health Care Services', Administrative Appeals final Decision and Order dated 8/29/17, indicated the facility "...must immediately offer to readmit" Resident 1 to "...to his former bed or to the first available bed in a semi-private room."</p> <p>During a facility visit on 9/13/17, indicated Resident 1 was not in the facility. The facility did not readmit the resident after the court hearing on 8/29/17.</p> <p>Review of facility's policy "Bed Hold General Policy Guidelines" dated 10/13/05, indicated the right to exercise a bed hold is applicable to all residents and may not be used as a condition for admission or readmission.</p>	F 206			