STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056035	A. BUILDING _____ B. WING _____	08/21/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
SHAFTER NURSING CARE	140 EAST TULARE AVENUE SHAFTER, CA 93263

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 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to obtain signatures acknowledging receipt of the facility's Notice of Transfer or Discharge paperwork prior to discharge or transfer from the facility for four of six sampled residents (Resident 1, 2, 3, and 4). This failure had the potential for residents or the residents' representative to be unaware of the reason for discharge or transfer, the location where the resident was being transferred, appeal rights and arrangements for post discharge care. Findings: During a concurrent interview and record review, on 7/14/20, at 11:52 AM, with the Admissions Coordinator (AC), the Director of Nurses (DON) and the Interim Director of Nurses (IDOM), the Discharge Summary indicated Resident 1 was admitted to the facility on [DATE], and was transferred to the hospital on [DATE], for a hip surgery. DON confirmed there was no signature verifying Resident 1 received a copy of the Notice of Transfer or Discharge. During a concurrent interview and record review on 8/11/20, at 2:30 PM, with the Medical Records Director (MRD), MRD reviewed three residents' records who had been transferred to the hospital (Resident 2, Resident 3, and Resident 4). MRD stated Resident 2 was transferred to the hospital on [DATE], and there was no resident signature verifying Resident 2 received a copy of the Notice of Transfer or Discharge. Resident 3 was transferred to the hospital on [DATE], there was no signature verifying receipt of the Notice of Transfer or Discharge. Resident 4 was transferred to the hospital on [DATE], and there was no signature verifying Resident 4 received a copy of the Notice of Transfer or Discharge. MRD verified there was no resident signatures on the Notice of Transfer or Discharge. During a review of the facility's policy and procedure (P&P) titled, Discharge/Transfer of the Resident, reviewed 8/29/16, the P&P indicated, PURPOSE: To provide safe departure from the facility.Discharge summary and post discharge plan of care form(s). (For discharge to home, lower levels of care) Not of transfer or discharge.Discharge: 1. Explain discharge procedure and reason to resident and give copy of Transfer & Discharge notice as required.6 Complete a discharge summary and post discharge plan of care form. b. Include instructions for post discharge care and explain to the resident and/or representative. c. Have resident and/or representative or person responsible for care sign discharge summary and post discharge care form. d. Give copy of form to the resident and/or representative or person(s) responsible for care. e. Place signed original of form in the medical record. Transfer: 3. Explain transfer and reason to the resident and/or representative and give copy of signed transfer or discharge notice to the resident.
F 0625 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide written information to one of four sampled residents (Resident 1) upon admission and prior to transfer regarding the facility's bed-hold (holding a resident's bed while the resident is absent for therapeutic leave or hospitalization). This failure had the potential for the residents and/or responsible party to be unaware of the residents rights to return to the facility. Findings: During a concurrent interview and record review, on 7/14/20, at 11:52 AM, with the Admissions Coordinator (AC) and the Director of Nurses (DON), the Discharge Summary indicated Resident 1 was admitted to the facility on [DATE], and transferred to the hospital on [DATE], for a hip surgery. DON stated, There was no bed hold provided for this resident because (insurer) does not pay for it. DON did not know if Resident 1 or family were offered an opportunity to pay privately to hold the bed upon discharge from the hospital. AC was unable to locate any documentation in the medical record regarding bed hold/reserve bed information provided for Resident 1. Both DON and AC verified Resident 1 should have been made aware of the bed hold policy at admission and prior to transfer and the facility should have documented this information in the medical record. During a review of the facility's policy and procedure (P&P) titled , Discharge/Transfer of the Resident, reviewed 8/29/16, indicated, .Bed hold forms. PROCEDURE: Transfer 4. Explain and give copy of Bed hold form to the resident and/or representative .Documentation Guidelines Documentation may include: whether or not resident wishes to have bed held. Complete Bed hold notification form per facility procedure. Signature and title on all forms. Keep a copy of all forms completed and place in resident's medical record.
F 0842 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to maintain a complete medical records for one (Resident 1) of five sampled residents. This failure had the potential to result in inaccuracy in the resident's medical records. Findings: During an interview and record review on 8/11/20, at 2:30 PM, with the Medical Records Director (MRD), MRD verified Resident 1's Notice of Transfer or Discharge, was unsigned prior to discharge to the hospital on [DATE]. MRD was informed the facility faxed another copy of Resident 1's Notice of Transfer or Discharge on 8/7/20, and the Notice of Transfer or Discharge had Resident 1's initials on it, but no date. MRD stated, That's odd. I filled this out, probably the next day (7/10/20) because there wasn't one filled out by the nurse. And now, there are the initials but no date it was signed. During an interview on 8/11/20, at 2:53 PM, with the Interim Director of Nurses (IDON), the IDON stated he remembered Resident 1 had not signed the facility's Notice of Transfer or Discharge when it was reviewed on 7/14/20. IDON was made aware a copy of this Notice of Transfer or Discharge, dated 7/9/20, was faxed to the Department's office on 8/7/20, by MRD. IDON verified Resident 1's Notice of Transfer or Discharge now had her initials on it, but no date it had been signed. IDON stated there was a miscommunication regarding the facility's paperwork and he would check with medical records. IDON stated, It is an incomplete medical record when there is no date documented on paperwork. During a concurrent interview and review on 8/12/20, at 11:51 AM, with the IDON, the IDON stated the Medical Records Assistant (MRA) had (Resident 1) sign the notice after she returned from the hospital. IDON verified there was no date of the late-added initials.

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.