PRINTED: 02/14/2025 FORM APPROVED OMB NO. 0938-0391

CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OM	B NO. 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3)	(X3) DATE SURVEY COMPLETED	
		054055	B. WING				01/24/2025
	ROVIDER OR SUPPLIER			STREET ADDRE			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF COF ACH CORRECTIVE ACTION SS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
A 000	INITIAL COMMENTS	3	А	000			
	AMENDED 2567 2.1	4.2025					
	Department of Public Validation survey, au Medicare and Medica	the findings of the California Health during a Complaint thorized by the Center for aid Services, conducted on ough January 24, 2025.					
	Complaint Validation CA00931732	Intake Number:					
	Patient Census: 182 Sample Size: 30						
	The following Conditi were investigated: 482.13 Patient Rights	ons of Participation (CoPs)					
		mited to the specific pation investigated and does ling of a full inspection of the					
A 115		d not to be in compliance ndition of Participation: s	А	115			
	A hospital must prote patient's rights.	ct and promote each					
	Based on observation review, the facility fail	not met as evidenced by: on, interview and record led to ensure the Condition atient Rights was met as					
ARORATORY	DIRECTOR'S OR PROVIDER	SUPPLIER REPRESENTATIVE'S AGNATUR	₹ <u> </u>	./	TITLE . A.	11-	(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.

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	MENT OF HEALTH AN RS FOR MEDICARE &					FORM APPROVED
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	TIPLE CONSTRUCTION NG		OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED
		054055	B. WNG		_	01/24/2025
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, ST.	ATE, ZIP CODE	0.12.1.2020
COLLEGE	HOSPITAL			10802 COLLEGE PL		
2/4/15	CHARARDY CT	ATEMENT OF DEFICIENCIES		CERRITOS, CA 90703		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	X (EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIA DEFICIENCY)	
A 115	Continued From page evidenced by:	-1	Α.	115		
	conditions of admission between the patient at to treatment, assignment and accepting financial medical service) to the 30 sampled patients (14), who were identificated and itting procedures.  This deficient practice guardians for Patients receiving information admission, and not knincluding arbitration (a dispute is submitted), information, and finance in the treatment of the submitted of the	e resulted in the legal 5 2, 3, 10, 11 and 14 not regarding conditions of lowing their patient rights a procedure in which a				
	(Refer to A-0117).  2. The facility failed to the use of restraints (or medication that is not treatment for the patie condition and that respatient's freedom of medication and the condition are conditionally as the condition and the conditional conditions are conditionally as the conditional condition and the conditional conditional conditions are conditional condition	being used as a standard ent's medical or psychiatric ults in restriction of the noment) for one of 30 ient 18), in accordance with				

This deficient practice resulted in family members not being informed of the treatment provided at the facility including understanding the risks and benefits of the treatment (use of chemical

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CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  CERTIFICATION NUMBER  TO PROVIDER SPLAN OF CORRECTION  PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY PLUL REGULATORY OR LSC IDENTIFYING INFORMATION)  A 115  Continued From page 2 restraint on Patient 18) and being able to help make informed consent (voluntary agreement to accept treatment and/or procedures after receiving education regarding the risks, benefits, and alternatives offered). (Refer to A-0131)  3. The facility failed to ensure the medication informed consent (voluntary agreement to accept treatment and/or procedures after receiving education regarding the risks, benefits, and alternatives offered) was completed prior to medication administration for one of 30 sampled patients (Patient 10), in accordance with the facility's policy and procedure regarding medication consent, when the consent for prescribed Melatonin (medication that helps to regulate sleep and other bodily function) was missing the psychiatrist (physician who specializes in mental health) information.			ID HUMAN SERVICES					FORM APPROVED
A BUILDING    NAME OF PROVIDER OR SUPPLIER								OMB NO. 0938-0391
NAME OF PROVIDER OR SUPPLIER  COLLEGE HOSPITAL  STREET ADDRESS, CITY, STATE, ZIP CODE  10802 COLLEGE PL  CERRITOS, CA 90703  (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  A 115  Continued From page 2 restraint on Patient 18) and being able to help make informed consent (voluntary agreement to accept treatment and/or procedures after receiving education regarding the risks, benefits, and alternatives offered). (Refer to A-0131)  3. The facility failed to ensure the medication informed consent (voluntary agreement to accept treatment and/or procedures after receiving education regarding the risks, benefits, and alternatives offered) was completed prior to medication administration for one of 30 sampled patients (Patient 10), in accordance with the facility's policy and procedure regarding medication consent, when the consent for prescribed Melatonin (medication that helps to regulate sleep and other bodily function) was missing the psychiatrist (physician who						STRUCTION	i.	
COLLEGE HOSPITAL  STREET ADDRESS, CITY, STATE. ZIP CODE 18802 COLLEGE PL CERRITOS, CR 90703  (KA) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  A 115  Continued From page 2 restraint on Patient 18) and being able to help make informed consent (voluntary agreement to accept treatment and/or procedures after receiving education regarding the risks, benefits, and alternatives offered). (Refer to A-0131)  3. The facility failed to ensure the medication informed consent (voluntary agreement to accept treatment and/or procedures after receiving education regarding the risks, benefits, and alternatives offered) was completed prior to medication administration for one of 30 sampled patients (Patient 10), in accordance with the facility's policy and procedure regarding medication consent, when the consent for prescribed Melatonin (medication that helps to regulate sleep and other bodily function) was missing the psychiatrist (physician who			054055	B. WING				04/24/2025
CERRITOS, CA 90703  (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  A 115 Continued From page 2 restraint on Patient 18) and being able to help make informed consent (voluntary agreement to accept treatment and/or procedures after receiving education regarding the risks, benefits, and alternatives offered). (Refer to A-0131)  3. The facility failed to ensure the medication informed consent (voluntary agreement to accept treatment and/or procedures after receiving education regarding the risks, benefits, and alternatives offered) was completed prior to medication administration for one of 30 sampled patients (Patient 10), in accordance with the facility's policy and procedure regarding medication consent, when the consent for prescribed Melatonin (medication that helps to regulate sleep and other bodily function) was missing the psychiatrist (physician who	NAME OF P	ROVIDER OR SUPPLIER			STREE	T ADDRESS, CITY, S	TATE, ZIP CODE	01/24/2023
(X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  A 115  Continued From page 2 restraint on Patient 18) and being able to help make informed consent (voluntary agreement to accept treatment and/or procedures after receiving education regarding the risks, benefits, and alternatives offered). (Refer to A-0131)  3. The facility failed to ensure the medication informed consent (voluntary agreement to accept treatment and/or procedures after receiving education regarding the risks, benefits, and alternatives offered) was completed prior to medication regarding the risks, benefits, and alternatives offered) was completed prior to medication administration for one of 30 sampled patients (Patient 10), in accordance with the facility's policy and procedure regarding medication consent, when the consent for prescribed Melatonin (medication that helps to regulate sleep and other bodily function) was missing the psychiatrist (physician who	0011505	LICCRITAL			10802	COLLEGE PL		
PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  A 115  Continued From page 2 restraint on Patient 18) and being able to help make informed consent (voluntary agreement to accept treatment and/or procedures after receiving education regarding the risks, benefits, and alternatives offered). (Refer to A-0131)  3. The facility failed to ensure the medication informed consent (voluntary agreement to accept treatment and/or procedures after receiving education regarding the risks, benefits, and alternatives offered) was completed prior to medication administration for one of 30 sampled patients (Patient 10), in accordance with the facility's policy and procedure regarding medication consent, when the consent for prescribed Melatonin (medication that helps to regulate sleep and other bodily function) was missing the psychiatrist (physician who	COLLEGE	HOSPITAL			CERR	ITOS, CA 90703		
restraint on Patient 18) and being able to help make informed consent (voluntary agreement to accept treatment and/or procedures after receiving education regarding the risks, benefits, and alternatives offered). (Refer to A-0131)  3. The facility failed to ensure the medication informed consent (voluntary agreement to accept treatment and/or procedures after receiving education regarding the risks, benefits, and alternatives offered) was completed prior to medication administration for one of 30 sampled patients (Patient 10), in accordance with the facility's policy and procedure regarding medication consent, when the consent for prescribed Melatonin (medication that helps to regulate sleep and other bodily function) was missing the psychiatrist (physician who	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFI		(EACH CORRE CROSS-REFERE	CTIVE ACTION SHOULD B	E COMPLETION
This deficient practice resulted in Patient 10 receiving Melatonin without a complete consent. It also had the potential to result in Patient 10's parent not being fully informed of the risks and benefits, of Patient 10 taking Melatonin, before giving consent for the treatment. (Refer to A-0131)  4. The facility failed to ensure its nursing staff obtained a complete seclusion (any involuntary confinement of a patient alone in a room or area where he or she is physically prevented from leaving)/restraint (any method, physical or chemical, or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move or access any part of his/her body) order for seclusion/ restraint use for each of three of 30 sampled patients (Patient 10, 14		restraint on Patient 18 make informed conse accept treatment and/receiving education re and alternatives offered.  3. The facility failed to informed consent (volutreatment and/or proceeducation regarding the alternatives offered) with medication administration patients (Patient 10), if facility's policy and promedication consent, with prescribed Melatonin (regulate sleep and othe missing the psychiatric specializes in mental harmonic medication consent with the process of the psychiatric specializes in mental harmonic medication consent with the prescribed Melatonin (regulate sleep and othe missing the psychiatric specializes in mental harmonic medical for the parent not being fully in benefits, of Patient 10 giving consent for the A-0131)  4. The facility failed to obtained a complete seconfinement of a patie where he or she is phyleaving)/restraint (any chemical, or mechanic equipment that immobing a patient to move or body) order for seclusions.	and being able to help int (voluntary agreement to for procedures after regarding the risks, benefits, ed). (Refer to A-0131)  I ensure the medication untary agreement to accept reduces after receiving the risks, benefits, and rescondance with the rescondance with the consent for (medication that helps to the bodily function) was set (physician who health) information.  I resulted in Patient 10 (thout a complete consent, all to result in Patient 10's informed of the risks and taking Melatonin, before treatment. (Refer to resulted in a room or area resident in a room or area residen	A	115			

and 15), in accordance with facility's policy and

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DEIMIN		ID HOMAN SERVICES				FORM APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO. 0938-0391
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED
		054055	B. WING_		_	01/24/2025
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, ST	ÎATE, ZIP CODE	
COLLEGE	HOSPITAL			10802 COLLEGE PL		
JOLLEGE	HOOFTIAL			CERRITOS, CA 90703		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIA DEFICIENCY)	
A 115	Continued From page	: 3	A 1	15		
		seclusion and restraints	Λ I	10		
	seclusion order for thr and was placed on 5- applied to patient's bil	aced in seclusion without a ee hours and five minutes point restraints (restraints ateral wrists, ankles, and wal order for one hour and 1024.				
	4.b. Patient 14 was placestrained for three howithout a physician or	ours and fifty minutes				
	without a physician or p.m. and the renewal	nted seclusion for Patient 15 der on 4/19/2024 at 5:45 seclusion/restraint order on 4/20/2024 at 1:45 a.m.				
	14 and 15 being place restrained without a prinad the potential of plates 10, 14 and 15) at risk inappropriate seclusio for injury. (Refer to A-65. The facility failed to	roper physician order, which acing the patients (Patients for unnecessary and n/restraint use and at risk			e	
	physical or chemical,					

material, or equipment that immobilizes or reduces the ability of a patient to move or access any part of his/her body) use for one of 30 sampled patients (Patient 16), in accordance with the facility's policy regarding restraints use.

This deficient practice had the potential for restraints to be applied unnecessarily, thus putting Patient 16 at risk for injury. (Refer to

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		ID HUMAN SERVICES MEDICAID SERVICES				FORM APPROVED
STATEMENT OF AND PLAN OF C	DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	TIPLE CONSTRUCTION NG		OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED
		054055	B. WING			01/24/2025
NAME OF PRO	VIDER OR SUPPLIER			STREET ADDRESS, CITY, STA	TE, ZIP CODE	0172472020
COLLEGE H	OSPITAL			10802 COLLEGE PL CERRITOS, CA 90703		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	X (EACH CORRECT CROSS-REFERENC	PLAN OF CORRECTION TIVE ACTION SHOULD BE CED TO THE APPROPRIA' EFICIENCY)	
	Continued From page a-0168)	4	Α.	115		
apposin (I) hafir first position and R GP (I) position position and R GP (I) position an	ssessed and monitor atients (Patient 11, irculation (flow of fluitensation (seeing, head novement, or were of movement of a joint), ygiene, while placed ttached to the patien reedom of movement acility's policy and procedusion (any involunatient alone in a room hysically prevented frany method, physical evice, material, or endeduces the ability of any part of his/her book degistered Nurse for eatient 11, who was prestraint applied to patient from AWOL [attached to hospital with hysician]), on 2/13/20.m. (10 hours 25 min lab. did not perform heatient 13, who was possible to heatient 14, who was possible to heatient 15, w	ifered range of motion toileting, fluids, food, or on restraints (a device it's body that restricts it), in accordance with the ocedures regarding stary confinement of a in or area where he or she is rom leaving) and restraints or chemical, or mechanical suipment that immobilizes or a patient to move or access ity), when the assigned each respective patient:  Durly assessment for laced in walking restraints attent's ankles to prevent osent without official leave, thout discharge order from 124 from 4:30 p.m. to 10:55 is).				

6.c. did not perform assessment for Patient 16, who was placed in ankle restraints, from 9:30 a.m. to 2:45 p.m., on 1/21/2025 (5 hours and 15  $\,$ 

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	MICHI OF REALITIAN				FORM APPROVED
CENTER	RS FOR MEDICARE & I	MEDICAID SERVICES			OMB NO. 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL <sup>*</sup> A. BUILDI	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		054055	B. WING		01/24/2025
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZI	
COLLEGE	HOSPITAL			10802 COLLEGE PL	
				CERRITOS, CA 90703	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN X (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE COMPLETION DATE
A 115	Continued From page	5	A	115	
	inability of staff to ider restraints use for Patie placed the patients (Prisk for injury such as sensation to limbs, ski including hydration, to being met as needed.  7. The facility failed to Qualified Registered Nurse) cor assessment (an in per by a physician, qualified other Licensed Independent in seclusion [and of a patient alone in a she is physically preversion [and patient in seclusion and patient in the initiation of seclusing and response to intervate initiation of seclusing sampled patients (Patiaccordance with the faprocedure regarding swhen:  7.a. The QRN (QRN 3 (measurements of the including body temper)	ents 11, 13 and 16, and atients 11, 13, and 16) at loss of circulation or n breakdown, and needs ileting and hygiene not (Refer to A-0175)  ensure two of two sampled lurse (QRN, trained inpleted the face-to-face ison assessment completed and Registered Nurse or endent Practitioner [LIP] of any involuntary confinement in room or area where he or ented from leaving ]/restraint or chemical, or mechanical uipment that immobilizes or a patient to move or access [v], within one hour of atient's medical condition in ention) within an hour after on/restraint for two of 30 ents 1 and 13), in acility's policy and			

5/13/2023.

face-to-face assessment of Patient 1 on

This deficient practice had the potential for QRN

Facility ID: CA930000196

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CENTER	S FOR MEDICARE & I	MEDICAID SERVICES						ORM APPROVED  3 NO. 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI		STRUCTION		(X3)	DATE SURVEY COMPLETED
		054055	B. WING			_		01/24/2025
NAME OF P	ROVIDER OR SUPPLIER		'	STREET	ADDRESS, CITY, S	TATE, ZIP CODE	-	***************************************
COLLEGE	HOSPITAL				COLLEGE PL TOS, CA 90703			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTIO CTIVE ACTION SHOULD NCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
A 115	the treatment (chemic that is not being used the patient's medical of that results in restriction for moment) and put Prespiratory distress (dother complications. (1997)  7.b. The QRN did not assessment for Patient placed in walking rest patient's ankles to pre [absent without official without discharge order 2/28/2024.  This deficient practice Patient 13 not being prestraint (walking restraint (walking restraint (walking restraint use, which minjury such as skin brecirculation (the flow of (Refer to A-0179)  8. The facility failed to Registered Nurses (Q Nurse-QRN 2 and QR with/notified the physicassessment (an in perby a physician, qualific other Licensed Independent in seclusion [a of a patient alone in a	ring Patient 1's response to all restraint, a medication as a standard treatment for or psychiatric condition and on of the patient's freedom atient 1 at risk for ifficulty breathing) and/or Refer to A-0179)  perform face-to-face at 13 when Patient 13 was raint (restraint applied to event patient from AWOL I leave, leaving the hospital for from physician]) on that the potential for roperly assessed if the raint/ankle restraint) was or if there is a need for the ay put Patient 13 at risk for eakdown, compromised blood in the body), etc.  ensure two of two qualified RN, trained Registered RN 5) communicated	A	115				

[any method, physical or chemical, or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move or access

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	S EOD MEDICADE 8 1						FORM APPROVED
		MEDICAID SERVICES					OMB NO. 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL <sup>*</sup> A. BUILDI		STRUCTION		(X3) DATE SURVEY COMPLETED
		054055	B. WING				01/24/2025
NAME OF PI	ROVIDER OR SUPPLIER		``	STREE	TADDRESS, CITY, ST	ATE, ZIP CODE	
COLLEGE	HOSPITAL				COLLEGE PL ITOS, CA 90703		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	fD PREFI TAG	×	(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD B NCED TO THE APPROPRIA DEFICIENCY)	
A 115	Continued From page	. 7	А	115			
	and response to intertwo of 30 sampled pain accordance with the	patient's medical condition vention) was completed for tients (Patients 14 and 15),					
	This deficient practice Patients 14 and 15 at seclusion and restrain when the physicians a regarding the outcome evaluation of Patients	had the potential to put risk for unnecessary at as well as delay of care are not informed by the QRN e of the face-to-face 14 and Patient 15's eclusion/restraint and need					
	was currently certified face-evaluations (dete justified to prevent the to self or others) for perestraints (a device at that restricts freedom accordance with the fainvoluntary confinemer room or area where h prevented from leavin Hold Policy," and the	gistered Nurses (QRN 3) to perform face-to ermines if use of restraints is e patient from causing harm atients who were placed on tached to the patient's body of movement), in acility's "Seclusion (any ent of a patient alone in a e or she is physically g) and Restraint Physical policy and procedure Registered Nurse Training					
		had the potential for e evaluations performed, arm committed by patients					

to themselves or to others. (Refer to A-0208)

The cumulative effect of these deficient practices

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO. 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONS	STRUCTION	(X3) DATE SURVEY COMPLETED
		054055	B. WING			01/24/2025
NAME OF PI	ROVIDER OR SUPPLIER			STREET	T ADDRESS, CITY, STATE, ZIP CODE	1 0112472020
COLLEGE	HOSPITAL				COLLEGE PL ITOS, CA 90703	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLETION
A 115	Continued From page	2.8	Δ	115		
	resulted in the facility's inability to provide quality		A	115		
	healthcare in a safe e	nvironment.				
A 117	7 PATIENT RIGHTS: NOTICE OF RIGHTS CFR(s): 482.13(a)(1)		Α.	117		
	appropriate, the patie	n each patient, or when nt's representative (as aw), of the patient's rights, in or discontinuing patient ble.				
	Based on interview a failed to provide informadmission (COA, legal patient and the hospit assignment of insurar financial responsibility the legal guardian for (Patients 2, 3, 10, 11 as a minor (children uladmission, in accordal	not met as evidenced by: nd record review, the facility mation about conditions of all agreement between the real consenting to treatment, nce benefits and accepting of for their medical service) to five of 30 sampled patients and 14), who were identified nder age of 18) upon the with the facility's policy ing admitting procedures.				
	receiving information of admission, and not kn including arbitration (a dispute is submitted), information, and finan hospitalization which r	s 2, 3, 10, 11 and 14 not regarding conditions of nowing their patient rights a procedure in which a				
	Findings:					
		Patient 2's "Psychiatric and lation (Psych Eval, a formal				

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		MEDICALD CERVICES				FORM APPROVED
		MEDICAID SERVICES	_			OMB NO. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL <sup>-</sup> A. BUILDI	FIPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED
		054055	B. WING		-	01/24/2025
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STA	ATE, ZIP CODE	
COLLEGE	HOSPITAL			10802 COLLEGE PL		
COLLEGE	HOSPITAL			CERRITOS, CA 90703		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORREC' CROSS-REFEREN	PLAN OF CORRECTION TIVE ACTION SHOULD BE CED TO THE APPROPRIA EFICIENCY)	
A 117	Continued From page	. O		44.7		
,,,,,,			А	117		
	problem done by Psyc	ment of the patient and the				
		health])," dated 12/10/2024,				
		ted, Patient 2, a 15-year-old,				
	•	acility on a 5585-hold (allows				
	a minor experiencing	a mental health crisis to be				
		or a 72-hour psychiatric [a				
		cused on the diagnosis,				
		ntion of mental, emotion,				
	and behavioral disord treatment) with diagno	-				
	_	der (a mental illness that				
	causes unusual shifts					1
		ssed (mood disorder that				
		eling of sadness and loss				U
		ere with psychotic (a severe				
	mental disorder with h					
		he apparent perception of				
	something not presen	t]) features.				
	During a review of Par	tient 2's "Integrated				
		nt (patient data collected by				
	* .	ssion)," dated 12/10/2024,				
	•	sion Assessment" indicated,				
		Department of Child, Family				
		CFS, service and system				
		from abuse and neglect,				
		to children and families in gal right of care for and				
	control a person or pro					
	During an interview or	n 1/23/2025 at 2:13 p.m.				
	with the Admitting Rep					
		ne conditions of admission				
	_	nt hetween the natient and				

the hospital consenting to treatment, assignment of insurance benefits and accepting financial responsibility for their medical service) forms consisted of information including consent for

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CENTER	RS FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-0391
1	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		054055	B. WING		01/24/2025
NAME OF P	ROVIDER OR SUPPLIER		S	TREET ADDRESS. CITY, STATE. ZIP CODE	
COLLEGE	HOSPITAL		1	0802 COLLEGE PL	
			c	CERRITOS, CA 90703	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	_
A 117	Continued From page	e 10	A 117		
	The COA forms were upon admission. If a p	's financial responsibilities. given to patient to sign patient was below 18 years n or parent would be the one			
	signing the COA form parent were not availand admitting staff would	s. If the legal guardian or			

During an interview on 1/24/2025 at 8:53 a.m. with the Patient Admitting Supervisor (PAS), PAS stated the following: the COA forms talked about arbitration (a procedure in which a dispute is submitted), consent to treat, billing insurance and physician relationship with the hospital. The COA forms were given upon admission to the patient or the legal guardian if patient was a minor. If the COA forms were not signed upon admission, the admitting staff would obtain the signatures from the legal guardian upon discharge when the legal guardian or parent picked up the patient. Currently there was no process in place to make any attempts to deliver the COA information or obtain signature by admitting department during patient's stay. PAS stated, "that is something we can work on."

important to provide the COA forms so the signer would know the rights (Patient Rights) and allow

him or her to ask questions.

During a concurrent interview and record review on 1/24/2025 at 11 a.m. with the Nurse Manager (NM 4) of Developmental Delay/ Disable and Mentally III Services (DDMI, hospital wing services patients with development disabilities, autism spectrum disorders [ASD, a developmental disability caused by differences in the brain] and mental health issues), Patient 2's "Conditions of Admission (COA)" forms, dated

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(3) DATE SURVEY COMPLETED	
		054055	B. WING			01/24/2025	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
COLLEGE HOSPITAL				10802 COLLEGE PL			
COLLEGE HOSPITAL				CERRITOS, CA 90703			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRECTION ( (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
A 117	Continued From page	e 11	А	117			

12/9/2024, was reviewed. The COA forms indicated, "General Admission Consent to Care ... Legal Relationship Between Hospital and Physician ... Release of Information ... Financial Agreement ... Assignment of Insurance Benefits ... Third Party Liability and Billing ... Personal Valuables ... Consent to Photograph ... Discharge ... Arbitration ... the undersigned certifies that he/she has read the foregoing conditions of admission, received a copy thereof, clarified any doubts as to its meaning and accepts its terms, and is the patient, the patients legal representatives, or duly authorized by the patient as the patient's general; agent to execute the conditions of admissions." The COA forms also indicated, "Parent unavailable" under the signature of patient/guardian/conservator section. NM 4 stated Patient 2 was under the custody of DCFS and the facility should have contacted DCFS and gave DCFS the COA forms for signature.

During a review of the facility's policy and procedure (P&P) titled, "Patient Admitting Checklist of Legal Documentation," dated 11/2023, the P&P indicated, "All patient admitting representatives are to ensure that any patient admitting to [the facility] receives and/ or signs for receipt of all legal documentation ... Upon admission, the following items must be given to the patient and/ or signature must be obtained: Conditions of Admission: This document outlines [the facility] general consent to care; legal relationship between hospital and physician; release of information; financial agreement; assignment of insurance benefits; third party liability and billing; personal valuables; consent to photograph; and discharge ... Adolescent or Adult Checklist: with every admission a checklist is

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STATEMENT OF C		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TPLE CONSTRUCTION  NG	(X3) DATE SURVEY COMPLETED
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COLLEGE NO				CERRITOS, CA 90703	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA		
		170	DEFICIENCY)	N.L.	

#### A 117 Continued From page 12

generated to ensure that all of the above mentioned forms or handouts are properly delivered to a patient. The patient or parent acknowledge receipt of these items of signing the checklist. The patient admitting representative is required witnessing the patient's or parent's signature ... if minor patient arrives without parent/legal guardian, unit is to contact the Admitting Department when the parent/legal guardian is visiting or is picking patient up upon discharge."

2. During a review of Patient 3's "Psychiatric and Mental Status Examination (Psych Eval, a formal and complete assessment of the patient and the problem done by Psychiatrist [physician specializes in mental health])," dated 5/2/2024, Patient 3, a 16-year-old, was admitted to the facility on a 5585-hold (allows a minor experiencing a mental health crisis to be involuntary detained for a 72-hour psychiatric [a branch of medicine focused on the diagnosis. treatment, and prevention of mental, emotion, and behavioral disorders] evaluation and treatment) with diagnoses including but not limited to bipolar disorder (a mental illness that causes unusual shifts in mood, energy, and concentration), depressed (mood disorder that causes a persistent feeling of sadness and loss of interest in life), severe with psychotic (a severe mental disorder with hallucinations [an experience involving the apparent perception of something not present]) features.

During a review of Patient 3's "face sheet (face sheet, document provides patient's demographic data including name, date of birth, emergency contact, admitting diagnosis and health insurance)," dated 5/1/2024, the face sheet

A 117

agent to execute the conditions of admissions." The COA forms also indicated, "Guardian unavailable" under the signature of patient/guardian/conservator section.

During an interview on 1/23/2025 at 2:13 p.m. with the Admitting Representative (AR), AR stated the following: the conditions of admission (COA) forms consisted of information including consent for treatment and patient's financial responsibilities. The COA forms were given to patient to sign upon admission. If a patient was below 18 years old, the legal guardian or parent would be the one signing the COA forms. If the legal guardian or parent were not available upon admission, admitting staff would present the COA

forms to the legal guardian or parent at discharge. It was important to provide the COA PRINTED: 02/14/2025

CENTER	S FOR MEDICARE &	MEDICAID SERVICES			FORM APPROVED OMB NO. 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
		054055	B. WING		01/24/2025
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
COLLEGE	HOSPITAL			10802 COLLEGE PL	
				CERRITOS, CA 90703	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRECTI X (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION
A 117	Continued From page	e 13	А	117	
	indicated, Patient 3 haphone number."	ad a guardian with a listed			
	Admission (COA, lega patient and the hospit assignment of insurar financial responsibility dated 5/1/2024, the Commence of the	Consent to Care Legal I Hospital and Physician In Financial Agreement Ince Benefits Third Party Personal Valuables			

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CENTER	RS FOR MEDICARE &	MEDICAID SERVICES				OMB NO. 0	938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SUI COMPLET	
		054055	B. WING			01/24/	2025
NAME OF P	ROVIDER OR SUPPLIER			Γ	STREET ADDRESS, CITY, STATE, ZIP CODE		
COLLEGE HOSPITAL				l	10802 COLLEGE PL		
JOLLEGE	THOUTHAL				CERRITOS, CA 90703		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE C	(X5) COMPLETION DATE
A 117		ould know the Patient rights	А	11	17		
	with the Patient Admit	n 1/24/2025 at 8:53 a.m. ting Supervisor (PAS), PAS he COA forms talked about					

During an interview on 1/24/2025 at 8:53 a.m. with the Patient Admitting Supervisor (PAS), PAS stated the following: the COA forms talked about arbitration, consent to treat, billing insurance and physician relationship with the hospital. The COA forms were given upon admission to the patient or the legal guardian if patient was a minor. If the COA forms were not signed upon admission, the admitting staff would obtain the signatures from the legal guardian upon discharge when the legal guardian or parent picked up the patient. Currently there was no process in place to make any attempts to deliver the COA information or obtain signature by admitting department during patient's stay. PAS stated, "that is something we can work on."

During a review of the facility's policy and procedure (P&P) titled, "Patient Admitting Checklist of Legal Documentation," dated 11/2023, the P&P indicated, "All patient admitting representatives are to ensure that any patient admitting to [the facility] receives and/ or signs for receipt of all legal documentation ... Upon admission, the following items must be given to the patient and/ or signature must be obtained: Conditions of Admission: This document outlines [the facility] general consent to care; legal relationship between hospital and physician; release of information; financial agreement; assignment of insurance benefits; third party liability and billing; personal valuables; consent to photograph; and discharge ... Adolescent or Adult Checklist: with every admission a checklist is generated to ensure that all of the above mentioned forms or handouts are properly

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CENTER	RS FOR MEDICARE & I	MEDICAID SERVICES					OMB NO. 093	38-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		ISTRUCTION	-	(X3) DATE SURV COMPLETED	
		054055	B. WING				01/24/20	125
NAME OF F	PROVIDER OR SUPPLIER			STREE	T ADDRESS, CITY, S	STATE, ZIP CODE	1 01/2-1/20	720
				10802	COLLEGE PL			
COLLEGE HOSPITAL					ITOS, CA 90703			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG	×	(EACH CORRE	'S PLAN OF CORRECTION ECTIVE ACTION SHOULD ENCED TO THE APPROPR DEFICIENCY)	BE COM	(X5) MPLETION DATE
A 117	delivered to a patient. acknowledge receipt of checklist. The patient required witnessing the signature if minor perent/legal guardian, Admitting Department guardian is visiting or discharge."  3. During a review of Mental Status Examinand complete assessing problem done by Psyc specializes in mental I the Psych Eval indicated 14-year-old, was admidiagnosis of disruptive	The patient or parent of these items of signing the admitting representative is the patient's or parent's attent arrives without unit is to contact the when the parent/legal is picking patient up upon attent 10's "Psychiatric and attent of the patient and the chiatrist [physician pealth])," dated 2/24/2024, ted, Patient 10, a little to the facility with a mood dysregulation alth condition characterized of anger, and frequent	A	117		DEFICIENCY)		
	sheet, document providata including name, of contact, admitting diaginsurance)," dated 2/2 indicated, Patient 10's emergency contact with the Admitting Reputated the following: the (COA, legal agreement the hospital consenting of insurance benefits a	4/2024, the face sheet parent was listed as the th phone number.  1/23/2025 at 2:13 p.m. presentative (AR), AR are conditions of admission at between the patient and g to treatment, assignment						

consisted of information including consent for treatment and patient's financial responsibilities.

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CENTER	RS FOR MEDICARE &	MEDICAID SERVICES				OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED
		054055	B. WING			01/24/2025
NAME OF F	PROVIDER OR SUPPLIER			STRE	ET ADDRESS, CITY, STATE, ZIP CODE	
COLLEGI	E HOSPITAL			10802	2 COLLEGE PL	
				CER	RITOS, CA 90703	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETION	
				ă.		
A 117	The COA forms were upon admission. If a pold, the legal guardian signing the COA form parent were not avails admitting staff would the legal guardian or important to provide t would know the Patie her to ask questions.  During an interview o with the Patient Admit stated the following: t arbitration, consent to physician relationship forms were given upoor the legal guardian	given to patient to sign patient was below 18 years n or parent would be the one s. If the legal guardian or	A	117		*

During a concurrent interview and record review on 1/24/2025 at 1:46 p.m. with the Nurse Manager (NM 3), Patient 10's "Conditions of admission (COA)" forms, dated 2/24/2024, was reviewed. The COA forms indicated, "General Admission Consent to Care ... Legal Relationship Between Hospital and Physician ... Release of Information ... Financial Agreement ... Assignment of Insurance Benefits ... Third Party Liability and Billing ... Personal Valuables ...

Consent to Photograph ... Discharge ...

admitting staff would obtain the signatures from the legal guardian upon discharge when the legal guardian or parent picked up the patient. Currently there was no process in place to make any attempts to deliver the COA information or obtain signature by admitting department during patient's stay. PAS stated, "that is something we

can work on."

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
	054055	B. WING		01/24/2025
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
COLLEGE HOSPITAL			10802 COLLEGE PL	
COLLEGE HOSPITAL			CERRITOS, CA 90703	
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	CROSS-REFERENCED TO THE APPROPRIA	
			DEFICIENCY)	

#### A 117 Continued From page 17

Arbitration ... the undersigned certifies that he/she has read the foregoing conditions of admission, received a copy thereof, clarified any doubts as to its meaning and accepts its terms, and is the patient, the patients legal representatives, or duly authorized by the patient as the patient's general; agent to execute the conditions of admissions." The COA forms also indicated, "Parent unavailable" under the signature of patient/guardian/conservator section.

NM 3 stated there was no signature from Patient 10's parent upon admission and discharge on the COA forms.

During a review of the facility's policy and procedure (P&P) titled, "Patient Admitting Checklist of Legal Documentation," dated 11/2023, the P&P indicated, "All patient admitting representatives are to ensure that any patient admitting to [the facility] receives and/ or signs for receipt of all legal documentation ... Upon admission, the following items must be given to the patient and/ or signature must be obtained: Conditions of Admission: This document outlines [the facility] general consent to care; legal relationship between hospital and physician; release of information; financial agreement; assignment of insurance benefits; third party liability and billing; personal valuables; consent to photograph; and discharge ... Adolescent or Adult Checklist: with every admission a checklist is generated to ensure that all of the above mentioned forms or handouts are properly delivered to a patient. The patient or parent acknowledge receipt of these items of signing the checklist. The patient admitting representative is required witnessing the patient's or parent's signature ... if minor patient arrives without parent/legal guardian, unit is to contact the

A 117

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	RS FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  054055		FIPLE CONSTRUCTION  NG	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER  COLLEGE HOSPITAL  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES				STREET ADDRESS, CITY, STATE, ZIP CODE 10802 COLLEGE PL CERRITOS, CA 90703	1 01/24/2020
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI; TAG	PROVIDER'S PLAN OF CORRECTIV X (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETION
A 117	Admitting Departmen guardian is visiting or discharge."  4. During a review of Mental Status Examir and complete assess problem done by Psyspecializes in mental Patient 11, a 16-year-	t when the parent/legal is picking patient up upon  Patient 11's "Psychiatric and nation (Psych Eval, a formal ment of the patient and the chiatrist [physician health])," dated 1/22/2024, old. was admitted to the including but not limited to	A	117	

During a review of Patient 11's "Integrated Admission Assessment (patient data collected by the facility upon admission)," dated 1/23/2024, the Integrated Admission Assessment indicated, Patient 11's parent was the custodial (the legal right of care for and control a person or property) parent.

disorder characterized by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life) with psychotic features (delusions and hallucinations), anxiety

characterized by significant feelings of fear) and autistic spectrum disorders (a developmental disability caused by differences in the brain).

disorder (a group of mental disorders

During an interview on 1/23/2025 at 2:13 p.m. with the Admitting Representative (AR), AR stated the following: the conditions of admission (COA, legal agreement between the patient and the hospital consenting to treatment, assignment of insurance benefits and accepting financial responsibility for their medical service) forms consisted of information including consent for treatment and patient's financial responsibilities. The COA forms were given to patient to sign

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		054055	B. WING		01/24/2025
NAME OF P	NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
COLLEGE	HOSPITAL			10802 COLLEGE PL	
				CERRITOS, CA 90703	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFII TAG	PROVIDER'S PLAN OF CORRECT X (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE COMPLETION
A 117	Continued From page	e 19	А	117	
	old, the legal guardian signing the COA form parent were not availa admitting staff would the legal guardian or important to provide the would know the rights questions.  During a concurrent in on 1/23/2025 at 2:18 Representative (AR), Admission (COA)" for reviewed. The COA for Admission Consent to Between Hospital and Information Finance Assignment of Insural Liability and Billing Consent to Photograph Arbitration the under has read the foregoin received a copy there	present the COA forms to parent at discharge. It was he COA forms so the signer and allow he or she to ask enterview and record review p.m. with the Admitting Patient 11's "Conditions of tems, dated 1/22/2024, was press indicated. "General of Care Legal Relationship of Physician Release of ial Agreement nce Benefits Third Party Personal Valuables			

patient, the patients legal representatives, or duly authorized by the patient as the patient's general; agent to execute the conditions of admissions." The COA forms also indicated, "Parent unavailable" under the signature of patient/guardian/conservator section.

AR stated Patient 11's parent was not available upon admission to sign the COA forms. AR also stated there was no attempt documented in obtaining Patient 11's parent signature during

During an interview on 1/24/2025 at 8:53 a.m. with the Patient Admitting Supervisor (PAS), PAS

hospitalization and upon discharge.

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CENTER	S FOR MEDICARE & I	MEDICAID SERVICES					B NO. 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MUL A. BUILDI	TPLE CONSTRUCTION	N		DATE SURVEY COMPLETED	
		054055	B. WING				01/24/2025
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS	S, CITY, STATE, ZIP CODE		
COLLEGE	HOSPITAL			10802 COLLEGE			
2/4/15	CHMMADVCT	ATEMENT OF DESIGNATION		CERRITOS, CA			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	(EAC	ROVIDER'S PLAN OF CORRE CH CORRECTIVE ACTION SHO S-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
A 117	Continued From page	20	Δ	117			
		he COA forms talked about	^	117			
	-	treat, billing insurance and					
		with the hospital. The COA					
		n admission to the patient f patient was a minor. If the					)
		signed upon admission, the					
	ū	obtain the signatures from					
	guardian or parent pic	on discharge when the legal cked up the patient.					
		o process in place to make					
		er the COA information or					
		dmitting department during ated, "that is something we					
	can work on."						
	During a review of the	a facility's noticy and					
	procedure (P&P) titled						
	Checklist of Legal Doo						
		cated, "All patient admitting ensure that any patient					
		y] receives and/ or signs for					
	receipt of all legal doc						
		ng items must be given to nature must be obtained:					
		on: This document outlines					
	[the facility] general co	onsent to care; legal					
		hospital and physician;					
	release of information assignment of insuran	; financial agreement; ice benefits; third party					
	•	rsonal valuables; consent to					
		narge Adolescent or Adult					

Checklist: with every admission a checklist is generated to ensure that all of the above mentioned forms or handouts are properly delivered to a patient. The patient or parent acknowledge receipt of these items of signing the checklist. The patient admitting representative is required witnessing the patient's or parent's signature ... if minor patient arrives without

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STATEMENT OF AND PLAN OF C	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		054055	B. WING			01/24/2025	
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE			
COLLEGE HOSPITAL				10802 COLLEGE PL			
COLLEGE				CERRITOS, CA 90703			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	X (EACH CORRECTIVI CROSS-REFERENCED	IN OF CORRECTION E ACTION SHOULD BE O TO THE APPROPRIAT CIENCY)		
A 117	Continued From page	÷ 21	А	117			

parent/legal guardian, unit is to contact the Admitting Department when the parent/legal guardian is visiting or is picking patient up upon discharge."

5. During a review of Patient 14's "Psychiatric and Mental Status Examination (Psych Eval, a formal and complete assessment of the patient and the problem done by Psychiatrist [physician specializes in mental health])," dated 3/3/2024, the Psych Eval indicated, Patient 14, a 17-year-old, was admitted to the facility with diagnosis of psychosis (severe mental condition involving abnormal thinking, perceptions, and loss of contact with reality).

During a review of Patient 14's "Integrated Admission Assessment (patient data collected by the facility upon admission)," dated 3/5/2024, the Integrated Admission Assessment indicated, Patient 14's parent was the custodial parent with full custody (the legal right of care for and control a person or property).

During an interview on 1/23/2025 at 2:13 p.m. with the Admitting Representative (AR), AR stated the following: the conditions of admission (COA, legal agreement between the patient and the hospital consenting to treatment, assignment of insurance benefits and accepting financial responsibility for their medical service) forms consisted of information including consent for treatment and patient's financial responsibilities. The COA forms were given to patient to sign upon admission. If a patient was below 18 years old, the legal guardian or parent would be the one signing the COA forms. If the legal guardian or parent were not available upon admission, admitting staff would present the COA forms to

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STATEMENT OF I		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
		054055	B. WING		01/24/2025
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	
COLLEGE HOSPITAL			10802 COLLEGE PL		
COLLEGETIO	OSPITAL			CERRITOS, CA 90703	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION ( (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI, DEFICIENCY)	D. 1 mm
				#-	

#### A 117 Continued From page 22

the legal guardian or parent at discharge. It was important to provide the COA forms so the signer would know the rights and allow he or she to ask questions.

During an interview on 1/24/2025 at 8:53 a.m. with the Patient Admitting Supervisor (PAS), PAS stated the following: the COA forms talked about arbitration, consent to treat, billing insurance and physician relationship with the hospital. The COA forms were given upon admission to the patient or the legal guardian if patient was a minor. If the COA forms were not signed upon admission, the admitting staff would obtain the signatures from the legal guardian upon discharge when the legal guardian or parent picked up the patient. Currently there was no process in place to make any attempts to deliver the COA information or obtain signature by admitting department during patient's stay. PAS stated, "that is something we can work on."

During a concurrent interview and record review on 1/24/2025 at 9:10 a.m. with the Patient Admitting supervisor (PAS), Patient 14's "Conditions of Admission (COA)" forms, dated 3/2/2024, was reviewed. The COA forms indicated, "General Admission Consent to Care ... Legal Relationship Between Hospital and Physician ... Release of Information ... Financial Agreement ... Assignment of Insurance Benefits ... Third Party Liability and Billing ... Personal Valuables ... Consent to Photograph ... Discharge ... Arbitration ... the undersigned certifies that he/she has read the foregoing conditions of admission, received a copy thereof, clarified any doubts as to its meaning and accepts its terms, and is the patient, the patients legal representatives, or duly authorized by the patient

A 117

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		054055	B. WING		01/24/2025
	ROVIDER OR SUPPLIER E HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 10802 COLLEGE PL CERRITOS, CA 90703	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		_D BE COMPLETION
A 117	as the patient's gener conditions of admission indicated, "Parent una signature of patient/gr During the same inter a.m. with the Patient of PAS stated there was Patient 14's parent up discharge. PAS also	ral; agent to execute the ons." The COA forms also available" under the uardian/conservator section.  Eview on 1/24/2025 at 9:10  Admitting Supervisor (PAS), no signature obtained from	Α	117	

During a review of the facility's policy and procedure (P&P) titled, "Patient Admitting Checklist of Legal Documentation," dated 11/2023, the P&P indicated, "All patient admitting representatives are to ensure that any patient admitting to [the facility] receives and/ or signs for receipt of all legal documentation ... Upon admission, the following items must be given to the patient and/ or signature must be obtained: Conditions of Admission: This document outlines [the facility] general consent to care; legal relationship between hospital and physician; release of information; financial agreement; assignment of insurance benefits; third party liability and billing; personal valuables; consent to photograph; and discharge ... Adolescent or Adult Checklist: with every admission a checklist is generated to ensure that all of the above mentioned forms or handouts are properly delivered to a patient. The patient or parent acknowledge receipt of these items of signing the checklist. The patient admitting representative is required witnessing the patient's or parent's signature ... if minor patient arrives without parent/legal guardian, unit is to contact the Admitting Department when the parent/legal

signature when Patient 14 was hospitalized.

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CENTERS FOR MEDICARE & MEDIC		MEDICAID SERVICES			OMB NO. 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		054055	B. WING		01/24/2025
NAME OF P	ROVIDER OR SUPPLIER	No.		STREET ADDRESS, CITY, STATE, ZIP COD	
COLLEGE	HOSPITAL			10802 COLLEGE PL CERRITOS, CA 90703	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		N SHOULD BE COMPLETION E APPROPRIATE DATE
A 117	Continued From page	24	Δ	117	
	· -	is picking patient up upon	^	117	
A 131	PATIENT RIGHTS: IN CFR(s): 482.13(b)(2)	FORMED CONSENT	А	131	
		ner representative (as aw) has the right to make garding his or her care.			
	or her health status, b	nt, and being able to request This right must not be anism to demand the or services deemed			
		not met as evidenced by: nd record review, the facility			
	(chemical restraints, a being used as a stand patient's medical or per results in restriction of moment) for one of 30	sychiatric condition and that f the patient's freedom of ) sampled patients (Patient th the facility's policy and			
	not being informed of the facility including unbenefits of the treatmer restraint on Patient 18 make informed conse accept treatment and/	s) and being able to help nt (voluntary agreement to			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION  NG	(X3) DATE SURVEY COMPLETED
	054055	B. WING		01/24/2025
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
COLLEGE HOSPITAL			10802 COLLEGE PL	
COLLEGE HOSPITAL			CERRITOS, CA 90703	
PREFIX (EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORRECTION  (EACH CORRECTIVE ACTION SHOULD B  CROSS-REFERENCED TO THE APPROPRI  DEFICIENCY)	

# A 131 Continued From page 25 and alternatives offered).

A 131

2. Ensure the medication informed consent (voluntary agreement to accept treatment and/or procedures after receiving education regarding the risks, benefits, and alternatives offered) was completed prior to medication administration for one of 30 sampled patients (Patient 10), in accordance with the facility's policy and procedure regarding medication consent, when the consent for prescribed Melatonin (medication that helps to regulate sleep and other bodily function) was missing the psychiatrist (physician who specializes in mental health) information.

This deficient practice resulted in Patient 10 receiving Melatonin without a complete consent. It also had the potential to result in Patient 10's parent not being fully informed of the risks and benefits, of Patient 10 taking Melatonin, before giving consent for the treatment.

#### Findings:

1. During a concurrent interview and record review on 1/22/2025 at 9:38 a.m., with Nurse Managers (NM) 3 and 4. NM 3 and NM 4 stated the following: Patient 18 was admitted on 1/8/2024 on a 5150 hold (72-hour involuntary hold at a psychiatric [focuses on the diagnosis, treatment, and prevention of mental health disorders] facility for someone experiencing a mental health crisis) for being a danger to others. Patient 18 requested that his (Patient 18) mother be notified if Patient 18 was placed on restraints or seclusion (involuntary confinement of patient alone in a room or area from which the patient is physically prevented from leaving). Restraints, included chemical restraints (a medication that is

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CENTER	S FOR MEDICARE & I	MEDICAID SERVICES			OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		054055	B. WING		01/24/2025
NAME OF P	ROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CODE	
COLLEGE	HOSPITAL			10802 COLLEGE PL CERRITOS, CA 90703	
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A 131	Continued From page	26	A 1	31	
		tandard treatment for the			
	_	sychiatric condition and that			
		f the patient's freedom of			
	•	cy medications. Patient 18			
	_	(treats behavior disorders, ssive and persistent worry))			
		unit of measurement) IM (in			
		on (a feeling of irritability or			
		ia (persistent and irrational			
		mistrust, and persecution),			
		on 1/19/2024 at 1:40 p.m. d that Patient 18's mother			
		of the chemical restraint			
		n), despite Patient 18's			
	request to inform Pati				
	During a review of Pa	tient 18's "Integrated			
		nt," dated 1/08/2024, the			
		Patient 18 wished for the			
		Patient 18) mother if the ee of seclusion or restraints			
	for Patient 18.	e of sectusion of restraints			
		tient 18's "Psychiatric and			
		ation," dated 4/16/2024, the			
		I the following: Patient 18			
	report, Patient 18 was	/2024. According to the			
		save him (Patient 18) from			
		8 ended up fighting the			
	individualsubseque	ently placed on a 5150 hold.			
		cility for stabilization of			
	behavior."				

During a review of Patient 18's physician's order dated 1/19/2024 at 1:37 p.m., the order indicated to give chlorpromazine (Thorazine, treats behavior disorders, reduces anxiety) 50 mg IM (in the muscle), once for psychosis (a mental

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CENTER	S FOR MEDICARE & I	MEDICAID SERVICES						FORM APPROVED B NO. 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		NSTRUCTION	<del>-</del>	(X3)	DATE SURVEY COMPLETED
		054055	B. WING					01/24/2025
NAME OF P	ROVIDER OR SUPPLIER			STREE	TADDRESS, CITY, S	STATE, ZIP CODE		01/24/2020
COLLEGE	HOSPITAL				COLLEGE PL RITOS, CA 90703			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFII TAG	x	(EACH CORRI	'S PLAN OF CORRECTI ECTIVE ACTION SHOUL ENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
A 131	disorder characterized reality).	by a disconnection from	A	131				
	that clinicians use to citiled, "6793 Emergen Assessment Flowshee p.m., the flow sheet in Patient 18's physical a unintentional event the coming to rest on the level) risk, vital signs (respiratory rate and te status exam after the of Thorazine) dated 1/flow sheet did not incluse mother on the use During a review of the procedure (P&P) titled Physical Hold Policy," indicated the following (RN)/designee notifies guardian/parent, as approximation of the procedure (P&P) titled Physical Hold Policy, and the procedure (P&P) titled Physical Hold Policy (P&P) titled Physical Hold Ph	et," dated 1/19/2024 at 1:40 dicated the results of assessment, fall (an at results in a person ground or another lower blood pressure, pulse, mperature) and mental intervention (administration 19/2024 at 1:40 p.m. The ade notification of Patient e of a chemical restraint.  facility's policy and I, "Seclusion and Restraint dated 10/2023, the P&P at Registered Nurse of the patient's legal						
	indicated the following a reasonable response treatment and /or serv capacity, stated mission regulations. The basic	, "Patient's ated 10/2023, the P&P : "Each patient shall receive e to his/her request for ices within the hospital's on, and applicable law and						

...Patient, conservator, parent, and/or anyone designated by the patient shall be informed of the

following as appropriate ...b. The plan of

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CENTERS FO	MEDICAID SERVICES					C	OMB NO. 0938-0391	
STATEMENT OF DEF AND PLAN OF CORE		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		STRUCTION	-		(X3) DATE SURVEY COMPLETED
		054055	B. WING					01/24/2025
NAME OF PROVID	ER OR SUPPLIER				TADDRESS, CITY, S	STATE, ZIP CODE		
COLLEGE HOS	PITAL				COLLEGE PL ITOS, CA 90703			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		(EACH CORRI	R'S PLAN OF CORRE ECTIVE ACTION SH ENCED TO THE APP DEFICIENCY)	HOULD BE	(X5) COMPLETION E DATE
treat province alter and probable specific province alter and probable specific prob	uring a review of I atal Status Examin complete assess plem done by Psychializes in mental I Psych Eval indicate rold, was adminosis of disruptive rder (a mental hear-old, was adminosis of disruptive rder (a mental hear-sistent irritability ase temper outburing a concurrent in 1/24/2025 at 2:42 pager (NM 1), Patie ication Consent (reat form indicatin ussed the risk and ications being pretent's legal represe the medication)," ewed. The medication other bodily function there is a subject to the medication other bodily function other bodily function of the risk and ication other bodily function other bodily functions at the function of t	Patient 10's "Psychiatric and ation (Psych Eval, a formal ment of the patient and the chiatrist [physician who nealth])," dated 2/24/2024, red, Patient 10, a red to the facility with a mood dysregulation alth condition characterized (a, anger, and frequent sts).  Iterview and record review (b.m. with the Nurse rent 10's "General medication consent form, a g a psychiatrist had lenefits of the scribed and the patient or intative gave consent to dated 3/2/2024, was tion consent form indicated, that helps to regulate sleep on) was listed on the bal consent given by Patient seed by Registered Nurse in consent form also t Signature" section that he psychiatrist, date and	A	at 131				

During the same interview on 1/24/2025 at 2:42 p.m. with Nurse Manager (NM) 1, NM 1 stated the following: Melatonin had hypnotic (produce

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CENTER	S FOR MEDICARE & I	MEDICAID SERVICES			OMB NO. 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION  NG	(X3) DATE SURVEY COMPLETED
		054055	B. WING		01/24/2025
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	VIII II
COLLEGE HOSPITAL			10802 COLLEGE PL		
				CERRITOS, CA 90703	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION ( (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETION
A 131	from Patient 10's pare to be taken daily. It was responsibility to discuss dosage, alternatives of questions when obtain consent. Without the psignature, it was unknown the Melatonin use with make sure Patient 10' of the medication's purand side effects beformals of said that RN 3 should the medication consent incomplete. NM 1 furth not be given to Patient consent.  During a review of Patient Chronology" indicated (mg, a unit of measure and stop on 5/7/2024. also indicated Patient daily from 4/9/2024 to During a review of the procedure (P&P) titled Medications," dated 1 "To ensure that all patients."	d would require consent ent when it was prescribed as the psychiatrist's ses the risks and benefits, of treatment and answer all ning the medication osychiatrist's name and lown of who had discussed in Patient 10's parent to sparent was fully informed prose, risk and benefits, egiving the consent. NM 1 mould not sign as a witness in the because it was the restated Melatonin should the 10 without a complete tient 10's "Order Chronology" [orders written by are and treatment])," dated to received Melatonin 3 mg 5/7/2024.  In facility's policy and deficient PseP indicated, "Consent Procedures for 1/2023, the P&P indicated,	A 1		
	side effects, and bene	efits of certain psychotropic ct a person's mental state,			

emotions, and behavior) medications and their rights to refuse medication ... if the patient is a minor, the parent or legal guardian will be informed prior to administration and asked to sign

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-0391
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		054055	B. WING		01/24/2025
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
COLLEGE	HOSPITAL			10802 COLLEGE PL	
	0.11.01.05			CERRITOS, CA 90703	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE COMPLETION
A 131	prescribed to affect th (CNS, the primary cor consisting of the brain psychiatric disorders (significantly affects a behavior) or illness indanti-depressants (med symptoms of depress causes a persistent feof interest in life] and disorders characterize fear]), mood stabilizing mood, reducing mood emotions) and antipsy treat mental health cowill explain to the patinguardian: nature of the reason for taking such medication, range of fand dosage amount medication a licens will witness, as appropatient, parent, or legal situations where the consideration is significant to the patinguardian; nature of the reason for taking such medication, range of fand dosage amount medication a licens will witness, as appropatient, parent, or legal situations where the consideration is significant.	ratient (guardian, is required for medications he central nervous system introl center of the body, in and spinal cord) to treat (medical condition that person's thinking, mood and cluding, but not limited to dications helps to relieve ion [mood disorder that beling of sadness and loss anxiety [a group of mental bed by significant feelings of ig (medications to regulate if swings and stabilizing yehotics (medications to inditions) the physician bent, parent or legal in epatient's mental condition; in medication the type of infrequency of administration probable side effects of the feed nursing staff member priate, the signature of the land guardian. This applies to consent is obtained over the will not be ordered if the been completed."	A :		
	must be in accordance physician or other lice responsible for the car authorized to order res	nsed practitioner who is			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	TIPLE CONSTRUCTION  NG	(X3) DATE SURVEY COMPLETED
	054055	B. WING		01/24/2025
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
COLLEGE HOSPITAL			10802 COLLEGE PL	
COLLEGE HOSPITAL			CERRITOS, CA 90703	
PREFIX (EACH DEFICIENC	FATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRECTION X (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	

#### A 168 Continued From page 31

This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to:

- 1. Ensure its nursing staff obtained a complete seclusion (any involuntary confinement of a patient alone in a room or area where he or she is physically prevented from leaving)/restraint (any method, physical or chemical, or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move or access any part of his/her body) order for each seclusion/restraint use for each of three of 30 sampled patients (Patient 10, 14 and 15), in accordance with facility's policy and procedure regarding seclusion and restraints when:
- 1.a. Patient 10 was placed in seclusion without a seclusion order for three hours and five minutes and was placed on 5-point restraints (restraints applied to patient's bilateral wrists, ankles, and chest) without a renewal order for one hour and five minutes on 6/15/2024.
- 1.b. Patient 14 was placed in seclusion and restrained for three hours and fifty minutes without a physician order on 3/5/2024.
- 1.c. Nursing staff initiated seclusion for Patient 15 without a physician order on 4/19/2024 at 5:45 p.m. and the renewal seclusion/restraint order was incomplete on 4/20/2024 at 1:45 a.m.

These deficient practices resulted in Patients 10, 14 and 15 being placed in seclusion and restrained without a proper physician order and had the potential of placing the patients (Patients 10, 14 and 15) at risk for unnecessary and inappropriate seclusion/restraint use and at risk

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1	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		054055	B. WING		01/24/2025
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	
COLLEGE	E HOSPITAL			10802 COLLEGE PL CERRITOS, CA 90703	
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A 168	Continued From page for injury.	e 32	Α	168	
I					

2. Ensure physician orders included the indication for restraints (any method, physical or chemical, or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move or access any part of his/her body) for one

of 30 sampled patients (Patient 16), in accordance with the facility's policy regarding restraints.

This deficient practice had the potential for restraints to be applied unnecessarily, thus putting Patient 16 at risk for injury.

#### Findings:

1.a. During a review of Patient 10's "Psychiatric and Mental Status Examination (Psych Eval, a formal and complete assessment of the patient and the problem done by Psychiatrist [physician specializes in mental health])," dated 2/24/2024, the Psych Eval indicated, Patient 10, a 14-year-old, was admitted to the facility with diagnosis of disruptive mood dysregulation disorder (a mental health condition characterized by persistent irritability, anger, and frequent intense temper outbursts).

During an interview on 1/22/2025 at 10:49 a.m. with the Shift Supervisor (QRN 2), QRN 2 stated a physician order was required for seclusion (any involuntary confinement of a patient alone in a room or area where he or she is physically prevented from leaving) and restraint (any method, physical or chemical, or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move or access any part of his/her body). QRN 2 also stated each

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	054055	B. WING				01/24/2025
NAME OF PROVIDER OR SUPPLIER			STREET ADD	PESS, CITY, S	TATE, ZIP CODE	
COLLEGE HOSPITAL			10802 COLL CERRITOS	EGE PL 5, CA 90703		
PREFIX (EACH DEFICIE	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH CORRE ROSS-REFERE	S PLAN OF CORRECTION SHOULD SHOULD TO THE APPROPRIEMED TO THE APPR	D BE COMPLETION
hours for youth (9-2)  During a concurren on 1/24/2025 at 1:4 (NM) 3, Patient 10's Assessment Packe 6/15/2024, was revindicated, Patient 1 restraint on 6/15/20 Assessment also in released from restraint on 6/15/20 Assessment also in released from restraint of 6/16/2024 at 12:40 was in seclusion are and five (5) minutes physician order for the start and another renewal order two (seclusion and restraint and are the physician orders, direviewed. The physician orders, direviewed. The physician order: the pat seclusion/restraints to be obtained; -type of seclusion/re (restraints applied the ankles, and chest); -describe the preciping and securic process.	order was good for two (2) 7 years old) patients.  It interview and record review 6 p.m. with Nurse Manager I "Seclusion and Restraints I (S&R Assessment)," dated I ewed. The S&R Assessment I was placed in seclusion and I at 9:35 p.m. The S&R I dicated Patient 10 was I aint and seclusion on I a.m. NM 3 stated Patient 10 I d restraint for three (3) hours I NM 3 stated there should be I seclusion and restraints during I ser seclusion and restraint I hours after the initiation of I interview and record review I p.m. with NM 3, Patient 10's I interview and record review I p.m. with NM 3, Patient 10's I interview and record review I p.m. with NM 3, Patient 10's I interview and record the I in	A	168			

staff."

off own mouth. Not following any redirection from

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CENTER	S FOR MEDICARE & I	MEDICAID SERVICES					10	MB NO. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONS	STRUCTION	_		3) DATE SURVEY COMPLETED
		054055	B. WING					01/24/2025
NAME OF PE	ROVIDER OR SUPPLIER			STREET	ADDRESS, CITY, S	STATE, ZIP CODE		
COLLEGE	HOSPITAL				COLLEGE PL TOS, CA 90703			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH CORRI	R'S PLAN OF CORREC ECTIVE ACTION SHOT ENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
	p.m., NM 3 stated the order should specify the was no seclusion order placed in a seclusion or p.m. It would be consisted without a physician or contact physician to order by 11:35 p.m. be was only good for two patients. Patient 10 was renewal order for one minutes (from 11:35 p.m. be procedure (P&P) titled Physical Hold Policy," indicated, "The physical Hold Policy," indicated, "The physician for (S/R), and document of CyR), and document of the procedure (P&P) to the procedure form as follows: 18 and older up to fou up to two (2) hours specify the reason for usage, the type of rest the S/R can be ordered stated maximum. The by the continued need than the length of the other hoursing Superviso trained Registered Nurprotective measure processive with the second procedure of the stated residence of the protective measure procedure of the second procedure of the protective measure procedure of the second procedure of the protective measure procedure of the procedure of the protective measure procedure of the p	view on 1/24/2025 at 2:10 following: each restraint he type of restraint. There er when Patient 10 was room on 6/15/2024 at 9:35 dered as restraining patient der. Nursing staff should btain restraints renewal ecause each restraint order (2) hours for youth as restrained without (1) hour and five (5) .m. to 12:40 a.m.).  facility's policy and I, "Seclusion and Restraint dated 10/2023, the P&P ian or Registered Nurse eed for restrictive written or telephonic order the seclusion/restraints on the Seclusion/Restraint A. Time Limits: 1) Adults r (4) hours; 2) Youth 9 - 17 B. The physician's orders restraint and seclusion traint, and their duration.	A	168				

1.b. During a review of Patient 14's "Psychiatric and Mental Status Examination (Psych Eval, a formal and complete assessment of the patient

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO. 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
		054055	B. WING			01/24/2025
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE				STREET ADDRESS, CITY, STATE, ZIP CODE		
COLLEGE	HOSPITAL				10802 COLLEGE PL CERRITOS, CA 90703	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX (EACH CORRECTIVE ACTION SHOL		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLETION
A 168	and the problem done specializes in mental the Psych Eval indica 17-year-old, was adm diagnosis of psychosi	by Psychiatrist [physician health])," dated 3/3/2024, ted, Patient 14, a litted to the facility with s (severe mental condition inking, perceptions, and loss	А	16	· 38	

During an interview on 1/22/2025 at 10:49 a.m. with the Shift Supervisor (QRN 2), QRN 2 stated a physician order was required for seclusion (any involuntary confinement of a patient alone in a room or area where he or she is physically prevented from leaving) and restraint (any method, physical or chemical, or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move or access any part of his/her body). QRN 2 also stated each seclusion/restraint order was good for two hours for youth (9-17 years old) patients.

During a concurrent interview and record review on 1/23/2025 at 11:40 a.m. with the Nurse Manager (NM 2), Patient 14's "Seclusion and Restraints Assessment Packet (S&R Assessment)," dated 3/5/2024, was reviewed. The S&R Assessment indicated, Patient 14 was placed on physical hold (any manual and physical method of holding a patient against patient's will that restricts freedom of movement or normal access to one's body) and seclusion on 3/5/2024 at 6:22 p.m. and restrained on 3/5/2024 at 7:35 p.m. Patient 14 was released from seclusion and restraint on 3/5/2024 at 10:10 p.m.

During the same interview on 1/23/2025 at 11:40 a.m. with the Nurse Manager (NM) 2, NM 2 stated Patient 14 was on seclusion and was restrained for three (3) hours and fifty (50)

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CENTERS FOR MEDICARE & MEDICAID SERVICES							OMB NO 0039 0304
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(V2) MUII:	TIDLE CONSTR	LICTION		OMB NO. 0938-0391	
	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDI	TIPLE CONSTR	OCTION	=	(X3) DATE SURVEY COMPLETED
	.€	054055	B. WING	<u> </u>			04/24/2025
NAME OF PE	ROVIDER OR SUPPLIER			STREET AD	DRESS, CITY, S	STATE, ZIP CODE	01/24/2025
				10802 COL			
COLLEGE HOSPITAL					S, CA 90703		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		(EACH CORRE	S PLAN OF CORRECTION ECTIVE ACTION SHOULD B ENCED TO THE APPROPRIA DEFICIENCY)	
A 168	Continued From page minutes.  During a concurrent in on 1/23/2025 at 11:50 14's physician orders, reviewed. The physicial following:  -On 3/5/2024 at 6:25 gives; To prevent imminent (a or emotional harm to attempts, or other acts continually makes or circle or emotional harm to attempts, or other acts continually makes or circle or emotional harm to a attempts, or other acts continually makes or circle or emotional harm to a attempts, or other acts continually makes or circle or emotional harm to a attempts, or other acts continually makes or circle or emotional harm to danger to others, patie cursing at staff, unable when patient (Patient During the same internal m. with Nurse Manathat there was no physical a restraint were in 7:35 p.m., respectively was the renewal order	atterview and record review a.m. with NM 3, Patient dated 3/5/2024 was an order indicated the c.m.: Physical Hold ordered: about to happen) physical others because of threats, as the patient overly or commits.  C.m.: Renewal Order #1: 2 hours for ages 9 - 17; equiring restraints/seclusion: ent continues to scream, eto make a safety plan for 14) is released.  View on 1/23/2025, at 11:50 ger (NM) 2, NM 2 stated sician order when seclusion initiated at 6:22 p.m. and at v. NM 2 also stated there at 8:22 p.m. but it did not	TAG			ENCED TO THE APPROPRIA	
	NM 2 stated Patient 14 restrained from 6:22 p min) without a physicia nursing staff could not	restrain without physician hysician orders should be					

During a review of the facility's policy and procedure (P&P) titled, "Seclusion and Restraint Physical Hold Policy," dated 10/2023, the P&P

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	WENT OF HEALTH AN					FORM APPROVED
CENTER	S FOR MEDICARE & I	MEDICAID SERVICES				OMB NO. 0938-0391
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		054055	B. WING_			01/24/2025
NAME OF P	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE	1 0112112020
COLLEGE	HOSPITAL			10	802 COLLEGE PL	
				CE	ERRITOS, CA 90703	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  ( MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI) TAG	ĸ	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION
A 400	0			75		
A 168	Continued From page		A 1	168		
		cian or Registered Nurse				
	(RN) can initiate the n					
		written or telephonic order the seclusion/restraints				
		on the Seclusion/Restraint				
		: A. Time Limits: 1) Adults				
		ır (4) hours; 2) Youth 9 - 17				
		B. The physician's orders				
		restraint and seclusion				
		traint, and their duration.				
	The S/R can be ordered	length of the S/R is limited				
		I for the intervention rather				
		order In an emergency,				
		or, Shift Supervisor, or a				
		rse may initiate a S/R as a				
	protective measure pr	ovided that a physician				
	order is obtained imme	ediately within minutes."				
	1 c. During a review o	f Patient 15's Psychiatric				
		amination (Psych Eval, a				
		assessment of the patient				
		by Psychiatrist [physician				
		nealth])," dated 4/17/2024,				
		ed, Patient 15 was admitted				
		nosis of bipolar disorder (a				
		uses unusual shifts in mood,				
		ation), mixed with psychotic				
	(severe mental conditi					
	reality) features.	and loss of contact with				
		n 1/21/2025 at 1:52 p.m.				
		er (NM 1), NM 1 stated a				
	physician order was re	equired for any seclusion				

(any involuntary confinement of a patient alone in a room or area where he or she is physically prevented from leaving) and restraint (any method, physical or chemical, or mechanical

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STATEMENT OF I		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
		054055	B. WING_		01/24/2025
NAME OF PROVIDER OR SUPPLIER			T	STREET ADDRESS, CITY, STATE, ZIP CODE	
COLLEGE H	OCDITAL			10802 COLLEGE PL	
COLLEGE H	OSPITAL			CERRITOS, CA 90703	
(X4) 1D	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFI)		
TAG	REGULATORY OR I	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPRI	ATE DATE
				DEFICIENCY)	
				(7)	

#### A 168 Continued From page 38

device, material, or equipment that immobilizes or reduces the ability of a patient to move or access any part of his/her body). NM 1 also stated each restraint order was good for four (4) hours for adult patients (18 and older).

During a concurrent interview and record review on 1/23/2025 at 3:22 p.m. with Nurse Manger (NM) 3, Patient 15's "Seclusion and Restraints Assessment Packet (S&R Assessment)," dated 4/19/2024, was reviewed. The S&R Assessment indicated, Patient 15 was placed in physical hold, seclusion and restraints on 4/19/2024 at 5:45 p.m., released from restraints on 4/20/2024 at 2:45 a.m. and seclusion on 4/20/2024 at 3:45 a.m. NM 3 stated Patient 15 was in restraints for nine (9) hours and seclusion for ten (10) hours.

During a concurrent interview and record review on 1/24/2025 at 2:56 p.m. with NM 3, Patient 15's physician orders, dated 4/19/2024, was reviewed. The physician orders indicated the following:

-"On 4/19/2024 at 5:45 p.m.: initial order: time limited order: 4 hours for age 18 or older; type of seclusion/restraint: therapeutic/physical hold (any manual and physical method of holding a patient against patient's will that restricts freedom of movement or normal access to one's body); type of seclusion/restraint: 5 points restraints (restraints applied to a patient's both wrist, ankles, and chest); specific behavior or requiring restraints/seclusion: danger to others, Patient (Patient 15) attacked 1:1 staff and continued to attack staff that arrived at the code grey (hospital emergency response when someone is acting violently, aggressively or threateningly), patient (Patient 15) continued made threats throughout whole interaction."

A 168

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COMPLETED

OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION

A. BUILDING\_ 054055 B. WING 01/24/2025

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

10802 COLLEGE PL CERRITOS, CA 90703

SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX

REGULATORY OR LSC IDENTIFYING INFORMATION)

IDENTIFICATION NUMBER:

PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

(X5) COMPLETION DATE

## A 168 Continued From page 39

COLLEGE HOSPITAL

TAG

A 168

TAG

-"On 4/19/2024 at 9:45 p.m.: renewal order #1: time limited order: 4 hours for age 18 or older; type of seclusion/restraint: 5 points restraints; type of seclusion/restraint: seclusion; specific behavior or requiring restraint/seclusion: danger to others ..."

-"On 4/20/2024 at 1:45 a.m.: renewal order #2: time limited order: 4 hours for age 18 or older; specific behavior or requiring restraint/seclusion: danger to others ..."

During the same interview on 1/24/2025 at 2:56 p.m. with Nurse Manager (NM) 3, NM 3 stated the following: there was no seclusion order when Patient 15 was placed in seclusion on 4/19/2024 at 5:45 p.m. Also, the renewal order #2 on 4/20/2024 at 1:45 a.m. was missing the type of restraint/seclusion.

During a review of the facility's policy and procedure (P&P) titled, "Seclusion and Restraint Physical Hold Policy," dated 10/2023, the P&P indicated, "The physician or Registered Nurse (RN) can initiate the need for restrictive intervention, obtain a written or telephonic order from the physician for the seclusion/restraints (S/R), and document on the Seclusion/Restraint Order form as follows: A. Time Limits: 1) Adults 18 and older up to four (4) hours; 2) Youth 9 - 17 up to two (2) hours ... B. The physician's orders specify the reason for restraint and seclusion usage, the type of restraint, and their duration. The S/R can be ordered for less than above stated maximum. The length of the S/R is limited by the continued need for the intervention rather than the length of the order ... In an emergency, the Nursing Supervisor, Shift Supervisor, or a

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
	054055	B. WING		01/24/2025
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
COLLEGE HOSPITAL			10802 COLLEGE PL CERRITOS, CA 90703	
PREFIX (EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG	PROVIDER'S PLAN OF CORRECTION  (EACH CORRECTIVE ACTION SHOULD B  CROSS-REFERENCED TO THE APPROPRIA  DEFICIENCY)	

## A 168 Continued From page 40

trained Registered Nurse may initiate a S/R as a protective measure provided that a physician order is obtained immediately within minutes."

2. During a concurrent observation and interview on 1/21/2025 at 2:54 p.m., in the DDMI Youth Unit (unit for minors who are developmentally delayed with mental illness), Patient 16 walked into the unit wearing restraints to both ankles. Nurse Manager (NM) 3 stated Patient 16 returned from a doctor's appointment and had been placed on restraints due to Patient 16's high AWOL (absent without leave, a mental health patient leaves a facility without permission) risk.

During an interview on 1/22/2025 at 4:10 p.m. with the Chief Nursing Officer (CNO), the CNO stated that restraint orders should include the type of restraints to be used and the indications or reasons for the restraints. Each restraint order should stand alone.

During a concurrent interview and record review on 1/22/2025 at 4:18 p.m. with Nurse Managers (NM) 3 and 4. NM 3 and NM 4 stated the following: Patient 16 was 17 years old. Patient 16 was placed in ankle restraints on 1/21/2025 from 9:30 a.m. to 2:45 p.m. during transportation to a clinic appointment because Patient 16 was an AWOL (absent without leave, a mental health patient leaves a facility without permission) risk. Restraint orders for minors (ages 9 - 17) expire in 2 hours and require a new physician's order. The physician ordered restraints on 1/21/2025 at 9:13 a.m., 11:23 a.m., and 1:12 p.m. NM 3 and NM 4 verified that orders written at 9:13 a.m. and 11:12 a.m. did not have an indication or reason for the ankle restraints.

A 168

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CENTERS FOR MEDICARE & MEDICAID SERVICES						C	MB NO. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		NSTRUCTION	(	(X3) DATE SURVEY COMPLETED
		054055	B. WING				01/24/2025
NAME OF P	ROVIDER OR SUPPLIER			STRE	ET ADDRESS, CITY, STATE, ZIP CODE		
COLLEGE	HOSPITAL				COLLEGE PL		
	GUILLANDY OT	ATENEUT OF REGIONS VALUE		CERI	RITOS, CA 90703		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORREI (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION E DATE
	Continued From page During a review of Pa Mental Status Examir the Examination indic 16 was admitted on ir ones will) for danger t gravely disabled (a pe basic needs) on 11/27 years old (in 2023).  During a review of Pa dated 1/21/2025 at 9: indicated the following Seclusion/Restraint: V -Transport. Associate documentation of prof  During a review of Pa dated 1/21/2025 at 11 order indicated the fol Seclusion/Restraint: V Restraints/Transport. (no documentation of  During a review of Pa dated 1/21/2025 at 1: order indicated the fol Seclusion/Restraint: V Restraints/Transport.  During a review of Pa dated 1/21/2025 at 1: order indicated the fol Seclusion/Restraint: V Restraints/Transport.	tient 16's "Psychiatric and hation," dated 11/29/2023, ated the following: Patient hyoluntary status (against o self, danger to others, and erson is unable to meet their 7/2023. Patient 16 was 15  tient 16's physician's order 13 am, the physician's order 13 am, the physician's order 14 groblems: Blank (no olems).  tient 16's physician's order 123 a.m., the physician's lowing: Type of 15 years of 16 years of 17 years of 18	-	168		ROPRIAI	E DATE
	During a review of the						

Physical Hold Policy," dated 10/2023, the P&P indicated the following: The Hospital considers a

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		054055	B. WING		01/24/2025
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	)E
COLLEGE	HOSPITAL			10802 COLLEGE PL	
				CERRITOS, CA 90703	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		N SHOULD BE COMPLETION E APPROPRIATE DATE
A 168	Continued From page	<u>4</u> 2	Δ	168	
	patient a high risk for outside of the facility tharm to self or others situation, with a physibe placed in transport facility The same protransport restraints in obtaining MD (physicial Registered Nurse car restrictive intervention telephonic order for the (S/R). Time Limits: up to two (2) hours. To specify the reason for usage, the type of resumage, the type of resumage, the type of resumages patients followings Youth 9 Ensures a new order Restraint Continuation of S/R. PATIENT RIGHTS: RISECLUSION	AWOL during transportation to be an imminent risk for (community). In this cian's order, the patient may trestraints while outside the ocedurewill be used for cluding but not limited to: an) orderThe physician or initiate the need for n, obtain a written or ne restraints / Seclusion Youth 9 - 17 (years of age) he physician's orders restraint and seclusion traint, and their duration ntinuation Protocol. Registered Nurse (RN) or continuation of S/Ras - 17 (of age) at two (2) hours or is written on the Seclusion of Order justifying		175	
	secluded must be mo licensed practitioner of completed the training paragraph (f) of this s determined by hospita This STANDARD is no Based on interview a failed to ensure its nu monitored three of 30	atient who is restrained or nitored by a physician, other or trained staff that have goriteria specified in ection at an interval al policy. The policy of the facility resing staff assessed and sampled patients (Patient ehavior, circulation (flow of			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPL IDENTIFICATION N	IMPED:	LTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED
	05405	5 B. WING	·	01/24/2025
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
COLLEGE HOSPITAL			10802 COLLEGE PL	
GOLLEGE HOSPITAL			CERRITOS, CA 90703	
PREFIX (EACH D	MMARY STATEMENT OF DEFICIENC DEFICIENCY MUST BE PRECEDED B TORY OR LSC IDENTIFYING INFOR	SY FULL PREI		D BE COMPLETION

#### A 175 Continued From page 43

hearing, or smelling), movement, or were offered range of motion (movement of a joint), toileting, fluids, food, or hygiene, while placed on restraints (a device attached to the patient's body that restricts freedom of movement), in accordance with the facility's policy and procedures regarding seclusion (any involuntary confinement of a patient alone in a room or area where he or she is physically prevented from leaving) and restraints (any method, physical or chemical, or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move or access any part of his/her body), when the assigned Registered Nurse for each respective patient:

- 1. did not perform hourly assessment for Patient 11, who was placed in walking restraints (restraint applied to patient's ankles to prevent patient from AWOL [absent without official leave, leaving the hospital without discharge order from physician]), on 2/13/2024 from 4:30 p.m. to 10:55 p.m. (10 hours 25 mins).
- 2. did not perform hourly assessment for Patient 13, who was placed in walking restraints on 2/28/2024, from 12:15 a.m. to 8:49 a.m. (8 hours 34 mins).
- 3. did not perform assessment for Patient 16, who was placed in ankle restraints, from 9:30 a.m. to 2:45 p.m., on 1/21/2025 (5 hours and 15 minutes).

These deficient practices had the potential for the inability of staff to identify complications of restraints use for Patients 11, 13 and 16, and placed the patients (Patients 11, 13, and 16) at risk for injury such as loss of circulation or sensation to limbs, skin breakdown, and needs

A 175

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	WENT OF TILALITIAN	· · · · · · · · · · · · · · · · · · ·				FORM APPROVED
CENTER	S FOR MEDICARE & I	MEDICAID SERVICES				OMB NO. 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION	_	(X3) DATE SURVEY COMPLETED
		054055	B. WING			01/24/2025
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY,	STATE, ZIP CODE	0.000
				10802 COLLEGE PL		
COLLEGE	HOSPITAL			CERRITOS, CA 90703	3	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	PROVIDER X (EACH CORR	R'S PLAN OF CORRECTION RECTIVE ACTION SHOULD BE RENCED TO THE APPROPRIA DEFICIENCY)	
A 475	0 " 15			*		
A 1/5	Continued From page		А	175		
	including hydration, to being met as needed.	ileting and hygiene not				
	Findings:					
	and complete assessing problem done by Psych specializes in mental of the psych eval indicated to the facility with diagolimited to major deprehealth disorder charact depressed mood or locausing significant imposychotic features (debelief that persists desevidence to the contrafalse perception of objudisorder (a group of micharacterized by significant autistic spectrum disordisability caused by disorder (a group of micharacterized by significant autistic spectrum disordisability caused by disorder (a group of micharacterized by significant autistic spectrum disordisability caused by disorder (a group of micharacterized by significant autistic spectrum disordisability caused by disordis	ary] and hallucinations [a jects or events]), anxiety sental disorders ficant feelings of fear) and orders (a developmental fferences in the brain).  Itient 11's physician order, physician order indicated, a ambulance to emergency sints (restraint applied to vent patient from AWOL I leave, leaving the hospital per from physician]) with a				

During a concurrent interview and record review on 1/23/2025 at 2:39 p.m. with the Nurse Manager (NM 2), Patient 11's "Seclusion (any involuntary confinement of a patient alone in a room or area where he or she is physically

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		MEDICAID SERVICES			FORM APPROVED OMB NO. 0938-0391
STATEMENT O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
		054055	B. WING_		01/24/2025
	ROVIDER OR SUPPLIER E HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 10802 COLLEGE PL CERRITOS, CA 90703	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION ( EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLETION
A 175	prevented from leavin method, physical or of device, material, or ec reduces the ability of a any part of his/her bod (S&R Assessment)," of reviewed. The S&R A Patient 11 was placed 2/13/2024 at 4: 30 p.n	ng) and Restraints (any hemical, or mechanical quipment that immobilizes or a patient to move or access dy) Assessment Packet dated 2/13/2024, was assessment indicated, d in walking restraint on	A 1	75	

During the same interview on 1/23/2025 at 2:39 p.m. with Nurse Manager (NM) 2, NM 2 stated the following: Patient 11 was sent to an emergency room for a medical evaluation and was placed in walking restraints due to high AWOL (absent without official leave, leaving the hospital without discharge order from physician) risk. A Registered Nurse (RN 4) was assigned to accompany Patient 11 and was responsible to perform assessment and monitoring every hour to check for range of motion (movement of a joint), hydration, hygiene and toileting to make sure Patient 11 was safe and Patient 11's needs were met while in restraint.

During a concurrent interview and record review on 1/23/2024 at 2:45 p.m. with NM 2, Patient 11's "Seclusion & Restraints Flow Sheet," dated 2/13/2024, was reviewed. The S/R flowsheet indicated, the section for checking range of motion, toileting, fluids, food and hygiene from 4:30 p.m. to 11p.m., was blank. NM 2 stated RN 4 did not document any assessment and monitoring every hour on 2/13/2024 from 4:30 p.m. to 10:55 p.m. (10 hours 25 mins).

During a review of the facility's policy and

FORM CMS-2567(02-99) Previous Versions Obsolete

Facility ID: CA930000196

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CENTERS FOR MEDICARE & MEDICAID SERVICES						C	MB NO. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL <sup>-</sup> A. BUILDI		E CONSTRUCTION	-	X3) DATE SURVEY COMPLETED
		054055	B. WING				01/24/2025
NAME OF P	ROVIDER OR SUPPLIER		-		STREET ADDRESS, CITY, STATE, ZIP CODE		0112112020
COLLEGE	HOSPITAL				10802 COLLEGE PL		
	0.0000000000000000000000000000000000000			L.	CERRITOS, CA 90703		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION E DATE
A 175	Continued From page	46	Δ -	175			
	•	d, "Seclusion and Restraint	,,	1,0	,		
		dated 10/2023, the P&P					
	indicated, "Use of me	chanical restraint during					
		consider a patient at high				•	
	risk for AWOL [absent						
		ithout discharge order from sportation outside of the					
		ent (about to happen) risk of					
		s (community). This is					
		cian's order, the patient may					
		restraints while outside the					
		ed in transport restraints					
		be sent with a Registered					
		the patient is continuously					
		ed The same procedure ed for transport restraints					
	including but not limite						
	assessment, monitorii						
	Assigned staff conduc						
		clusion & Restraint Flow					
	Sheet that includes the	e following: A. Review for					
		to restraint application; B.					
		vior, staff interventions and					
		evaluate for breathing; D.					
	monitor for circulation						
	during meal times using	on exercise F. offer food					
	Offers fluid or upon re						
		personal hygiene RN					
		medical and psychological					
		or discontinuation every					
	hour and documents .						
	2. During a review of I	Patient 13's "Psychiatric and					

Mental Status Examination (Psych Eval, a formal and complete assessment of the patient and the problem done by Psychiatrist [physician specializes in mental health])," dated 8/23/2024, the Psych Eval indicated, Patient 13 was admitted

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
		054055	B. WING_		01/24/2025
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
COLLEGE	HOSPITAL			10802 COLLEGE PL	
				CERRITOS, CA 90703	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC ( (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	OULD BE COMPLETION
A 175	Continued From page	e 47	A 1	75	
		gnosis of schizophrenia (a			
	mental illness that is disturbances in thoug				
		er that affects a person's			
		vior, and social interaction).			
		indicated, Patient 13 had			
		g to AWOL (absent without			
	official leave, leaving discharge order from				
		tient 13's physician orders, physician order indicated,			
		th ambulance to [an acute			
	care facility] emergen				
		olied to patient's ankles to			
		AWOL) with Registered			
	Nurse staff and 1:1 (a patient is under const	ant observation by a single			
	staff member) Mental				
	During a review of Pa	tient 13's "Seclusion (any			
	involuntary confineme	ent of a patient alone in a			
	room or area where h	. , ,			
	prevented from leavin	g) and Restraints (any			

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(8 hours and 34 mins).

method, physical or chemical, or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move or access any part of his/her body) Assessment Packet (S&R Assessment)," dated 2/28/2024, the S&R Assessment indicated, Patient 13 was placed in walking restraint on 2/28/2024 at 12:15 a.m. and released from restraint on 2/28/2024 at 8:49 a.m.

During an interview on 1/24/2025 at 3:55 p.m. with the Nurse Manager (NM) 1, NM 1 stated there was no Registered Nurse hourly

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CENTER	S FOR MEDICARE & I	MEDICAID SERVICES			OMB NO. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL <sup>*</sup> A. BUILDI	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		054055	B. WING		01/24/2025
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
COLLEGE HOSPITAL				10802 COLLEGE PL	
				CERRITOS, CA 90703	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		BE COMPLETION
Δ 175	Continued From page	. 40		475	
A 1/3			А	175	
	am to 8:49 a.m. NIVI I	stated, "It was not done."			
	During a review of the	facility's policy and			
	•	d, "Seclusion and Restraint			
		dated 10/2023, the P&P			
		chanical restraint during			
		consider a patient at high			
		t without official leave,			
		ithout discharge order from sportation outside of the			
		ent (about to happen) risk of			
	•	rs (community). This is			
		cian's order, the patient may			
	be placed in transport	restraints while outside the			
		ed in transport restraints			
		be sent with a Registered			
		the patient is continuously			
		sed The same procedure			
	including but not limite	ed for transport restraints			
	assessment, monitorii				
	Assigned staff conduc				
	-	eclusion & Restraint Flow			

3. During a concurrent interview and record review on 1/22/2025 at 4:18 p.m. with Nurse Managers (NM) 3 & 4. NM 3 and NM 4 stated the

Sheet that includes the following: A. Review for signs of injury related to restraint application; B. evaluate patient behavior, staff interventions and patient responses; C. evaluate for breathing; D. monitor for circulation and skin integrity; E. perform range of motion exercise ... F. offer food during meal times using paper products; G. Offers fluid or upon request; H. assist with toileting; I. assists with personal hygiene ... RN assesses the patient's medical and psychological status and readiness for discontinuation every

hour and documents ..."

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STATEMENT OF CO		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
		054055	B. WING		01/24/2025
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
COLLEGE HO	OSPITAL			10802 COLLEGE PL CERRITOS, CA 90703	
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				1	

## A 175 Continued From page 49

following: Patient 16 was placed in ankle restraints on 1/21/2025 from 9:30 a.m. to 2:45 p.m. during transportation to a clinic appointment because Patient 16 was an AWOL (absent without leave, a mental health patient leaves a facility without permission) risk. While a patient was placed on restraints, the patient's behavior, circulation (flow of fluid, blood in the body), sensation (seeing, hearing, or smelling), and movement should be assessed every 15 minutes. In addition, patients should be offered range of motion (movement of a joint), toileting, fluids, food, and hygiene every 2 hours. The assessment should be documented in the "Seclusion & Restraint Flow Sheet."

During the same interview with Nurse Managers 3 and 4 (NM 3 and NM 4) on 1/22/2025 at 4:18 p.m., NM 3 and NM 4 verified that these assessments or interventions (such as toileting and offering fluids) were not done for Patient 16 while Patient 16 was placed on restraints. NM 3 and NM 4 stated these assessments and interventions should be done to avoid patient injury due to restraint use or prevent patient from being hungry or thirsty.

During a review of Patient 16's "Psychiatric and Mental Status Examination," dated 11/29/2023, the Examination indicated the following: Patient 16 was admitted on involuntary status (against one's will) for danger to self, danger to others, and gravely disabled (a person is unable to meet their basic needs) on 11/27/2023.

During a review of Patient 16's physician's order dated 1/21/2025 at 9:13 a.m., the physician's order indicated the following: Type of Seclusion/Restraint: Walking

A 175

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CENTER	S FOR MEDICARE & I	MEDICAID SERVICES				OMB NO. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		NSTRUCTION	(X3) DATE SURVEY COMPLETED
		054055	B. WING			01/24/2025
NAME OF PE	ROVIDER OR SUPPLIER			STRE	ET ADDRESS, CITY, STATE, ZIP CODE	
				10802	2 COLLEGE PL	
COLLEGE	HOSPITAL			CER	RITOS, CA 90703	
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A 175	Continued From some	50	_			
A 1/5	Continued From page		Α	175		
	Restraints/Transport.	Associated problems: Blank				
	During a review of Pa	tient 16's physician's order				
		:23 a.m., the physician's				
	order indicated the fol					
	Seclusion/Restraint: V	3 7.				
	Restraints/Transport.					
	Blank.					
		Valking				
		tient 16's "Seclusion &				
		t," dated 1/21/2025, the				
		Patient 16 was placed on				
	, ,,,	ints from 9:12 a.m. to 2:42				
	p.m., during transport.					
		tient 16's "Seclusion & " dated 1/21/2025, the flow llowing:				
	(every) 15 minutes. The	s, such as hostile, agitated,				
	- Section: Circulation/S Document Q 15 minut	Sensation/Movement: les when in restraints. The				

section was blank. Patient 16's circulation whether normal, pale (loss of color from normal skin tone, indicating circulation problems), cyanotic (bluish skin color due to lack of blood flow) ..., sensation, good or diminishing ..., or the

ability to move affected limbs were not

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
	054055	B. WING		01/24/2025
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
COLLEGE HOSPITAL			10802 COLLEGE PL	
COLLEGE HOSPITAL			CERRITOS, CA 90703	
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRECTION X (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	

## A 175 Continued From page 51

- Section: General Key: Document at least every two (2) hours. The section was blank. There was no documentation indicating the following was either, done, offered, refused, or not applicable: ROM (range of motion), BRP (restroom privileges), fluids, food, hygiene.

During a concurrent interview and review of Patient 16's "Seclusion & Restraint Flow Sheet." on 1/23/2025 at 9:38 am, with Nurse Managers (NM) 3 & 4. NM 3 and NM 4 verified that the Flow sheet was incomplete and missing the following documentation. Patient 16's behaviors, such as hostile, agitated, quiet were not documented. Patient 16's circulation whether normal, pale (loss of color from normal skin tone, indicating circulation problems), cyanotic (bluish skin color due to lack of blood flow) ..., sensation, good or diminishing ..., or the ability to move affected limbs was not documented. There was no documentation indicating the following was either, done, offered, refused, or not applicable: ROM (range of motion), BRP (restroom privileges), fluids, food, hygiene.

During a review of the facility's policy and procedure (P&P) titled, "Seclusion and Restraint Physical Hold Policy," dated 10/2023, the P&P indicated the following: Patient placed in transport restraints outside the facility will be sent with a Registered Nurse to ensure the patient is continuously monitored and assessed. Assigned staff conducts 15-minute patient observation on the "Seclusion & Restraint Flow Sheet," that includes the following:

A. Review for signs of injury related to restraint application

A 175

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CENTERS FOR MEDICARE & MEDICAID SERVICES		MEDICAID SERVICES			OMB NO. 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION  NG	(X3) DATE SURVEY COMPLETED
		054055	B. WING _		01/24/2025
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
COLLEGE	HOSPITAL			10802 COLLEGE PL CERRITOS, CA 90703	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR X (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE COMPLETION
A 175	Continued From page	52	A	175	
A 179	B. Evaluates patient be and patient responses C. Evaluates for bread D. Monitors for circulate. Performs range of	pehavior, staff interventions, staff interventions, staff interventions, staff interventions, staff interventions, staff intervention and skin integrity motion exercises mealtimes using paper on request staff in the property in the pro		179	
	CFR(s): 482.13(e)(12 [the patient must be s	een face-to-face within 1 n of the intervention ]			
	and	diate situation;			
	Based on interview a failed to ensure two o Registered Nurse (QF Nurse) completed the (an in person assessr physician, qualified Ri Licensed Independen in seclusion [any invo patient alone in a roor physically prevented for the second property of the s	ot met as evidenced by: nd record review, the facility f two sampled Qualified RN, trained Registered face-to-face assessment ment completed by a egistered Nurse or other t Practitioner [LIP] of patient luntary confinement of a m or area where he or she is rom leaving ]/restraint [any memical, or mechanical			

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		054055	B. WING		01/24/2025
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
COLLEGE	HOSPITAL			10802 COLLEGE PL	
				CERRITOS, CA 90703	9
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI ( (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION
A 179	Continued From page	e 53	A 1	79	
	device, material, or e	quipment that immobilizes or			
		a patient to move or access			
	• •	dy], within one hour of			
		patient's medical condition vention) within an hour after			
	•	sion/restraint for two of 30			
	sampled patients (Pa				
	accordance with the f				
	procedure regarding when:	seclusion and restraint			
	wileli.				
	1. The QRN (QRN 3)	did not take vital signs			
	•	e body's most basic function			
		rature, heart rate, blood			
	pressure, respirations face-to-face assessm	s and pain level) during the			
	5/13/2023.	ient of Fatient 1 on			
	This deficient practice	e had the potential for QRN			
		ying Patient 1's response to			
	· ·	cal restraint, a medication			
		l as a standard treatment for or psychiatric condition and			
	the patient's medical	or psychiatric condition and			

2. The QRN did not perform face-to-face assessment for Patient 13 when Patient 13 was placed in walking restraint (restraint applied to patient's ankles to prevent patient from AWOL [absent without official leave, leaving the hospital without discharge order from physician]) on 2/28/2024.

that results in restriction of the patient's freedom

of moment) and put Patient 1 at risk for respiratory distress (difficulty breathing) and/or

other complications.

This deficient practice had the potential for Patient 13 not being properly assessed if the restraint (walking restraint/ankle restraint) was

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CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING\_ 054055 B. WING 01/24/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10802 COLLEGE PL COLLEGE HOSPITAL CERRITOS, CA 90703 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) A 179 Continued From page 54 A 179 applied appropriately or if there is a need for the restraint use, which may put Patient 13 at risk for injury such as skin breakdown, compromised circulation (the flow of blood in the body), etc. Findings: 1. During a review of Patient 1's "Medical Doctor Progress Notes," dated 5/12/2023, the MD Progress Notes indicated, Patient 1 was admitted to the facility with diagnoses including but not limited to bipolar disorder (a mental illness that causes unusual shifts in mood, energy, and concentration), manic (a state of abnormally elevated mood), autism spectrum disorders (ASD, a developmental disability caused by differences in the brain), medication non-compliance, random violence and gravely disabled (unable to care for self). During an interview on 1/22/2025 at 10:14 a.m. with the Registered Nurse (RN 2), RN 2 stated, a face-to-face assessment (an in person assessment completed by a physician, qualified Registered Nurse or other Licensed Independent Practitioner [LIP] of patient in seclusion [any involuntary confinement of a patient alone in a room or area where he or she is physically prevented from leaving ]/restraint [any method, physical or chemical, or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move or access any part of his/her body] within one hour of initiation to evaluate a patient's medical condition and response to intervention) was required to

check the patient's response to medication and vital signs (measurements of the body's most basic function including body temperature, heart rate, blood pressure, respirations and pain level)

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
		054055	B. WNG		01/24/2025
NAME OF P	RÖVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
COLLEGE	HOSPITAL			10802 COLLEGE PL	
COLLEGE	HOSFIIAL			CERRITOS, CA 90703	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		OULD BE COMPLETION
A 179	Continued From page	e 55	А	179	
	medication (medication	or after an emergency ons used to treat acute [new te of restlessness, unease,			
	•	n 1/22/2025 at 10:49 a.m. sor (QRN 2), QRN 2 stated			

with the Shift Supervisor (QRN 2), QRN 2 stated the following: only the Qualified Registered Nurse (QRN) could perform the face-to-face assessment. All shift supervisors and nurse managers were trained to be the QRN. Face-to-face assessment was required within an hour after seclusion/restraint initiation. The face-to-face assessment included a head-to-toe assessment, mental assessment, vital signs, and assess patient's behavior and response to seclusion/restraint. It was done to determine the need to continue or terminate seclusion/restraint. The QRN had to communicate with the physician after face-to-face assessment to report patient's response to intervention and for further order as needed.

During a concurrent interview and record review on 1/23/2025 at 3:37 p.m. with the Nurse Manager (NM) 3, Patient 1's "Seclusion and Restraints Assessment Packet (S&R Assessment)," dated 5/13/2023, was reviewed. The S&R Assessment indicated the following: Patient 1 was placed in seclusion and restraint on 5/13/2023 at 10 a.m. and released from seclusion and restraint on 5/13/2023 at 1:50 p.m. Patient 1 received an emergency medication of Zyprexa (medication to treat severe mental health condition)10 milligrams (mg, a unit of measure) intramuscularly (IM, injection given directly into a muscle) at 10:05 a.m. The face-to-face assessment was performed on 5/13/2023 at

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STATEMENT OF CO		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	```	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
		054055	B. WING		01/24/2025		
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE			
COLLEGE HOSPITAL			10802 COLLEGE PL				
COLLEGE HO	OSPITAL			CERRITOS, CA 90703			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	PROVIDER'S PLAN OF CORRECTIV X (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETION		
A 170 C	antinuad From page	. EC		470			

## Continued From page 56

10:40 a.m. There were no vital signs recorded in the face-to-face assessment.

During the same interview on 1/23/2025 at 3:37 p.m. with the Nurse Manager (NM) 3, NM 3 stated vital signs should be part of the face-to-face assessment to make sure Patient 1 was responding well and not having adverse effect such as respiratory distress (difficulty breathing) or overly sedated (excessive drowsiness, loss of response, and inappropriate movement) from the intervention (administration of Zyprexa medication) especially when the emergency medication was given. NM 3 confirmed that the face-to-face assessment was incomplete.

During a review of the facility's policy and procedure (P&P) titled, "Seclusion and Restraint Physical Hold Policy," dated 10/2023, the P&P indicated, "A Physician, Qualified Registered Nurse (QRN), or other Licensed Independent Practitioner (LIP) as allowed by law and scope of practice conducts an in-person, face-to-face assessment of the patient in seclusion/restraint (S/R) within one (1) hour of initiation and documents findings ... The purpose of this evaluation is to determine if the use of these measures is justified to prevent the patient from causing harm to self or others. It is also completed to ensure that the use of S/R poses no undue risk to the patient's medical or psychological well-being ... The evaluation incorporates the following: B. Reviews, with the staff, the physical and psychological status of the patient; C. Evaluates the patient's immediate situation, the patient's reaction to the intervention, the patient's behavioral condition, and the need to continue or terminate the S/R ... E. Evaluate the

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CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER:

A. BUILDING\_

054055 B. WING 01/24/2025

NAME OF PROVIDER OR SUPPLIER

COLLEGE HOSPITAL

STREET ADDRESS, CITY, STATE, ZIP CODE

10802 COLLEGE PL CERRITOS, CA 90703

(X4) ID PREFIX TAG

SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

ID PREFIX TAG

PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

(X5) COMPLETION DATE

## A 179 Continued From page 57

patient's medical condition including a complete review of systems assessment, behavioral assessment ... F. Ensures that the use of S/R poses no undue risk to the patient's medical or psychosocial well-being ... H. Assesses the safety of patients in S/R, including the appropriate implementation/application of S/R interventions and their physical and emotional status."

During a review of the facility's policy and procedure (P&P) titled, "Emergency Medications," dated 10/2023, the P&P indicated, "Patient receiving emergency medications are to be monitored and assessed for medication efficacy and possible side effects ... the Qualified Registered Nurse (QRN)/ Licensed Independent Physician (LIP) will conduct a face-to-face assessment or the patient within one hour of administration of emergency medication to assess physical and psychological status, including the effectiveness of the medication ... vital signs will be taken immediately following administration of the emergency mediation and monitored every thirty (30) minutes until evaluation of QRN/LIP."

2. During a review of Patient 13's "Psychiatric and Mental Status Examination (Psych Eval, a formal and complete assessment of the patient and the problem done by Psychiatrist [physician specializes in mental health])," dated 8/23/2024, the Psych Eval indicated, Patient 13 was admitted to the facility with diagnosis of schizophrenia (a mental illness that is characterized by disturbances in thought), and autism (a developmental disorder that affects a person's communication, behavior, and social interaction). The Psych Eval also indicated, Patient 13 had episodes of attempting to AWOL (absent without

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		ID HOMAN SERVICES					FORM APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES				(	OMB NO. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL' A. BUILDI		STRUCTION		(X3) DATE SURVEY COMPLETED
		054055	B. WING				01/24/2025
NAME OF P	ROVIDER OR SUPPLIER			STREE	T ADDRESS, CITY, STATE, ZIP CODE	=	O I/L-H/LOLO
COLLEGE	HOSPITAL				COLLEGE PL ITOS, CA 90703		
				CLIKIK			
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A 179	Continued From page	58	А	, 179			
	official leave, leaving discharge order from	the hospital without	, ,	110			
		tient 13's physician orders, ohysician order indicated,					
	"transport/transfer wit	h ambulance to [an acute					
	care facility] emergen-	cy room with walking blied to patient's ankles to					
	prevent patient from A						
	official leave, leaving	the hospital without					
	discharge order from   Nurse staff and 1:1 (a	physician]) with Registered					
		ant observation by a single					
	staff member) Mental						
	-	1/22/2025 at 10:49 a.m.					
		sor (QRN 2), QRN 2 stated Qualified Registered Nurse					
	(QRN) could perform						
		rson assessment completed					
		ed Registered Nurse or endent Practitioner [LIP] of					
		ny involuntary confinement					
	_	room or area where he or					
		ented from leaving ]/restraint					
		or chemical, or mechanical pulpment that immobilizes or					
		a patient to move or access					
	any part of his/her boo						
		patient's medical condition					
	and response to inter-	vention).					
		view on 1/22/2025 at 10:49					
		pervisor (QRN 2), QRN 2					
	stated that all shift sup managers were traine						

Face-to-face assessment was required within an hour after seclusion/restraint initiation. The face-to-face assessment included a head-to-toe

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (X2) MULTIPLE CONSTRUCTION A. BUILDING  (X3) DATE SURVEY COMPLETED  (X3) DATE SURVEY COMPLETED  (X3) DATE SURVEY COMPLETED  (X4) DATE SURVEY COMPLETED  (X3) DATE SURVEY COMPLETED  (X4) DATE SURVEY COMPLETED  (X4) MULTIPLE CONSTRUCTION A. BUILDING  (X2) MULTIPLE CONSTRUCTION A. BUILDING  (X3) DATE SURVEY COMPLETED  (X3) DATE SURVEY COMPLETED  (X3) DATE SURVEY COMPLETED  (X4) DATE SURVEY COMPLETED  (X5) DATE SURVEY COMPLETED  (X6) DATE SURVEY COMPLETED  (X6) DATE SURVEY COMPLETED  (X7)	CENTERS FOR MEDICARE &	MEDICAID SERVICES			C	MB NO. 0938-0391
NAME OF PROVIDER OR SUPPLIER  COLLEGE HOSPITAL  STREET ADDRESS, CITY, STATE, ZIP CODE  10802 COLLEGE PL  CERRITOS, CA 90703  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)  PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLET TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE  O172472025  STREET ADDRESS, CITY, STATE, ZIP CODE  10802 COLLEGE PL  CERRITOS, CA 90703			1	CONSTRUCTION		X3) DATE SURVEY
NAME OF PROVIDER OR SUPPLIER  COLLEGE HOSPITAL  STREET ADDRESS, CITY, STATE, ZIP CODE  10802 COLLEGE PL  CERRITOS, CA 90703  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)  PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLET TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE  DATE		054055	B. WING			01/24/2025
CERRITOS, CA 90703  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLET TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE	NAME OF PROVIDER OR SUPPLIER	1	ST	REET ADDRESS, CITY, STATE	, ZIP CODE	
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLET TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE	COLLEGE HOSPITAL					
	PREFIX (EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIV CROSS-REFERENCE	/E ACTION SHOULD BE D TO THE APPROPRIAT	COMPLETION
A 179  assessment, mental assessment, vital signs, and assess patient's behavior and response to seclusion/restraint. It was done to determine the need to continue or terminate seclusion/restraint. The ORN had to communicate with the physician after face-to-face assessment to report patient's response to intervention and for further order as needed.  During a concurrent interview and record review on 1/24/2025 at 3:50 p.m. with the Chief Nursing Officer (CNO), Patient 13's "Seclusion and Restraints Assessment Packet (S&R Assessment)," dated 2/28/2024, was reviewed. The S&R Assessment indicated, Patient 13 was placed in walking restraint on 2/28/2024 at 12:15 a.m. and released from restraint on 2/28/2024 at 8:49 a.m. (8 hours and 34 mins). The S&R Assessment Packet also indicated the face-to-face assessment was not done on 2/28/2024 when Patient 13 was placed in walking restraint. CNO stated the face-to-face assessment was not done on 2/28/2024 when Patient 13 was placed in walking restraint. CNO stated face-to-face assessment was required when Patient 13 was placed in walking restraint. CNO stated the ORN needed to check Patient 13's restraint to make sure it was applied appropriately, not too loose or not too tight.  During a review of the facility's policy and procedure (P&P) titled, "Sectusion and Restraint Physical Hold Policy," dated 10/2023, the P&P indicated, "A Physician, Qualified Registered Nurse (ORN), or other Licensed Independent Practitioner (LIP) as allowed by law and scope of practice conducts an in-person, face-to-face assessment the patient in seculsion/restraint	assessment, mental assess patient's beh seclusion/restraint. It need to continue or to the QRN had to con after face-to-face assessment to interven needed.  During a concurrent on 1/24/2025 at 3:50 Officer (CNO), Patien Restraints Assessment Assessment," dated the S&R Assessment placed in walking resum. and released from the S&R Assessment Packet face-to-face assessment Packet face-to-face assessment was required in walking restraint. CN assessment was required in walking resumeded to check Patisure it was applied a not too tight.  During a review of the procedure (P&P) title Physical Hold Policy indicated, "A Physicin Nurse (QRN), or othe Practitioner (LIP) as practice conducts and	assessment, vital signs, and avior and response to avas done to determine the erminate seclusion/restraint. Innunicate with the physician sessment to report patient's tion and for further order as interview and record review p.m. with the Chief Nursing at 13's "Seclusion and ent Packet (S&R 2/28/2024, was reviewed. In indicated, Patient 13 was straint on 2/28/2024 at 12:15 are restraint on 2/28/2024 at 13:15 are restraint on 2/28/2024 at 13:15 are settion was blank. CNO as assessment was not done exatient 13 was placed in O stated face-to-face uired when Patient 13 was straint. CNO stated the QRN itent 13's restraint to make appropriately, not too loose or efficility's policy and add, "Seclusion and Restraint" dated 10/2023, the P&P an, Qualified Registered er Licensed Independent allowed by law and scope of in-person, face-to-face	A 179			

(S/R) within one (1) hour of initiation and documents findings ... The purpose of this

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-0391
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
		054055	B. WING		01/24/2025
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
COLLEGE	HOSPITAL			10802 COLLEGE PL CERRITOS, CA 90703	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORREC X (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	OULD BE COMPLETION
A 179	Continued From page	÷ 60	А	179	
	evaluation is to determ measures is justified to causing harm to self of completed to ensure the undue risk to the patients to the patients the physical and patient; C. Evaluates situation, the patient's the patient's behavior continue or terminate patient's medical concreview of systems as assessment F. Ensposes no undue risk the patients in S/R, inclimplementation/applicand their physical and PATIENT RIGHTS: R SECLUSION CFR(s): 482.13(e)(14). If the face-to-face evaluation patients must consult the other licensed practiti the care of the patient the completion of the	mine if the use of these to prevent the patient from or others. It is also that the use of S/R poses no ent's medical or ing The evaluation wing: B. Reviews, with the Il psychological status of the the patient's immediate treaction to the intervention, al condition, and the need to the S/R E. Evaluate the dition including a complete tressment, behavioral tures that the use of S/R to the patient's medical or or g H. Assesses the safety fluding the appropriate tration of S/R interventions I emotional status." ESTRAINT OR  Illuation specified in this section is conducted by turse, the trained registered the attending physician or oner who is responsible for the assoon as possible after		182	
	Based on interview a failed to ensure two o Nurses (QRN, trained and QRN 5)) commu	not met as evidenced by: nd record review, the facility f two qualified Registered Registered Nurse- QRN 2 nicated with/notified the o-face assessment (an in			

Facility ID: CA930000196

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-039
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIF A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		054055	B. WING		01/24/2025
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
COLLECE	HOSPITAL			10802 COLLEGE PL	
COLLEGE	HOSPITAL			CERRITOS, CA 90703	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE COMPLETIO
A 182	Continued From page	e 61	A 18	2	
	qualified Registered Independent Practition seclusion [any involution patient alone in a roophysically prevented method, physical or of device, material, or expedience the ability of any part of his/her both initiation to evaluation and response to intertwo of 30 sampled pain accordance with the procedure regarding. This deficient practice Patients 14 and 15 at seclusion and restrain when the physicians regarding the outcome evaluation of Patients.	Intary confinement of a m or area where he or she is from leaving ]/restraint [any shemical, or mechanical quipment that immobilizes or a patient to move or access dy] within one hour of a patient's medical condition vention) was completed for strents (Patients 14 and 15), e facility's policy and seclusion and restraint.  The had the potential to put are are not informed by the QRN are of the face-to-face and Patient 15's eclusion/restraint and need			

1. During a review of Patient 14's "Psychiatric and Mental Status Examination (Psych Eval, a formal and complete assessment of the patient and the problem done by Psychiatrist [physician who specializes in mental health])," dated 3/3/2024, the Psych Eval indicated, Patient 14 was admitted to the facility with diagnosis of psychosis (severe mental condition involving abnormal thinking, perceptions, and loss of contact with reality).

During an interview on 1/22/2025 at 10:49 a.m.

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CENTER	RS FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-0391
T	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED
		054055	B. WING		01/24/2025
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
COLLECT	E HOSPITAL			10802 COLLEGE PL	
COLLEGI	E HOSFITAL			CERRITOS, CA 90703	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	, - , - , - , - , - , - , - , - , - , -	D BE COMPLETION
A 182	Supervisor (QRN 2), only the Qualified Reperform the face-to-faperson assessment cqualified Registered N	e 62  QRN 2 stated the following: gistered Nurse (QRN) could ace assessment (an in ompleted by a physician, Nurse or other Licensed ner [LIP] of a patient in	А	182	

During the same interview on 1/22/2025 at 10:49 a.m. with the Qualified Registered Nurse/Shift Supervisor (QRN 2), QRN 2 said all shift supervisors and nurse managers were trained to be the QRN. Face-to-face assessment was required within an hour after a seclusion/restraint initiation. The face-to-face assessment included a head-to-toe assessment, mental assessment, vital signs, and assess patient's behavior and response to seclusion/restraint. It was done to determine the need to continue or terminate seclusion/restraint. The QRN had to communicate with the physician after a face-to-face assessment to report patient's response to intervention and for further order as needed.

seclusion [any involuntary confinement of a patient alone in a room or area where he or she is physically prevented from leaving ]/restraint [any method, physical or chemical, or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move or access any part of his/her body] within one hour of initiation to evaluate a patient's medical condition

and response to intervention).

During a concurrent interview and record review on 1/23/2025 at 11 a.m. with the Nurse Manager (NM 2), Patient 14's "Seclusion and Restraints Assessment Packet (S&R Assessment)," dated 3/5/2024, was reviewed. The S&R Assessment indicated, Patient 14 was placed in seclusion and

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CENTER	S FOR MEDICARE & I	MEDICAID SERVICES				OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED
		054055	B. WING			01/24/2025
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	E	
COLLEGE	HOSPITAL			10802 COLLEGE PL		
				CERRITOS, CA 90703		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF COI X (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	
A 182	seclusion and restrain The S/R Assessment face-to-face assessment 2 on 3/5/2024 at 9:45 "No further orders" un Notified/ Comments" s During the same inter a.m. with the Nurse M stated QRN 2 did not notified. NM2 stated C	at 9 a.m. and released from at on 3/5/2024 at 12:20 p.m. also indicated a ent was completed by QRN a.m. with the comment of der "MD (medical doctor) section.  View on 1/23/2025 at 11 lanager (NM) 2, NM 2 specify which physician was QRN 2 should have e of the physician QRN 2	A	182		
	done on Patient 14. N QRN should contact the give report.  During an interview or with the Nurse Manage purpose of MD notifical assessment was to give regarding patient's contintervention, and to as needed.  During a review of the procedure (P&P) titled Physical Hold Policy,"					

Nurse (QRN), or other Licensed Independent Practitioner (LIP) as allowed by law and scope of practice conducts an in-person, face-to-face assessment of the patient in seclusion/restraint (S/R) within one (1) hour of initiation and documents findings ... The purpose of this evaluation is to determine if the use of these measures is justified to prevent the patient from causing harm to self or others. It is also

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OMB NO. 0938-0391

STATEMENT OF C		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		054055	B. WING_		01/24/2025	
NAME OF PROV	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					
COLLEGE HOSPITAL				10802 COLLEGE PL		
COLLEGE NO	JOFFIAL			CERRITOS, CA 90703		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX		Y MUST BE PRECEDED BY FULL	PREFI)		D. 4 MM	
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ATE DATE	

#### A 182 Continued From page 64

completed to ensure that the use of S/R poses no undue risk to the patient's medical or psychological well-being ... The LIP/QRN contacts the attending physician or designee to discuss the evaluation of the patient, the need for other interventions or treatments, and the need to continue or discontinue the S/R. This needs to be done as soon as possible after completing the S&R Assessment Packet 1 Hour Face-to-Face Evaluation but no longer than thirty (30) minutes after the evaluation is completed."

2. During a review of Patient 15's Psychiatric and Mental Status Examination (Psych Eval, a formal and complete assessment of the patient and the problem done by Psychiatrist [physician who specializes in mental health])," dated 4/17/2024, the Psych Eval indicated, Patient 15 was admitted to the facility with diagnosis of bipolar disorder (a mental illness that causes unusual shifts in mood, energy, and concentration), mixed, with psychotic (severe mental condition involving abnormal thinking, perceptions, and loss of contact with reality) features.

During an interview on 1/22/2025 at 10:14 a.m. with the Registered Nurse (RN 2), RN 2 stated, a face-to-face assessment (an in person assessment completed by a physician, qualified Registered Nurse or other Licensed Independent Practitioner [LIP] of patient in seclusion [any involuntary confinement of a patient alone in a room or area where he or she is physically prevented from leaving ]/restraint [any method, physical or chemical, or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move or access any part of his/her body] within one hour of initiation to evaluation patient's medical condition

A 182

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CENTER	3 FOR WEDICARE &	MEDICAID SERVICES			OI	<u>MB NO. 0938-0391</u>
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		3) DATE SURVEY COMPLETED
		054055	B. WING			01/24/2025
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
COLLEGE	HOSPITAL			10802 COLLEGE PL		
JOLLEGE	· HOOF HAL			CERRITOS, CA 90703		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		OULD BE	(X5) COMPLETION DATE
A 182		e 65 vention) was required to	А	182		

and response to intervention) was required to check the patient's response to medication and vital signs (measurements of the body's most basic function including body temperature, heart rate, blood pressure, respirations and pain level) to make sure patient was stable and not in distress within an hour after an emergency medication (medications used to treat acute [new onset] agitation [a state of restlessness, unease, and excessive activity]) was administered.

During an interview on 1/22/2025 at 10:49 a.m. with the Shift Supervisor (QRN 2), QRN 2 stated the following: only the Qualified Registered Nurse (QRN) could perform the face-to-face assessment. QRN 2 also said all shift supervisors and nurse managers were trained to be the QRN. Face-to-face assessment was required within an hour after seclusion/ restraint initiation. The face-to-face assessment included a head-to-toe assessment, mental assessment, vital signs, and assess patient's behavior and response to seclusion/restraint. It was done to determine the need to continue or terminate seclusion/restraint. The QRN had to communicate with the physician after face-to-face assessment to report patient's response to intervention and for further order as needed.

During a concurrent interview and record review on 1/23/2025 at 3:22 p.m. with the Nurse Manager (NM) 3, Patient 15's "Seclusion and Restraints Assessment Packet (S&R Assessment)," dated 4/19/2024, was reviewed. The S&R Assessment indicated the following: Patient 15 was placed in seclusion on 4/19/2024 at 9:10 a.m. and released from seclusion on 4/19/2024 at 11:07 a.m. with emergency medication of Haldol (medication used to treat

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		054055	B. WING		01/24/2025
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
COLLEGE	HOSPITAL			10802 COLLEGE PL CERRITOS, CA 90703	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRECTION IX (EACH CORRECTIVE ACTION SHOULD I	BE COMPLETION
A 182	Continued From page		А	182	
	milligram (mg, a unit of (medication helps to reproduces a calming of nerves) 2 mg given in given directly into a mface-to-face assessm Qualified Registered II (QRN 5) on 4/19/2024 (medical doctor) Notification the Nurse M stated there was no direction that was direction in the nerve in the	lone after the face-to-face			
	stated the purpose of face-to-face assessm the physician regardir	ent was to give update to ng patient's condition and on, and to ask for further			

procedure (P&P) titled, "Seclusion and Restraint Physical Hold Policy," dated 10/2023, the P&P indicated, "A Physician, Qualified Registered Nurse (QRN), or other Licensed Independent Practitioner (LIP) as allowed by law and scope of practice conducts an in-person, face-to-face assessment of the patient in seclusion/restraint (S/R) within one (1) hour of initiation and documents findings ... The purpose of this evaluation is to determine if the use of these measures is justified to prevent the patient from causing harm to self or others. It is also

completed to ensure that the use of S/R poses no

undue risk to the patient's medical or psychological well-being ... The LIP/QRN

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02.11.	O . OTT INLEDIO IN ITE	TEDIONID CENTICES			OND 140. 0330-0331
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	LTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED
		054055	B. WING		01/24/2025
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE  10802 COLLEGE PL	
COLLEGE HOSPITAL				CERRITOS, CA 90703	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		HOULD BE COMPLETION
A 182	discuss the evaluation other interventions or continue or discontinue done as soon as poss S&R Assessment Page Evaluation but no long after the evaluation is  During a review of the procedure (P&P) titled dated 10/2023, the Page receiving emergency monitored and assess and possible side effer Registered Nurse (QFP Physician (LIP) will coassessment for the page administration of emeassess physical and pincluding the effective vital signs will be taken	g physician or designee to a of the patient, the need for treatments, and the need to be the S/R. This needs to be sible after completing the cket 1 Hour Face-to-Face ger than thirty (30) minutes completed."  It facility's policy and draw the face for medications are to be sed for medication efficacy for such that the face for medication or for gency medication to psychological status, the medication within one hour of the face for medication to psychological status, the medication in medicately following the face for medication and (30) minutes until or "	A		
	document in the staff training and demonstr successfully complete This STANDARD is r	on. The hospital must personnel records that the ration of competency were ed.  not met as evidenced by: not record review, the facility			
		f three sampled Qualified			

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		D HOMAN SERVICES					FORM APPROVED
CENTER	S FOR MEDICARE & I	MEDICAID SERVICES					OMB NO. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI		NSTRUCTION		(X3) DATE SURVEY COMPLETED
		054055	B. WNG				01/24/2025
NAME OF PR	ROVIDER OR SUPPLIER			STRE	ET ADDRESS, CITY, STATE, ZIP CODE		01/2-1/2020
COLLEGE	HOSPITAL				COLLEGE PL		
				CERI	RITOS, CA 90703		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	HOULD BE	
A 208	Continued From page certified to perform fac		А	208			
	(determines if use of r	restraints is justified to om causing harm to self or					
		no were placed on restraints					
		the patient's body that ovement), in accordance					
	with the facility's "Sec	lusion (any involuntary					
		ent alone in a room or area ysically prevented from					
		: Physical Hold Policy," and					
	Registered Nurse Train	ure regarding "Qualified ining for Seclusion &					
	Restraint."						
	This deficient practice						
		e evaluations performed, arm committed by patients					
	to themselves or to ot						
	Findings:						
		nterview and personnel file at 1:34 p.m. with the Human					
	·	IRD), the HRD stated the					
		egistered Nurse (QRN) 3, Supervisor, was hired on					
		I nurses, including all shift					
	supervisors who have	completed the training					
		face-to-face evaluations					
	(determines if use of r	estraints is justified to me causing harm to self or					
	•	s were placed on restraints,					
		view on 1/24/2025 at 1:34 Resources Director (HRD),					

the HRD said all shift supervisors were required to be certified and competent in performing face-to- face evaluations for patients after being

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CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 054055 B. WING 01/24/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10802 COLLEGE PL **COLLEGE HOSPITAL** CERRITOS, CA 90703 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETION DATE **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) A 208 Continued From page 69 A 208 placed on restraints, and therefore, were required to complete an annual re-certification training and competency to ensure they were competent in performing the assessment. The training should be completed annually. During a concurrent interview and personnel file review on 1/24/2025 at 2:09 p.m. with the Education Coordinator (EDC), the EDC stated Shift Supervisors were required to complete annual training to ensure they are certified in conducting face-to-face evaluations. The EDC verified that QRN 3's last training/competency was completed on 7/8/2023 and was valid until 7/2024. The EDC verified that QRN 3 should have completed the re-certification training in 7/2024, however, training had not been completed. During a review of QRN 3's personnel file, the personnel file indicated QRN 3's last training titled, "QRN One Hour Face-To-Face Certification Package," was completed on 7/8/2023. During a review of the facility's policy and procedure (P&P) titled, "Qualified Registered Nurse Training for Seclusion & Restraint," dated 10/2023, the P&P indicated the following: The Qualified Registered Nurse (QRN) provides timely and quality review of patients in seclusion/restraint (S/R) and effective guidance to staff. There is special training provided to the staff designated to be a Qualified Registered Nurse...The designated QRN can provide One-Hour Face-To-Face Medical and Behavioral evaluation. All training for the QRN role is documented including the dates of training and

demonstration of competency. The QRN is required to have annual refresher training for the

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	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	PLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED	
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NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
COLLEGE	HOSPITAL			10802 COLLEGE PL CERRITOS, CA 90703		
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	One-Hour Face-To-Fa					
	Physical Hold Policy," indicated the following (QRN), or other Licen: Practitioner (LIP) as a practice conducts an i assessment of the pat (S/R) within one (1) he documents the finding evaluation is to determ measures is justified to causing harm to self or causing harm to self or causing the one-hour.  A. Certification of co successfully complete	d, "Seclusion and Restraint dated 10/2023, the P&P g: A Physician, Qualified RN sed Independent Illowed by law and scope of n-person face-to-face cient in Seclusion/Restraint our of initiation and isThe purpose of this nine if the use of these or prevent the patient from or othersSpecial training tered Nurses prior to our face-to-face evaluation				

College Hospital Cerritos 10802 College Place Cerritos, CA 90703

Medicare Provider Number: 054055

College Hospital Cerritos (CHC) respectfully submits its Plan of Correction (POC) in response to the Statement of Deficiencies (2567) received on February 13, 2025. This POC constitutes the facility's response to the findings of the California Department of Public Health during a Medicare Complaint Validation Survey for intake number CA00931732 and does not constitute an admission of guilt or agreement of the facts alleged or conclusions set forth on the summary statement of deficiencies. This POC is submitted to meet requirements established by state and federal law.

## Tag #A-115

The POC is based on the surveyor's evaluation and assessment of noncompliance with CFR 482.13 Patients' Rights. Based upon the surveyor's findings, the facility failed to:

- 1. Provide information about conditions of admission to the legal guardian of five sampled patients who were identified as minors upon admission in accordance with the facility's policy and procedure regarding admitting procedures (Refer to A-117).
- 2. Inform family members of the use of restraints (chemical restraint) for one sampled patient in accordance with the facility's policy and procedure regarding restraints use (Refer to A-131).
- 3. Ensure the medication informed consent was completed prior to medication administration for one sampled patient in accordance with the facility's policy and procedure regarding medication consent (Refer to A-131).
- 4. Ensure its nursing staff obtained a complete seclusion/restraint order for three sampled patients in accordance with the facility's policy and procedure regarding seclusion and restraints (Refer to A-168).
- 5. Ensure physician orders included the indication for restraint use for one sampled patient in accordance with the facility's policy and procedure regarding restraint use (Refer to A-168).
- 6. Ensure its nursing staff assessed and monitored for three sampled patients while placed in restraints in accordance with the facility's policy and procedures regarding seclusion and restraints (Refer to A-175).
- 7. Ensure two Qualified Registered Nurses completed the face to face assessment within an hour after the initiation of seclusion/restraint for two sampled patients in accordance with the facility's policy and procedure regarding seclusion and restraint (Refer to A-179).
- 8. Ensure two Qualified Registered Nurses communicated with/notified the physician after the face to face assessment was completed for two sampled in accordance with the facility's policy and procedure regarding seclusion and restraint (Refer to A-182).
- 9. Ensure one Qualified Registered Nurses was currently certified to perform face to face evaluations in accordance with the facility's seclusion and restraint physical hold policy and the policy and procedure regarding Qualified Registered Nurse Training for

Seclusion and Restraint (Refer to A-208).

## **Responsible Party:**

The President/Chief Executive Officer on behalf of the Board of Directors is responsible for the corrective actions listed below as well as the on-going monitoring of compliance with the standards.

#### **Corrective Actions:**

1. College Hospital, Inc., ("Corporation") dba College Hospital Cerritos ("Hospital") is an acute psychiatric care proprietary hospital providing inpatient and outpatient care. The role and purpose of the Hospital is to provide an organization and facility which supports qualified medical professionals in providing quality psychiatric health care services to patients treated in the Hospital and Outpatient Partial Hospitalization Programs. The primary responsibility and goal of the Board of Directors (the "Board") is to further the role and purpose of the Hospital by providing oversight of the Hospital and advice to the Corporation, thereby facilitating institutional management and planning, the establishment of policies and the maintenance of quality patient care services, all in a manner that is responsive to and meets the needs of the community area, consistent with our mission and the advancement of our vision for the organization. The Board serves as the governing body of the Hospital and retains ultimate responsibility for the Hospital's compliance with all applicable federal, state, and local laws and regulations. The Board receives and evaluates periodic reports from the Medical Staff and its officers, makes decisions regarding Medical Staff appointments, re-appointments, and the granting of clinical privileges, oversees performance improvement, utilization review, and similar matters regarding the provision of quality patient care at the Hospital, and establishes policies regarding such matters.

The Board is ultimately responsible for the quality of patient care and services provided by the hospital. The Board oversees and recommends resources and support systems for an effective, hospital-wide performance improvement program. The program includes activities and mechanisms implemented through the Medical Staff and staffs of the departments/services of the Hospital, with the support of the President/Chief Executive Officer. The program also includes education of the Hospital's leaders concerning the approach and methods of continuous quality improvement.

The hospital-wide performance improvement program is ongoing and includes a written plan of implementation. The performance improvement plan requires participants to implement and report on the activities and mechanism for planning, designing, measuring, assessing, and improving the processes related to important patient care and organizational functions. All organized services, including services furnished by a contractor, are evaluated. The scope of performance improvement activities being done at any given time include all specific required activities. Additionally, the program focuses on important functions or services selected by the Hospital's leaders based on the Hospital's mission, scope of care and services provided, populations served, performance improvement priorities and available resources. Over time, the performance of all important functions and services is to be measured, assessed, and improved as part of the performance improvement program.

The performance improvement plan establishes a process or processes designed to ensure that all individuals who provide patient care services, including those who are not subject to the medical staff privilege delineation process, are competent to provide such services. Without limiting the generality of the foregoing, such process or processes are to be designed to ensure that all individuals responsible for the assessment and treatment or care of patients are competent in the following, as appropriate to the age and condition of the patients served:

- the ability to obtain and interpret information in terms of the patient's needs;
- a knowledge of growth and development;
- an understanding of the range of and treatment needed by the patients served and ability to deliver the needed treatment.

The Board ensures that a patient safety program is implemented throughout the organization. At least annually, a report to the Board is to be presented regarding the occurrence of medical/healthcare errors and actions taken to improve patient safety, both in response to actual occurrences and proactively.

The Board oversees the performance improvement activities of the Hospital to ensure that actions are taken appropriate to the findings; and that the outcome of such actions is documented.

The Board provides for resources and support systems for the risk management functions related to patient care and safety. To the extent permitted by restrictions designed to protect patient confidentiality and the peer review privilege, there is an operational linkage between the risk management functions related to the clinical aspects of patient care and safety and the quality assessment and improvement function. The Board ensures that existing information from risk management activities that may be useful in identifying opportunities to improve patient safety, decrease the occurrence of sentinel events, improve the quality of patient care and/or resolve clinical problems which are accessible to the quality assessment and improvement function. The Medical Staff actively participates, as appropriate, in the risk management activities related to the clinical aspects of patient care and safety.

2. Reference A-117, A-131, A-168, A-175, A-179, A-182 and A-208 for specific corrective actions related to those tag numbers.

## **Completion Date:**

The corrective actions related to this deficiency were completed on February 24, 2025.

- 1. To ensure continued compliance with the corrective actions set forth in this Plan of Correction, monthly reports will be sent to the President/CEO regarding the status of monitoring and compliance of the following:
  - a. Information about Conditions of Admission provided to parents/legal guardian of minor patients;
  - b. Family members are informed of the use of restraints;

- c. Completion of medication consents;
- d. Complete orders for seclusion/restraint are obtained;
- e. Physicians orders include the indication for restraint use;
- f. Monitoring and assessments of patients placed in restraints;
- g. Face to Face assessments are completed timely;
- h. Outcome of face to face assessment is communicated with the physician;
- i. Qualified Registered Nurses are currently certified to perform face to face evaluations.
- 2. The Director of Quality Improvement/Risk Management will be responsible for sending the monthly reports to the President/CEO.
- 3. Please see specific action items listed under the specific a-tags listed on the following pages.

The POC is based on the surveyor's evaluation and assessment of noncompliance with Patient's Rights: Notice of Rights CFR(s): 482.13(a)(1). Based upon the surveyor's findings, the facility failed to provide information about conditions of admission to the legal guardian of five sampled patients who were identified as minors upon admission in accordance with the facility's policy and procedure regarding admitting procedures

### **Responsible Party:**

The Admitting Supervisor is responsible for the corrective actions listed below as well as the ongoing monitoring of compliance with the standard.

#### **Corrective Actions:**

- 1. A process was developed to provide information about Conditions of Admission to the parent/legal guardian of minor patients in the event the parent/legal guardian is not present upon the patient's admission. The process includes the Admitting staff contacting the parent/legal guardian via telephone and/or email to provide the information about Conditions of Admission. The contact and any unsuccessful attempts to reach the parent/legal guardian are to be documented.
- 2. Education was provided to the Admitting Staff regarding the new process.

## **Completion Date:**

The corrective actions related to this deficiency were completed on February 21, 2025.

- 1. Monitoring will be conducted by the Admitting Supervisor and will include weekly audits to ensure the parents/legal guardian of all minor patients are provided information about the Condition of Admission. Further education will immediately be provided as needed.
- 2. The outcome of the monitoring will be reported to the Medical Executive Committee and to the Board of Directors.

The POC is based on the surveyor's evaluation and assessment of noncompliance with Patient's Rights: Informed Consent CFR(s): 482.13(b)(2). Based upon the surveyor's findings, the facility failed to:

- 1. Inform family members of the use of restraints (chemical restraint) for one sampled patient in accordance with the facility's policy and procedure regarding restraints use; and
- 2. Ensure the medication informed consent was completed prior to medication administration for one sampled patient in accordance with the facility's policy and procedure regarding medication consent.

## **Responsible Party:**

The Chief Nursing Officer in coordination with the Medical Director is responsible for the corrective actions listed below as well as the on-going monitoring of compliance with the standard.

#### **Corrective Actions:**

- 1. The "Emergency Use of Medications Assessment Flowsheet" was revised to include a section for notifying family members of the use of emergency medications.
- 2. Education was provided to Registered Nurses in an educational In-service conducted by the Chief Nursing Officer. The education included, but was not limited to, education regarding: notifying family members of the use of restraints (chemical restraint) and ensuring Informed Consent was obtained by the physician prior to verifying/administering medications (specifically for minor patients). 1 on 1 education provided to any staff that was unable to attend the education in-service.
- 3. Education was provided to all Medical Staff during the Medical Executive Committee regarding the need to obtain consent for medications, including over the counter medications, for minor patients.

## **Completion Date:**

The corrective actions related to this deficiency were completed on February 22, 2025.

- 1. An audit will be conducted of all episodes of emergency medications (chemical restraints) to ensure family members were notified. The audits will be documented on an audit tool and the results will be analyzed and reported monthly to the Patient Safety Committee.
- 2. The Licensed Nursing Staff assigned to administer medications will review the medical record to verify the Medication Consent was completed in full (including Physician's signature) prior to administering any medication requiring such. For incomplete consents, the staff will notify the physician to complete the Informed Consent Process.

- 3. The Medical Director will be informed of any continued incomplete consents and will follow up with involved physician(s) as needed. Continued non-compliance will be forwarded to the Medical Executive Committee and/or Quality Review Committee for appropriate action.
- 4. The outcome of the monitoring will be reported to the Medical Executive Committee and to the Board of Directors.

The POC is based on the surveyor's evaluation and assessment of noncompliance with Patient's Rights: Restraint or Seclusion CFR(s): 482.13(e)(5). Based upon the surveyor's findings, the facility failed to:

- Ensure its nursing staff obtained a complete seclusion/restraint order for three sampled
  patients in accordance with the facility's policy and procedure regarding seclusion and
  restraints; and
- 2. Ensure physician orders included the indication for restraint use for one sampled patient in accordance with the facility's policy and procedure regarding restraint use.

## **Responsible Party:**

The Chief Nursing Officer in coordination with the Medical Director is responsible for the corrective actions listed below as well as the on-going monitoring of compliance with the standard.

#### **Corrective Actions:**

- 1. The "Behavioral Restraint/Seclusion Physician Orders" was revised to include the justification (i.e. indication) for the need for restraint/seclusion.
- 2. Education was provided to Registered Nurses in an educational In-service conducted by the Chief Nursing Officer. The education included, but was not limited to, obtaining physician orders for restraint/seclusion including renewal orders. 1 on 1 education provided to any staff that was unable to attend the education in-service.
- 3. Education was provided to all Medical Staff during the Medical Executive Committee regarding the need for indication for restraint use on all physician orders.

### **Completion Date:**

The corrective actions related to this deficiency were completed on February 22, 2025.

- 1. An audit will be conducted of all episodes of restraint/seclusion will be reviewed to ensure there is a physician order for all episodes (including renewals) and orders include the indication for use. The audits will be documented on an audit tool and the results will be analyzed and reported monthly to the Patient Safety Committee.
- 2. The outcome of the monitoring will be reported to the Medical Executive Committee and to the Board of Directors.

The POC is based on the surveyor's evaluation and assessment of noncompliance with Patient's Rights: Restraint or Seclusion CFR(s): 482.13(e)(10). Based upon the surveyor's findings, the facility failed to ensure its nursing staff assessed and monitored for three sampled patients while placed in restraints in accordance with the facility's policy and procedures regarding seclusion and restraints.

## **Responsible Party:**

The Chief Nursing Officer is responsible for the corrective actions listed below as well as the ongoing monitoring of compliance with the standard.

#### **Corrective Actions:**

1. Education was provided to Registered Nurses in an educational In-service conducted by the Chief Nursing Officer. The education included, but was not limited to, assessing and monitoring patients placed in restraints/seclusion. 1 on 1 education provided to any staff that was unable to attend the education in-service.

## **Completion Date:**

The corrective actions related to this deficiency were completed on February 22, 2025.

- An audit will be conducted of all episodes of restraint/seclusion will be reviewed to ensure all assessments and monitoring were completed. The audits will be documented on an audit tool and the results will be analyzed and reported monthly to the Patient Safety Committee.
- 2. The outcome of the monitoring will be reported to the Medical Executive Committee and to the Board of Directors.

The POC is based on the surveyor's evaluation and assessment of noncompliance with Patient's Rights: Restraint or Seclusion CFR(s): 482.13(e)(12). Based upon the surveyor's findings, the facility failed to ensure two Qualified Registered Nurses completed the face to face assessment within an hour after the initiation of seclusion/restraint for two sampled patients in accordance with the facility's policy and procedure regarding seclusion and restraint.

### **Responsible Party:**

The Chief Nursing Officer is responsible for the corrective actions listed below as well as the ongoing monitoring of compliance with the standard.

#### **Corrective Actions:**

 Education was provided to Qualified Registered Nurses in an educational In-service conducted by the Chief Nursing Officer. The education included, but was not limited to, completing the face to face assessment within an hour after the initiation of seclusion/restraint and ensuring the assessment is completed thoroughly. 1 on 1 education provided to any staff that was unable to attend the education in-service.

### **Completion Date:**

The corrective actions related to this deficiency were completed on February 22, 2025.

- 1. An audit will be conducted of all episodes of restraint/seclusion will be reviewed to ensure the face to face assessment was completed thoroughly and timely. The audits will be documented on an audit tool and the results will be analyzed and reported monthly to the Patient Safety Committee.
- 2. The outcome of the monitoring will be reported to the Medical Executive Committee and to the Board of Directors.

The POC is based on the surveyor's evaluation and assessment of noncompliance with Patient's Rights: Restraint or Seclusion CFR(s): 482.13(e)(14). Based upon the surveyor's findings, the facility failed to ensure two Qualified Registered Nurses communicated with/notified the physician after the face to face assessment was completed for two sampled in accordance with the facility's policy and procedure regarding seclusion and restraint.

### **Responsible Party:**

The Chief Nursing Officer is responsible for the corrective actions listed below as well as the ongoing monitoring of compliance with the standard.

#### **Corrective Actions:**

 Education was provided to Qualified Registered Nurses in an educational In-service conducted by the Chief Nursing Officer. The education included, but was not limited to, communicating with/notifying the physician after the face to face assessment was completed. 1 on 1 education provided to any staff that was unable to attend the education in-service.

### **Completion Date:**

The corrective actions related to this deficiency were completed on February 22, 2025.

- 1. An audit will be conducted of all episodes of restraint/seclusion will be reviewed to ensure the physician was notified after the face to face assessment. The audits will be documented on an audit tool and the results will be analyzed and reported monthly to the Patient Safety Committee.
- 2. The outcome of the monitoring will be reported to the Medical Executive Committee and to the Board of Directors.

The POC is based on the surveyor's evaluation and assessment of noncompliance with Patient's Rights: Restraint or Seclusion CFR(s): 482.13(f)(4). Based upon the surveyor's findings, the facility failed to ensure one Qualified Registered Nurses was currently certified to perform face to face evaluations in accordance with the facility's seclusion and restraint physical hold policy and the policy and procedure regarding Qualified Registered Nurse Training for Seclusion and Restraint.

## **Responsible Party:**

The Chief Nursing Officer is responsible for the corrective actions listed below as well as the ongoing monitoring of compliance with the standard.

#### **Corrective Actions:**

- 1. The Qualified Registered Nurse (QRN) identified during the survey immediately completed the QRN certification.
- 2. The process of tracking the certifications of the Qualified Registered Nurses was revised. Human Resources will now track the expiration dates of all QRNs and will inform Nursing Administration of such dates. Human Resources will also track if certifications are not completed and those QRNs not completing the certifications will not be allowed to complete face to face assessments until the certification is complete.

## **Completion Date:**

The corrective actions related to this deficiency were completed on February 22, 2025.

### **Monitoring Activities:**

1. Human Resources will report any incomplete certifications to Nursing Administration.