

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 555805	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing		(X3) DATE SURVEY COMPLETED 2024-12-24
NAME OF PROVIDER OR SUPPLIER BEL VISTA HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 5001 EAST ANAHEIM STREET, EAST LONG BEACH, CA 90804		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION	(X5) COMPLETION DATE
F-625	<p>Notice of Bed Hold Policy Before/Upon Trnsfr</p> <p>§483.15(d) Notice of bed-hold policy and return-</p> <p>§483.15(d)(1) Notice before transfer. 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>§483.15(d)(2) Bed-hold notice upon transfer. 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: Based on interview and record review, the facility failed to complete and to provide a written notice of seven-day bed hold (a guaranteed reservation for residents that are transferred out emergently) document when the resident was transferred to the General Acute Care Hospital (GACH) for one of the sampled residents (Resident 1). This failure resulted in Resident 1 and Resident 1's Responsible Party not knowing their rights to a seven-day bed hold. Findings: During a review of Resident 1's Admission Record, the Admission Record indicated, Resident 1 was admitted to the facility on 2/24/2024 with diagnoses</p>	F-625	<p>BEL VISTA HEALTHCARE CENTER makes every effort to operate in substantial compliance with Federal and State laws and regulations. Nothing in this Plan of Correction is an admission otherwise. BEL VISTA HEALTHCARE CENTER is submitting this Plan of Correction in compliance with its regulatory obligations and does not waive any objections it may have as to the merit or form of any allegations contained herein. Please note that the facility may contest the merits or form of any of the alleged deficient findings and may take reasonable steps to appeal them. This Plan of Correction constitutes BEL VISTA HEALTHCARE CENTER's written credible allegation of compliance for the deficiencies noted.</p> <p>It is the facility's policy to provide written information to residents and/or resident representatives regarding bed-hold policies before and upon transfer to a hospital or therapeutic leave, in accordance with F625 requirements.</p> <p>Corrective Action for Affected Residents: Resident 1 was transferred to the acute care hospital of resident 1's responsible party's choice on 12/20/2024. On 12/23/2024, the DON spoke with resident 1's responsible party via telephone and provided explanation that due to being unable to meet the expectations of the residents responsible party, despite numerous attempts, it was determined that alternate placement would be recommended.</p> <p>Identifying other Residents having the Potential to be Affected:On 12/24/2024, the Director of Nursing and Business Office Manager conducted an audit of all residents transferred to acute care facilities within the past 30 days to ensure proper bed-hold notices were provided and documented. Any identified gaps in bed-hold documentation were immediately addressed with written notices provided to affected residents/representatives.</p>	

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

Chad Sisco

TITLE
Operations Manager

(X6) DATE
01/17/2025

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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	including cerebral infarction (loss of blood flow to a part of the brain), sick sinus syndrome (a type of abnormal heartbeat), and dementia (progressive state of decline in mental abilities). During a review of Resident 1's History and Physical (H&P), dated 5/28/2024, the H&P indicated, Resident 1 did not have the capacity (ability) to understand and make decisions. During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 11/1/2024, the MDS indicated Resident 1 required dependent assistance (Helper does all of the effort) from two or more staff for hygiene, transfer, maximal assistance (Helper does more than half the effort) from one staff for bed mobility, dressing, and supervision or touching assistance (Helper provides verbal cues and /or touching/steading and /or contact guard assistance as resident completes activity) from one staff for eating. During a phone interview on 12/24/2024, at 8:54 a.m., with Resident 1 's Responsible Party (RP), the RP stated, she received a call from facility staff that Resident 1 was transferred to the GACH on 12/20/2024. The RP stated, she asked the staff if she had to sign the bed hold document. The RP stated the staff said she did not need to sign it. During a concurrent interview and record review on 12/24/2024, at 11:29 a.m., with the Business Office Manager (BOM), the facility 's daily census (the number of patients receiving care at a healthcare facility at a given time) from 12/20/2024 to 12/24/2024 were reviewed. The census indicated, there was no bed hold placed for Resident 1. The BOM stated, the facility 's policy indicated that the facility should provide a written bed hold notice to the resident and the RP, but it was not provided to Resident 1 and her RP upon transfer to the GACH. During an interview on 12/24/2024, at 4:00 p.m., the Director of Nursing (DON) stated, there should have been a seven-day bed- hold placed to reserve the Resident 1's room and the facility should have provided a written notice to Resident1 and Resident 1's RP when Resident 1 was transferred to the GACH. The DON stated, there was no bed-hold provided to Resident 1 and agreed it was Resident 1's right to come		Measures put into place or Systemic Changes: The Director of Nursing provided in-service education to all licensed nurses on 01/09/2025 regarding: Proper completion and provision of bed-hold notices Requirements for providing notices both before and at time of transfer Documentation requirements in emergency transfers Process for attempting to reach resident representatives Plan to Monitor Performance: The Director of Nursing or designee will audit 100% of all transfers for proper bed-hold notice completion and documentation for 30 days, then 50% of transfers for 90 days. The Business Office Manager will conduct weekly reviews of all current bed-holds to ensure proper documentation and implementation. Results of these audits will be reported quarterly to the Quality Assurance Performance Improvement (QAPI) committee for review and additional interventions as needed until substantial compliance is achieved and maintained for 3 consecutive months. The Administrator will be responsible for overseeing this plan of correction and ensuring continued compliance. Date of completion: 01/17/2025	

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	back to her room. The DON stated, this was an Interdisciplinary Team (IDT- a group of healthcare professionals with various specialties who work together to treat a patient)'s decision due to ongoing complications between the facility and Resident 1's RP. During a review of Resident 1's Order Summary Report (OSR), dated 12/26/2024, the OSR indicated to transfer Resident 1 to the GACH for further evaluation and management related to an episode of assessed heart rate was ordered on 12/20/2024. The OSR indicated, there was no order for bed-hold. During a review of Resident 1's SNF/NF to Hospital Transfer Form, dated 12/20/2024, the SNF/NF to Hospital Transfer Form indicated, Resident 1 was transferred to the GACH on 12/20/2024, at 5:30 p.m. During a review of the facility's policy and procedure (P&P) titled 'Bed-Hold and Return', revised 10/2022, the P&P indicated, 'Policy statement: Residents and/or representatives are informed (in writing) of the facility and state (if applicable) bed-hold policies. Policy interpretation and Implementation: 1. All residents/representatives are provided written information regarding the facility and state bed-hold policies, which address holding or reserving a resident's bed during periods of absence (hospitalization or therapeutic leave). Residents, regardless of pay source, are provided written notice about these policies at least twice: a. notice 1-well in advance of any transfer. b. notice 2: at the time of transfer (or, if the transfer was an emergency, within 24 hours) ...3. Multiple attempts to provide the resident representative with notice2 should be documented in cases where staff were unable to reach and notify the representative timely ...5. The requirement that residents be permitted to return to the facility following hospitalization or therapeutic leave applies to all residents			

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