

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055818	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/21/2020
NAME OF PROVIDER OF SUPPLIER ROYAL GARDENS HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP 2339 W. VALLEY BLVD. ALHAMBRA, CA 91803	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0623 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to provide the correct contact information on the Notice of Proposed Transfer/Discharge (a residents' right to appeal form) for one of one sampled residents (Resident 1) as indicated in the facility's policy and procedure. Resident 1 was transferred to the general acute care hospital and the responsible party was provided the wrong contact information for the Office of Appeals on the Notice of Proposed Transfer. This deficient practice violated the residents' right to be informed regarding transfers and discharges appeals. Findings: A review of Resident 1's Admission Record indicated that the resident was admitted to the facility on [DATE] with a [DIAGNOSES REDACTED]. It is not a specific disease). A review of Resident 1's Notice of Proposed Transfer/Discharge, dated 1/6/2020, indicated to appeal to the following address: 1029 J Street Suite 200. During an interview on [DATE] at 7:32 a.m., the Director of Medical Records stated the contact information for the office of appeals on the Notice was incorrect for Resident 1. According to the All Facilities Letter 10-20.1, dated 8/20/10, disseminated to all long term care health facilities indicated that, All long term care health facilities will need to modify their current notification letters and to delete the reference to the Licensing and Certification (L&C) District Office as point of contact for appeals and instead, reference: OAHA (Office of Administrative Hearings and Appeals) on Freeway Street in Sacramento. A review of the facility policy and procedure titled, Transfer or Discharge Notice, dated 12/16, indicated the resident and/or responsible party should be notified in writing of the name, address, and telephone number of the state health department agency designed to handle the appeals of transfers.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.