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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555536 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/11/2020 |
| NAME OF PROVIDER OF SUPPLIER PARK REGENCY CARE CENTER | | STREET ADDRESS, CITY, STATE, ZIP 1770 W. LA HABRA BLVD. LA HABRA, CA 90631 | |
| 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 0553 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few | Allow resident to participate in the development and implementation of his or her person-centered plan of care. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and medical record review, the facility failed to ensure Resident 1 and the resident's responsible party were invited in the care plan conference conducted for one of two sampled residents (Resident 1). This had the potential for Resident 1 and the resident's responsible party to not being able to participate in choosing their treatment options and making decisions in care planning. Findings: Closed medical record review for Resident 1 was initiated on 2/11/2020. Resident 1 was admitted to the facility on [DATE]. Review of Resident 1's MDS dated [DATE], showed Resident 1 had a severe cognitive impairment. Review of Resident 1's initial Resident Care Conference Review reviewed and signed by the physician on 1/13/2020, did not show Resident 1 and Resident 1's responsible party participated in the care conference review. On 2/11/2020 at 1149 hours, an interview and concurrent medical record review for Resident 1 was conducted with the Social Worker. The Social Worker verified the above findings. The Social Worker stated a care conference was conducted upon new admission or readmission, quarterly, and annually. The Social Worker stated she was supposed to invite Resident 1, and the resident's responsible party through a phone call and a letter. The Social Worker stated an initial care conference was conducted for Resident 1 but she did not invite the resident nor the resident's responsible party. | | |
| 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 medical record review, the facility failed to ensure one of two sampled residents (Resident 1) was provided with a discharge notice. The facility's Notice of Transfer/discharge dated 1/24/2020, failed to show the reason for transfer/discharge or a signature from Resident 1's responsible party. The facility failed ensure the reason for discharge and the right to appeal were communicated to Resident 1 and his responsible party. In addition, when Resident 1's responsible party requested to canceled the discharge on 1/24/2020 at 2315 hours, the facility proceeded to discharge Resident 1 to a facility with similar level of care (another skilled nursing facility) on 1/25/2020. This resulted in Resident 1 (and his responsible party) to be deprived of their right to file an appeal of the discharge to the appropriate agency within 10-days of being notified. Findings: On 2/7/2020 at 1302 hours, a telephone interview was conducted with Family Member 1. Family Member 1 complained Resident 1's responsible party (Responsible Party 1) was not given a right to appeal a discharge notice, and the facility still discharged Resident 1 even if they requested to cancel the discharge. Family Member 1 stated Resident 1's responsible party received a call on 1/22/2020, from the facility's social worker informing her Resident 1 had to be discharged from the facility on 1/24/2020. Family Member 1 stated Resident 1's responsible party received another call on 1/24/2020, from the facility's social worker informing her Resident 1's discharge to another facility was scheduled on 1/25/2020. Family Member 1 stated they did not want to discharge Resident 1 to another healthcare facility because they needed more options, the facility Resident 1 was to being sent to was out of the county and too far. Family Member 1 stated they received a call from the other skilled nursing facility on 1/25/2020, informing them Resident 1 had already been transferred to the new skilled nursing facility. Family Member 1 stated Resident 1's responsible party did not receive the discharge notice and no one explained they had a right to appeal the discharge on the resident's behalf. Closed medical record review for Resident 1 was initiated on 2/11/2020. Resident 1 was admitted to the facility on [DATE]. Review of Resident 1's MDS dated [DATE], showed Resident 1 had a severe cognitive impairment. Review of the Physician's Telephone Orders dated 1/24/2020, to discontinue the order to discharge Resident 1 to an assisted living facility or board and care; but discharge Resident 1 to another skilled nursing facility on 1/25/2020. Review of the Social Work Progress Notes showed an entry dated 1/24/2020, showing Resident 1's responsible party and Family Member 1 agreed for the transfer of Resident 1 to another healthcare facility on 1/25/2020. Review of the Nurses Notes showed an entry dated 1/24/2020 at 2315 hours, showing the licensed nurse received a phone call from Resident 1's responsible party requesting Resident 1 to stay in the facility. The documentation showed Resident 1's responsible party was willing to pay for the continuation of the care in the facility. Review of Resident 1's Notice of Proposed Transfer/discharge dated 1/24/2020, showed Resident 1 was being discharged to another skilled nursing facility on 1/25/2020. The entry to show the reason for the discharge was not checked off. Further review of the form showed the signature for the resident/representative was signed by RN 1. On 2/11/2020 at 1102 hours, an interview and concurrent closed medical record review for Resident 1 was conducted with RN 1. RN 1 stated she discharged Resident 1 to another skilled nursing facility on 1/25/2020. When asked about the Notice of Proposed Transfer/Discharge for Resident 1, RN 1 acknowledged she signed for the resident/representative. When asked why she signed for the resident/representative, RN 1 stated she got the form from the night shift staff and the area for the facility's representative to sign but it was already signed. RN 1 stated she thought the family signed the form on the area for facility's representative. RN 1 stated the signatures were transposed. When asked if she explained to the resident's responsible party the right to appeal the resident's discharge, RN 1 stated no, because this was the responsibility of the social worker or the case manager. On 2/11/2020 at 1149 hours, an interview and concurrent closed medical record review for Resident 1 was conducted with the Social Worker. The Social Worker verified the above findings. When asked if she explained to Responsible Party 1 the right to appeal the transfer/discharge, the Social Worker stated no. The Social Worker acknowledged she should have explained the resident's right to appeal the discharge. The Social Worker stated she telephoned Resident 1's responsible party on 1/22/2020, to inform her about the resident's discharge to another skilled nursing facility and Responsible Party 1 and Family Member 1 agreed. The Social Worker acknowledged she was aware Resident 1's responsible party called on 1/24/2020 at 2315 hours and requested to cancel the discharge and requested Resident 1 remain in the facility. When asked if Resident 1's responsible party could cancel the discharge, the Social Worker answered yes. The Social Worker stated she called Responsible Party 1 and Family Member 1 to confirm the request to cancel the discharge, but they did not return her calls. The Social Worker stated she informed the Administrator, and the Administrator decided to discharge Resident 1 to another skilled nursing facility. On 2/11/2020 at 1358 hours, an interview and concurrent medical record review was conducted with the Admissions Coordinator. The Admissions Coordinator stated to know if there were available beds, she checked the daily census and any bed holds. The Admissions Coordinator stated any bed could be used for long-term, and it is possible for short-term residents to turn into long-term residents. The Admissions Coordinator stated on the day of Resident 1's discharge, there were long-term care beds available but the Administrator had to give the stamp of approval. On 2/11/2020 at 1523 hours, a telephone interview and concurrent closed medical record review was conducted with RN 2. RN 2 verified she received a call from Resident 1's | | |
| 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.

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| F 0623 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few | <p>(continued... from page 1) responsible party on 1/24/2020 approximately after 2300 hours, to cancel Resident 1's discharge on 1/25/2020. RN 2 stated Resident 1's responsible party informed her she (responsible party) will pay the out-of-pocket cost for Resident 1's continued stay in the facility. RN 2 stated she informed the Social Worker about Responsible Party 1's cancellation of the discharge. On 2/11/2020 at 1542 hours, an interview and concurrent closed medical record review was conducted with the Administrator. The Administrator stated he was aware Resident 1's responsible party called on 1/24/2020, to cancel Resident 1's discharge to another skilled nursing facility. The Administrator stated the facility attempted to clarify the call to Resident 1's responsible party and Family Member 1; however, he did not receive a call back. The Administrator stated he told the nurse to go ahead and discharge Resident 1 because he did not want Resident 1 to lose the long-term care bed in the other skilled nursing facility.</p> | | |
| F 0655 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few | <p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and closed medical record review, the facility failed to ensure baseline care plans were developed within 48 hours of the resident's admission for one of two sampled residents (Resident 1). This had the potential for Resident 1's care needs not being met. Findings: Closed medical record review for Resident 1 was initiated on 2/11/2020. Resident 1 was admitted to the facility on [DATE]. Review of Resident 1's Baseline Care Plan (undated) showed multiple blank forms. On 2/11/2020 at 1500, an interview and concurrent closed medical record review was conducted with the MDS Coordinator. The MDS Coordinator verified the baseline care plans were blank.</p> | | |
| F 0661 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few | <p>Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and closed medical record review, the facility failed to ensure one of two sampled residents (Resident 1) was discharged with the physician's orders [REDACTED]. This posed a risk for Resident 1 not meeting the necessary care and treatment after being discharged from the facility. Findings: Closed medical record review for Resident 1 was initiated on 2/11/2020. Resident 1 was admitted to the facility on [DATE]. Review of Resident 1's MDS dated [DATE], showed Resident 1 had a severe cognitive impairment. Review of the Physician and Telephone Orders dated 1/22/2020, showed the following orders: - psychologist appointment on 1/29/2020 at 1000 hours; and - psychiatrist appointment on 2/3/2020 at 1100 hours. Further review of the Physician's Telephone Orders dated 1/24/2020, showed an order to discharge Resident 1 to another skilled nursing facility on 1/25/2020. Review of Resident 1's Post Discharge Plan of Care dated 1/25/2020, failed to show the physician's orders [REDACTED]. Further review of the discharge plan of care form was not signed by Resident 1's responsible party to show she received or understood the instructions for Resident 1's discharge plan of care. Review of Resident 1's Discharge Summary/ Comprehensive Summary dated 1/25/2020, did not show the summary was provided to Responsible Party 1. On 2/11/2020 at 1102 hours, an interview and concurrent closed medical record review was conducted with RN 1. RN 1 stated she discharged Resident 1 to another skilled nursing facility on 1/25/2020. RN 1 stated she completed the post discharge plan of care for Resident 1. RN 1 stated before discharging Resident 1, she checked the physician's orders [REDACTED]. RN 1 reviewed the medical records, and verified Resident 1 had appointments on 1/29 and 2/3/2020. RN 1 acknowledged she did not document any appointments on the post-discharge plan of care, and did not communicate any appointments to the receiving healthcare facility. On 3/5/2020 at 1212 hours, a telephone interview was conducted with Responsible Party 1. When asked about Resident 1's appointments on 1/29/2020 and 2/3/2020, Responsible Party 1 stated she was not informed of Resident 1's appointments for these two dates. The responsible party stated Resident 1 did not go to any of these appointments.</p> | | |