

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056056	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/07/2020
NAME OF PROVIDER OF SUPPLIER BRIER OAK ON SUNSET		STREET ADDRESS, CITY, STATE, ZIP 5154 SUNSET BLVD LOS ANGELES, CA 90027	
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 0660 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Plan the resident's discharge to meet the resident's goals and needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide an effective discharge plan to meet the health and safety needs for one of two sampled residents (Resident 1). Resident 1 was discharged to Resident 1's friend's house with home health services. The facility failed the following: 1. Include Resident 1's friend in the discharge planning process. 2. Verify the address of Resident 1's friend. 3. Assess that the house of Resident 1's friend was appropriate and would meet the needs of Resident 1. These deficient practices resulted to Resident 1's whereabouts not known after being discharged from the facility on 12/22/19. Findings: A review of the Admission Record, dated 12/20/19, indicated Resident 1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. A review of the Minimum Data Set (MDS - care and screening tool), dated 12/8/19, indicated Resident 1 was oriented to year, month and day. The MDS indicated Resident 1 needed one person physical assistance with transfer, dressing, toilet use, while walking in his room, and bathing. Resident 1 used a walker and wheelchair as mobility devices. A review of Resident 1's Care Plan, initiated on 11/29/19, indicated Resident 1 verbalized he wanted to return to the community. The goal indicated Resident 1 will have an ongoing plan that provides for a safe and effective discharge. A review of Resident 1's Progress Notes, dated 12/2/19, indicated the facility's interdisciplinary team (IDT - a group of health care professionals from diverse fields who work in a coordinated fashion toward a common goal) met with Resident 1 regarding discharge planning. The goal was for Resident 1 to transition back to the community with home health services. During the meeting, Resident 1 verbalized that he was recently released from jail and did not have a home to return to. The Notes indicated the facility were to assist Resident 1 with the transition, as needed. A review of the Discharge Plan Documentation, dated 12/20/19, indicated Resident 1 was scheduled to be discharged on [DATE]. Resident 1's discharge destination was Resident 1's friend's house. Resident 1 would be provided with home care services with the start date of 12/26/19. Home care services would include physical therapy (PT - helps promote physical ability) and occupational therapy (OT - assists to perform activities of daily living). A review of Resident 1's Progress Notes, dated 12/22/19, indicated Resident 1 was discharged to friend's home and left the facility in a wheelchair by private transportation at 4:28 p.m. A review of the home health agency (HHA) Communication Notes, dated 12/2[DATE]9, indicated the HHA called Resident 1's listed phone number but Resident 1 did not return the call. The Notes indicated the facility was notified. A review of the HHA Communication Notes, dated 12/27/19, HHA called Resident 1 who did not answer the call. HHA notified the facility and was informed that Resident 1 had been discharged from the facility and was not aware where Resident 1 was. On 12/28/19, the HHA went to Resident 1's address but Resident 1 did not answer the door. During an interview on 2/13/20 at 2:02 p.m., the clinical manager and vice president of the HHA stated the HHA made several attempts to contact Resident 1 on the listed phone number but Resident 1 did not answer the calls. During an interview on 2/19/20 at 9:38 a.m., the HHA LVN 1 stated she went to Resident 1's listed home address and knocked on the door but no one answered the door. During an interview on 3/3/20 at 9:17 a.m., the Social Services Designee (SSD) stated Resident 1 had been discharged to Resident 1's friend's house. SSD stated Resident 1's friend should have been included in the discharge process and the house of Resident 1's friend should have been assessed to determine if the house was appropriate and would meet the needs of Resident 1. SSD stated the facility did not do a welfare check when the HHA informed the facility on 12/2[DATE]9 that the HHA was unable to locate Resident 1. SSD stated the facility should have notified the police and the adult protective services (APS). During an interview on 3/3/20 at 9:38 a.m., the Director of Nursing (DON) stated that if Resident 1 had been discharged to his friend, the friend should have been included in the IDT discharge planning. DON stated the address of Resident 1's friend should have been verified and determined if the house was appropriate and would meet the needs of Resident 1. DON agreed that Resident 1 had an unsafe discharge. During an interview on 3/3/20 at 11:42 a.m., SSD stated the facility's policy and procedure was to involve the family or caregiver during the discharge planning process. SSD stated Resident 1's friend was never contacted regarding Resident 1's discharge. SSD stated Resident 1's discharge was not safe. During a review of the facility's Policy titled, discharged Planning Process, with revision date of 2/1/19, indicated the facility must develop and implement an effective discharge planning process that focuses on the resident's goals, preparation of residents to be active partners and effectively transition them to post-discharge care. The Policy indicated to involve the resident and resident's representative to establish goals of care and treatment preferences. During a review of the facility's Policy titled, Discharge and Transfer, with a revision date of 2/1/29, indicated the purpose of the Policy is to meet the resident's needs and to facilitate a safe transition to an alternate setting.</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.