

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555206	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/31/2020
NAME OF PROVIDER OF SUPPLIER BOULDER CREEK POST ACUTE		STREET ADDRESS, CITY, STATE, ZIP 12696 MONTE VISTA ROAD POWAY, CA 92064	
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 0625 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review the facility failed to ensure one of three sampled residents (1) was provided information regarding the facility's bed-hold (a hold on the residents bed for seven days after a transfer) policy prior to the residents' transfer to the hospital. This failure did not ensure Resident 1's responsible party (RP) was fully informed of the residents' bed-hold rights and had the potential to affect Resident 1's quality of life. Findings: Resident 1 was admitted to the facility on [DATE] per the facility's Admission Record. This record also indicated the resident's family member was his RP. According to a review of Resident 1's History and Physical, dated 1/11/19, the resident had diagnoses, which included Alzheimer's dementia (a loss of mental abilities that leads to impairments in memory, reasoning, planning, and behavior), and [MEDICAL CONDITION] (a collection of blood outside the brain, usually caused by a head injury). A review of Resident 1's medical record indicated the resident was transferred to the hospital on [DATE] and again on 3/8/19 for a behavioral evaluation due to aggression. Resident 1's record, titled Bed Hold Informed Consent, dated 1/9/19, was only completed and signed by the Resident's RP on admission. The other two sections of this document were completely blank. The blank sections included information regarding hospital transfer, such as which hospital, date and time of transfer, and the resident's notification of the facility's bed hold provision. Resident 1's record, titled Bed Hold Informed Consent, dated 3/8/19, indicated, . On Admission: telephone consent obtained on 3/8/19 . Confirmation of Transfer & Bed Hold Provision . copy from old chart . There was no documented evidence in the third section that Resident 1's RP was notified. During an interview with licensed nurse (LN) 2, on 3/15/19 at 1:57 P.M., LN 2 stated residents or their RPs were informed of their bed-hold rights upon admission and when transferred to the hospital. LN 2 stated if a resident was transferred in an emergency the supervisor would follow up at the hospital to ensure the resident was offered a seven-day bed-hold. During an interview with the Assistant Director of Nursing (ADON) on 3/15/19 at 2:02 P.M., the ADON stated, We should be offering bed-holds to every resident who transfers from the facility, and it's their decision to accept the bed-hold or not. During an interview with the Director of Nursing (DON) on 3/15/19 at 2:05 P.M., the DON stated everyone should be offered a bed-hold upon transfer. The DON stated they did not offer a bed-hold to Resident 1's RP, due to the resident's aggressive behaviors. Resident 1's RP filed two appeals to the California Department of Health Care Services Office of Administrative Hearing and Appeals (OAHA), due to the skilled nursing facility's refusal to readmit the resident after being transferred to the hospital on [DATE] and on 3/8/19. Two OAHA hearings were held, the first on 2/28/19 and the second on 3/19/19. According to OAHA Appeal number 19-1535 Decision and Order, dated 3/7/19, the facility failed to provide written notification of the bed-hold to the resident's responsible party, and readmit the Resident during the bed-hold period. This document indicated, .(Facility) must immediately readmit resident . According to OAHA Appeal number 19-1548 Decision and Order, dated 3/28/19, the facility failed to issue a written bed-hold notice to the resident's responsible party, upon transfer. This document indicated, .(Facility) must immediately readmit Resident 1 to his former bed, or if no longer available, to the next available bed . According to the facility's policy titled Bed-Hold, dated 2/17, Policy Statement: Prior to transfers and therapeutic leaves, residents or resident representatives will be informed in writing of the bed-hold and return policy .</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.