

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056362	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2020
NAME OF PROVIDER OF SUPPLIER MESA VERDE POST ACUTE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 661 CENTER STREET COSTA MESA, CA 92627	
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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview, medical record review, and facility P&P review, the facility failed to ensure the home health services and a wheelchair were arranged as ordered by the physician for one of two sampled resident (Resident 1) who was discharged home. This failure posed the risk for an unsafe transition from the facility to home for Resident 1 who lived alone.</p> <p>Findings: Review of the facility's P&P titled Transfer and Discharge revised 10/17 showed the facility will ensure adequate preparation and assistance is provided to residents prior to discharge from the facility. On 5/29/20 at 1018 hours, an interview was conducted with the complainant. The complainant stated Resident 1 was discharged home from the skilled nursing facility on 5/5/20. Resident 1 was told by the skilled nursing facility that the home health services were ordered. However, Resident 1 did not receive home health services. Resident 1 had a doctor's appointment on 5/22/20. During the visit, the resident informed the doctor she lived alone and had not received home health services after being discharged from the skilled nursing facility. Resident 1's doctor then coordinated a home health agency referral on the same day.</p> <p>Closed medical record review for Resident 1 was initiated on 6/11/20. Resident 1 was admitted to the skilled nursing facility on 3/30/20, and discharged home on [DATE]. Review of the physician's orders [REDACTED]. On 6/11/20 at 1446 hours, an interview and concurrent medical record review was conducted with PT 1. Review of Resident 1's Physical Therapy Evaluation and Plan of Treatment dated 4/22/20, showed Resident 1 had a history of [REDACTED]. Review of Resident 1's Physical Therapy Discharge Summary dated 5/5/20, showed Resident 1 was discharged home alone and the home health services were recommended. PT 1 stated Resident 1 lived alone at home alone and required assistance from others, and therefore, recommended the home health services. On 6/11/20 at 1508 hours, an interview and concurrent closed medical record review was conducted with the Director of Rehabilitation. Review of Resident 1's Occupational and Physical Therapy Discharge Summaries dated 5/5/20, showed Resident 1 was discharged home and needed assistance from others. The Director of Rehabilitation stated home health physical therapy services were recommended to ensure Resident 1 could safely transition to her home and for fall safety. On 6/11/20 at 1201 hours, an interview and concurrent closed medical record review was conducted with the facility's Case Manager (CM). The CM stated she was responsible for coordinating Resident 1's home health services and obtaining a wheelchair for Resident 1's discharge home. The CM stated Resident 1 told her that within the last year she had fallen at home and was found by a friend lying on the floor. The CM stated Resident 1 had a physician's orders [REDACTED]. The CM stated she faxed a request to Resident 1's insurance company to request home health services. The CM stated she was unsure if Resident 1's home health services were authorized and since she did not follow up with Resident 1's insurance company. The CM was asked why she had not followed up with Resident 1's insurance company to ensure the home health services were approved, and therefore, the resident was discharged safely. CM stated the insurance representative was difficult to communicate with. The CM was asked since Resident 1 had a history of [REDACTED]. The CM stated she felt it was a safe discharge since Resident 1 was doing well with her physical therapy while in the facility. The CM verified there was no documentation to show a home health agency had been contacted to follow Resident 1 upon discharge. The CM stated seven days after Resident 1 had been discharged from the facility, she telephoned Resident 1 and left a message, however, was unable to get a hold of Resident 1. On 6/11/20 at 1554 hours, an interview and concurrent closed medical record review was conducted with RN 1. RN 1 stated she discharged Resident 1 on 5/5/2020. RN 1 stated she provided Resident 1 with a post discharge plan of care and documented this information on the facility's Post Discharge Plan of Care form. RN 1 verified Resident 1 was discharged home with an order for [REDACTED]. On 6/11/20 at 1652 hours, an interview was conducted with the DON. The DON stated her expectation was Resident 1's home health services should have been arranged before Resident 1 was discharged home.</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.