

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555729</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/07/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ARCADIA CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1601 S BALDWIN AVE. ARCADIA, CA 91007</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 0745  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<b>Provide medically-related social services to help each resident achieve the highest possible quality of life.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide a medically related social service to one of three sampled residents (Resident 1) by not informing the responsible party in a timely manner when the facility will discharge the resident. The deficient practice had the potential for an unsafe discharge of the resident from the facility. Findings: A review of Resident 1's face sheet (admission record) indicated that the facility admitted the resident on 11/14/19 and readmitted the resident on 12/6/19. Resident 1's [DIAGNOSES REDACTED]. A review of Resident 1's minimum data set (MDS), a resident assessment and care-screening tool dated 12/17/19, indicated that the cognition of the resident was severely impaired. The MDS indicated that the resident required extensive assistance from a one-person physical assist to perform most of his daily living activities such as walking, dressing, using the toilet, and personal hygiene. During a telephone interview on 2/27/2020 at 10:46 AM, the responsible party (RP 1) of Resident 1 stated that the facility informed her during a telephone conference call on 2/26/2020 that they plan to discharge the resident the following day. She stated that the facility did not provide her enough time to prepare for the resident's discharge. During an interview on 2/27/2020 at 2:45 PM, the Director of Rehabilitation (DOR) stated that Resident 1 had PT/OT services from 12/7/19-2/11/2020. She stated that the resident improved significantly from his baseline and has reached his maximum potential for recovery; thus, she discontinued the therapy. She stated that the resident was safe to go home according to her evaluation on 2/11/2020. During an interview on 2/27/2020 at 3:34 PM, the Director of Nursing (DON) stated that the Interdisciplinary Team (IDT) members had a meeting on [DATE] to discuss the plan of care of Resident 1. The team members, aside from the Social Services Director (SSD) who was not present during the meeting, agreed that the resident was ready to go home. During an interview on 2/27/2020 at 1:40 PM, the SSD stated that she became aware on [DATE] that the facility was planning to discharge Resident 1 on 2/27/2020; however, she failed to notify RP 1 until 2/26/2020 about the plan. She stated that it was her responsibility to inform RP 1 if there were any changes in the discharge plan of the resident. A review of the facility's clinical records titled, Weekly PDPM Meeting Follow Up Form dated, [DATE] indicated that the facility had a plan to discharge Resident 1 on 2/27/2020. The form indicated that social services would be the responsible discipline. A review of the facility's undated policy titled, Social Services, revised in October 2010 indicated that the social services department should participate in interdisciplinary staff conferences and should maintain contact with the resident's family members to involve them in the resident's total plan of care.		

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.