

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555893</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/13/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LEGACY HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1570 NORTH FAIR OAKS AVE PASADENA, CA 91103</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<p><b>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</b></p> <p>Based on interview and record review, the facility failed to provide accurate address to appeal transfers or discharge for 52 of 52 residents (Residents 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51 and 52). This deficient practice had the potential to delay transfer or discharge appeals response for Residents 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51 and 52. Findings: The Department received entity reported incident (ERI) of Notice of Proposed Transfer/Discharge notifications on 6/11/2019, with inaccurate address to appeal transfer/discharge for Resident 1. A review of the facility's Notice of Proposed Transfer/Discharge form dated 2009, indicated the facility provided inaccurate address to appeal notices of proposed transfer/discharge to Residents 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51 and 52. During an interview with the director of nurses (DON) on 6/14/19 at 10:40 a.m., the DON stated the licensed nurses oversee and provide proposed notice for transfer/discharge to the residents. The DON stated she was unaware if the facility received an all facilities letter (AFL) to update the address for residents to appeal transfers or discharges. During an interview with the Social Service Designee (SSD) on 6/14/19 at 11:11 a.m., the SSD stated that she provides notice to residents when transfer or discharge are planned, and did not give the unplanned transfers or discharge notices to Residents 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51 and 52. The SSD stated she did not know of a different address for residents and or representatives transfers or discharges. The SSD stated the facility printed the address on the Notice of Proposed Transfer/Discharge forms in advance. During an interview with the administrator on 6/14/19 at 12:00 p.m., the administrator stated he was unsure if the facility received an AFL with an updated transfer/discharge appeals address. The Admin stated the facility preprinted the Notice of Proposed Transfer/ Discharge with the Department's address. A review of the facility's policy, titled Transfers or Discharge Documentation, revised 12/2016, indicated if a resident exercises their right to appeal, they would not be transferred or discharged while the appeal is pending, an appropriate notice be provided to the resident or legal representative when a resident is transferred or discharged .</p>		
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.