STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056188	A. BUILDING _____ B. WING _____	**03/13/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
LONG BEACH CARE CENTER, INC	**2615 GRAND AVENUE LONG BEACH, CA 90815**

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 0622 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to follow its discharge and transfer policy to ensure a resident was appropriately discharged for one of three sampled residents (Resident 1). Resident 1 was cognitively (thought process) impaired, was transferred to a skilled nursing facility 67 miles away from the facility. This deficient practice had the potential to result in Resident 1 experienced emotional and psychological distress. Findings: A review of Resident 1's Admission Record indicated the resident was initially admitted to the facility on [DATE] and last admitted on [DATE]. Resident 1's [DIAGNOSES REDACTED]. A review of Resident 1's psychotherapy (treating mental health problems by talking with a psychiatrist) progress note, dated 8/2/19 indicated Resident 1's thoughts were obsessive and delusional. A review of Resident 1's history and physical (H/P), dated 8/23/19 did not include a cognitive (thought process) indication for Resident 1. A review of an Interdisciplinary team ((IDT) a group of professionals working toward a resident's goals) note, dated 8/23/19 indicated Resident 1 was readmitted to the facility from a psychiatric general acute care hospital (GACH) on 8/22/19 after being evaluated for psychiatric issues. The IDT's plan for Resident 1 was alert and oriented x 2, with forgetfulness, responds verbally and able to make needs known. The IDT indicated Resident 1 refused to attend the IDT meeting. A review of Resident 1 Social Services (SS) note, dated 8/22/19 indicated during the SS interview, Resident 1 was uncooperative and the SS was unable to assess the resident's mental status. The SS note indicated Resident 1 required redirecting and reality orientation and Resident 1 did not want to be questioned about discharge planning in all assessments. A review of Resident 1's care plan, dated 8/23/19 and titled, Resident has a potential for altered though process related to her compromised memory/recall ability/decision making as manifested by forgetfulness, confusion and [DIAGNOSES REDACTED]. A review of Resident 1's physician's progress note, dated 8/24/19 indicated Resident 1 was anxious (worried or uneasy), with disorganized and impaired thought process. A review of an IDT note dated 9/26/19 indicated Resident 1 refused to attend the IDT meeting. A review of an IDT note dated 10/1/19 indicated Resident 1 remained alert and oriented to name with periods of forgetfulness and confusion. The IDT indicated Resident 1 was alert, verbally responsive with the ability to make her needs known and Resident 1 was uncooperative while being interviewed. The IDT note indicated discharge planning would be discussed with Resident 1 only during a comprehensive assessment. A review of Resident 1's nurses' note, dated 10/25/19 and timed at 4 p.m., indicated Resident 1 verbalized a desire for a change of environment and return to a skilled nursing facility (SNF) 67 miles away. The nurses' note indicated Resident 1 stated she wanted to leave temporarily and the IDT would be informed. A review of Resident 1's daily skilled nurses' notes, dated [DATE], 10/30/19 and 10/31/19 indicated at times, Resident 1 was able to make needs known, was not able to follow commands and was not aware of her safety precautions. A review of Resident 1's physician's orders [REDACTED]. A review of Resident 1's nurses notes, dated 11/1/19 and timed at 7:30 a.m. and 9 a.m. indicated a physician's orders [REDACTED]. The nurses' note at 9 a.m. indicated Resident 1 was discharged from the facility. A review of a Notice of Proposed Transfer/Discharge, dated 11/1/19 indicated Resident 1's transfer/discharge was necessary for the resident's welfare and her needs could not be met in the facility. A review of Resident 1's physician's discharge summary, dated 11/1/19 indicated Resident 1 was discharge for a change of environment. On 11/21/19 at 2:35 p.m., during a telephone interview, a social worker from a general acute care hospital (GACH) stated residents with altered mental status and did not have any family or representatives to assist the resident to ensure the transfer was appropriate were transferred from a SNF 67 miles away facility due to a change in scenery. On 11/21/19 at 4:27 p.m. during an interview, the Social Services Designee (SSD) stated the Director of Nursing (DON) made the decision to admit and then discharge Resident 1 from the SNF 67 miles away from the facility. On 11/21/19 at 4:40 p.m., during an interview, the DON stated Resident 2 had behavioral episodes of yelling and screaming and verbalized a desire to return to the facility 67 miles away. The DON stated this was not the facility's practice to transfer residents who verbalized a change of environment. The DON stated Resident 1 was transferred for psychosocial reasons and stated Resident 1 verbalized she needed a break from the facility 67 miles away. The DON stated Resident 1 had a fluctuating cognitive status. A review of the facility's revised policy and procedure, dated 2019 and titled, Transfer and Discharge, indicated the facility will permit each resident to remain in the facility, and not transfer or discharge the resident from the facility except in limited situations when the health and safety of the individual or others residents are endangered. The policy indicated resident-initiated transfer or discharges, means the resident or, if appropriate, the resident representative has provided verbal or written notice of intent to leave the facility (leaving the facility does not include the general expression of a desire to return home or the elopement of residents with cognitive impairment. The policy indicated the facility permits each resident to remain in the facility, and not transfer or discharge the resident from the facility except in limited situations when the health and safety of the individual or other residents are endangered.

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.