

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055910	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/15/2020
NAME OF PROVIDER OF SUPPLIER COUNTRY MANOR LA MESA HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 5696 LAKE MURRAY BLVD LA MESA, CA 91942	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0626 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to develop a written policy on permitting residents to return to the facility after they were hospitalized. As a result, the facility failed to readmit one of three residents (Resident 1) after they had been transferred to the hospital and were medically cleared to return to the facility. Findings: Resident 1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. On 2/22/19 at 9:19 A.M., a telephone interview was conducted with the social worker (SW) from the general acute care hospital (GACH). The SW stated Resident 1 was transferred to the GACH and admitted on [DATE]. The SW stated Resident 1 had been medically cleared to return to the facility on [DATE]. The SW stated Resident 1's family wanted Resident 1 to return to the facility. The SW stated the facility had refused to take Resident 1 back. The SW stated the facility told her they could not care for Resident 1 as the resident's family was demanding, and the resident was at risk of becoming custodial (a permanent resident). The SW stated Resident 1 spent five additional days in the GACH once being medically cleared for a lower level of care. The SW stated they were able to find a different facility to accept Resident 1 and the resident was discharged on [DATE]. A review of the GACH document titled Transition Planning Follow-Up Entered on: 2/11/19, indicated, Called (facility name omitted) spoke to DON (director of nursing). Asked (DON) the reason for responding no (to readmission). when pt (patient) came from their facility. Per (DON), pt only stayed w/ them for 1 week and they cannot care for pt anymore d/t (due to) family has a lot of demands from them. stated that they will not take pt back. On 4/19/19 at 1:50 P.M., a joint interview and record review was conducted with licensed nurse (LN) 1. LN 1 stated sending a resident to the hospital for medical care was considered a transfer, and not a discharge. LN 1 stated when a resident was transferred to the hospital, it was understood they would return to the facility when medically cleared. LN 1 reviewed Resident 1's written discharge care plan titled The resident's (sic) overall condition requires long-term care, dated 2/7/19. LN 1 stated Resident 1's discharge plan was to remain and live in the facility unless the resident could return to the community. LN 1 stated a long-term resident meant they were ours, and would live in the facility indefinitely. LN 1 stated Resident 1 should have been readmitted to the facility after having been medically cleared from the hospital on [DATE]. On 4/19/19 at 2:50 P.M., a joint interview and record review was conducted with the DON. The DON stated a resident's transfer to the hospital was not considered a discharge, and their return to the facility would be anticipated. The DON reviewed Resident 1's Nursing Home to Hospital Transfer Form, dated 2/7/19. The DON stated Resident 1 had been transferred to the GACH and should have been accepted back once medically cleared. The DON stated the facility accepted residents back upon the first available bed. The DON stated the relationship with Resident 1's family had impacted the facility's decision to refuse readmission. The DON reviewed Resident 1's clinical chart and stated there was no documentation of issues with the resident's family. The DON stated, We should have done better. The DON reviewed Resident 1's Multidisciplinary Care Conference, dated 2/4/19. The DON stated Resident 1 was deemed custodial, and the discharge plan was for the resident to remain in the facility long-term. The DON stated Resident 1's discharge plan had not been followed. The DON further stated Resident 1's RP was not issued a 30-day notice of discharge. The DON stated Resident 1 should have been readmitted to the facility on [DATE]. On 5/3/19 at 2:30 P.M., a joint interview was conducted with the facility's administrator (ADM) and DON. The ADM stated the facility did not have a written policy for permitting residents to return after a hospital stay. The ADM stated written policies provided guidance. The ADM stated the facility should have created a policy to guide resident readmission after a hospital transfer. The DON stated the facility had a 99 bed capacity. The DON stated there were available beds that could have accommodated Resident 1 on 2/11/19. A review of the facility's Daily Census Recap, dated 2/11/19, indicated, the facility census was 85 when the GACH attempted to discharge Resident 1 back the facility.</p>		
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.