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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056078 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 04/27/2020 |
| NAME OF PROVIDER OF SUPPLIER LAKEVIEW TERRACE | | STREET ADDRESS, CITY, STATE, ZIP 831 S LAKE STREET LOS ANGELES, CA 90057 | |
| 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 | 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 implement the bed-hold policy for one of three sampled residents (Resident 1). Resident 1 was transferred on 2/6/2020 to General Acute Care Hospital 1 (GACH 1) and on 2/10/2020 when Resident 1 was ready to return to the facility, the facility refused to readmit him. This deficient practice resulted in Resident 1 to remain hospitalized unnecessarily for three additional days until Resident 1 chose to go to another Skilled Nursing Facility. Findings: On [DATE] at, at 9:30 a.m., an unannounced visit was made to the facility regarding Discharge/Transfer Rights. A review of Resident 1's Admission Record indicated the facility initially admitted Resident on 12/5/19 with a readmitted d of 1/9/2020. Resident 1's [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS - standardized assessment and care-screening tool) dated [DATE], indicated Resident 1 did not have memory problems and required extensive assistance with bed mobility, transfer, dressing, toilet use, bathing, and personal hygiene. A review of Resident 1's History and Physical (H&P) exam dated 12/6/19, indicated Resident 1 had the capacity to understand and make decisions. A review of the Resident 1's nursing notes and physician's orders [REDACTED]. Interview with Resident 1 who is currently residing at another skilled nursing facility. GACH 1's Discharge Planner filed a Refusal to Readmit Appeal Hearing on Resident 1's behalf. On 2/13/2020, Resident 1 chose not to return to the facility and went to another SNF. The Appeal Hearing was then cancelled. On [DATE]20, at 3:30 p.m. during an interview, the administrator stated the facility refused readmission due to multiple physical and verbal abuse to staff. | | |
| 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.