

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555139	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/23/2020
NAME OF PROVIDER OF SUPPLIER MIRACLE MILE HEALTHCARE CENTER, LLC		STREET ADDRESS, CITY, STATE, ZIP 1020 SOUTH FAIRFAX AVE LOS ANGELES, CA 90019	
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	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide bed hold for one of two sampled residents (Resident 1) who was transferred to General Acute Hospital (GACH 1). This deficient practice resulted in Resident 1 being deprived of exercising his right to a bed-hold and his right to return to the facility. Findings: Review Resident 1's Admission Record indicated Resident 1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of Resident 1's Minimum Data Set (MDS, standardized care and screening tool) dated 6/10/20, indicated Resident 1 was alert, oriented, and needed one person physical assistance with activities of daily living (ADLs). Review of Resident 1's History and Physical, dated 2/28/20, indicated Resident 1 had the capacity to understand and make decisions. Review of Resident 1's Situation, Background, Assessment and Request (SBAR) dated 7/31/20, at 8:45 a.m., indicated Resident 1 vomited brown emesis. Resident 1's primary physician was notified. A review Resident 1's Physician and Telephone Orders, dated 7/31/20, at 9:15 a.m., indicated Resident 1's Physician gave an order to transfer Resident 1 to GACH 1 and a bed hold for seven days. A review of GACH 1 Discharge Planning dated 8/5/20, at 12:57 p.m., indicated Resident 1 tested positive for the coronavirus (COVID-19, a [MEDICAL CONDITION] respiratory illness which spreads easily from person to person) on admission to the emergency room (ER) on 7/31/20. The test was repeated on 8/5/20 and Resident 1 tested negative for the COVID-19. A review of GACH 1 Discharge Summary, dated 8/6/20, indicated Resident 1 was stabilized and was ready for discharge back to the facility. A review of GACH 1 Discharge Planning dated 8/6/20 at 4:32 p.m., indicated the facility refused to accept Resident 1 due to COVID-19 positive result on 7/31/20. The Discharge Planning Notes indicated Resident 1 was transferred to another facility. During an interview with the Director of Nursing (DON), On 8/14/20, at 12:07 p.m., the DON stated, the facility decided not to re-admit Resident 1 due to Resident 1's positive COVID-19 result. During an interview with the Infection Preventionist Nurse (IPN), on 9/9/20, at 11:12 a.m., the IPN stated she received a call from GACH 1 Resident 1 was ready to return to the facility. The IPN stated the facility refused to re-admit the Resident 1 due to Resident 1 being positive for the COVID-19. During an interview the Business Office Manager (BOM), on 9/9/20, at 11:17 a.m., the BOM stated Resident 1 was given a seven (7) day bed hold, however, Resident 1 was not readmitted to the facility after 6 days at GACH 1. The facility's policy and procedures titled, Bed-Hold, undated, indicated the facility shall allow residents, who, because of medical necessity, are transferred to acute hospital, to have the option of having the facility hold their bed open for up to seven (7) days or more, upon request.		
F 0626 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure one of two sampled residents (Resident 1) was permitted to return to the facility after the General Acute Hospital (GACH 1) was ready to discharge Resident 1. This deficient practice resulted in Resident 1 was transferred to another facility without his approval or choice. Findings: A review Resident 1's Admission Record indicated Resident 1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS, standardized care and screening tool) dated 6/10/20, indicated Resident was alert, oriented, and needed one person physical assistance with activities of daily living (ADLs). A review of Resident 1's History and Physical, dated 2/28/20, indicated Resident 1 had the capacity to understand and make decisions. A review of Resident 1's Situation, Background, Assessment and Request (SBAR) dated 7/31/20 at 8:45 a.m., indicated Resident 1 vomited brown emesis. Resident 1's primary physician was notified. A review Resident 1's Physician and Telephone Orders, dated 7/31/20, at 9:15 a.m., indicated Resident 1's Physician gave an order to transfer Resident 1 to GACH 1 and a bed hold for seven days. A review of Resident 1's GACH 1 Discharge Planning dated 8/5/20, at 12:57 p.m., indicated Resident 1 tested positive for the coronavirus (COVID-19, a [MEDICAL CONDITION] respiratory illness which spreads easily from person to person) on admission to the emergency room (ER) on 7/31/20. The test was repeated on 8/5/20 and Resident 1 tested negative for the COVID-19. A review of Resident 1's GACH 1 Discharge Summary, dated 8/6/20, indicated Resident 1 was stabilized and was ready for discharge back to the facility. A review of Resident 1's GACH 1 Discharge Planning dated 8/6/20 at 4:32 p.m., indicated the facility refused to accept Resident 1 due to COVID-19 positive result on 7/31/20. The Discharge Planning Notes indicated Resident 1 was transferred to another facility. During an interview the Director of Nursing (DON), On 8/14/20, at 12:07 p.m., the DON stated the facility decided not to re-admit Resident 1 due to the positive COVID-19 result. During an interview with the Infection Preventionist Nurse (IPN), on 9/9/20, at 11:12 a.m., the IPN stated she received a call from GACH 1 stating Resident 1 was ready to return to the facility. The IPN stated the facility refused to re-admit the Resident 1 due to Resident 1 being positive for the COVID-19. Review of the All Facilities Letter AFL 20-32.1 dated 6/26/20 indicated facilities shall not discriminate admits or readmits, nor transfer or discharge residents based on their status as a suspected or confirmed covid-19 case. Facilities shall institute appropriate precautions to prevent the spread of infection to health care personnel and other residents.		

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.