

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055674	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/23/2020
NAME OF PROVIDER OF SUPPLIER HEALTHCARE CENTER OF ORANGE COUNTY		STREET ADDRESS, CITY, STATE, ZIP 9021 KNOTT AVE BUENA PARK, CA 90620	
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 medical record review, the facility failed to ensure the transfer for one of three sampled residents (Resident 1) was necessary. Resident 1 was transferred from one SNF to another SNF without an appropriate justification. This failure resulted in Resident 1 experiencing an unnecessary transfer, which caused the resident confusion and a potential to negatively affect the resident's psychosocial well-being. Findings: Review of Resident 1's medical record was initiated on 2/21/20. Resident 1 was admitted to the facility on [DATE], and discharged to another facility on 2/19/20. Review of the MDS dated [DATE], showed Resident 1 had moderate cognitive impairment. Resident 1 needed extensive assistance from staff for mobility, transfers, ambulation, and eating. Resident 1 was incontinent of bowel and bladder and totally dependent on staff for hygiene and bathing. Review of the physician's order dated 2/13/20, to provide skin treatment to Resident 1's sacrococcyx and right buttock wounds. Resident 1 had orders to provide physical therapy, occupational therapy, and speech therapy. Review of Resident 1's Notice of Transfer/Discharge form dated [DATE], showed Resident 1 was transferred to Skilled Nursing Facility B on [DATE]. The notice showed Resident 1's transfer was necessary and the transfer/discharge was appropriate because his health had improved sufficiently and no longer required the services provided by the facility. Review of the physician's order dated [DATE] at 1353 hours, showed an order to transfer Resident 1 to Skilled Nursing Facility B with all medications and belongings. The physician's order did not indicate the medical necessity or reason for Resident 1's discharge from this SNF to another SNF. Review of the Physician's Progress Notes dated 1/0 and [DATE], did not show indication or reasons for a possible need to transfer Resident 1 to another SNF. Review of Departmental Note dated [DATE] at 1433 hours, showed Resident 1 was transferred to SNF B at 1433 hours. There was no documentation to show the reason for Resident 1's transfer. On [DATE] at 1328 hours, an interview was conducted with the DON at Skilled Nursing Facility B. When asked about the services the facility was providing to Resident 1. The DON stated Resident 1 was receiving physical therapy, occupational therapy and wound care. On [DATE] at 1400 hours, a telephone interview was conducted with Resident 1. Resident 1 stated he was upset and did not understand why he was discharged from one skilled nursing facility to another skilled nursing that was so far away from his family. Resident 1 stated he did not receive any documentation or information from the facility related to his discharge or that he had the right to appeal the discharge. Resident 1 stated the facility told him about the transfer on the day he was discharged. On [DATE] at 1500 hours, a telephone interview was conducted with SSD 1. SSD 1 stated Resident 1 had requested to be transferred to another facility because he wanted to smoke more often. SSD 1 stated the facility's smoking schedule was every two hours. SSD 1 stated Resident 1 wanted more activities and more smoking time. When asked what particular activities was Resident 1 asking for that the facility was not able to provide, SSD 1 was not able to answer. On [DATE] at 1232 hours, a telephone interview and concurrent medical record review was conducted with SSD 1. SSD 1 verified the Notice of Transfer/discharge dated [DATE], showed Resident 1's condition had improved and did not require the services provided by the facility. SSD 1 acknowledged the reason for Resident 1's discharge was not appropriate since Resident 1 continued to need the same care.		
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 medical record review, the facility failed to ensure one of three sampled residents (Resident 1) was provided with a discharge notice in a timely manner. Resident 1 was transferred to another SNF on [DATE]. This resulted in Resident 1 and his legal representative to be deprived of the resident's right to file an appeal of the discharge. Findings: On 2/20/2020 at 1521 hours, a telephone interview was conducted with Family Member 1. Family Member 1 stated she was not aware Resident 1 was being transferred to another SNF. Family Member 1 stated she had been visiting Resident 1 routinely and not informed of the pending discharge. The family member stated due to the distance, she would no longer be able to visit Resident 1 because that facility was too far away. On 2/20/2020 at 1525 hours, a telephone interview was conducted with Family Member 2. Family Member 2 stated Resident 1 was his own responsible party; however, his family was involved and visited him regularly. Family Member 2 stated Resident 1 was transferred to SNF B but did not receive any notice of discharge or transfer prior to being discharged. Family Member 2 stated Resident 1 had been visiting her he has been forced by the facility to transfer to another facility and had not receive any papers to sign or instructions. Family Member 2 stated Resident 1 had resided in SNF A for over a month. Review of Resident 1's Notice of Transfer/Discharge form dated 2/19/20, showed Resident 1 was notified on 2/18/20, and discharged on [DATE] to SNF B. Review of Social Services Notes from 2/10/2020 through 2/20/2020, failed to show any documentation the facility informed Resident 1's right to appeal, explain the process for appeal the discharge, or assist Resident 1 in filling out the appeal form if he wished to do so. On 2/28/20 at 1400 hours, an interview was conducted with Resident 1. Resident 1 stated he did not receive any document from the facility when he was discharged to explain why he was being discharged or his right to appeal. On [DATE] at 1500 hours, a telephone interview was conducted with the SSD 1. When asked if she informed Resident 1's of his right to appeal his transfer/discharge, SSD 1 stated she did not. SSD 1 acknowledged Resident 1 was not informed of his right to appeal and the process on how to file an appeal.		
F 0624 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Prepare residents for a safe transfer or discharge from the nursing home. Based on interview and medical record review, the facility failed to ensure one of three sampled residents (Resident 1) was properly prepared for his discharge and informed of the destination of facility he was discharged to. Resident 1 was transferred to another SNF approximately 56 miles from Resident 1's home and his family. This had the potential to cause anxiety, depression, and maladjustment to a new living environment for Resident 1. Findings: Review of Resident 1's Notice of Transfer/Discharge form dated [DATE], showed Resident 1 was notified on [DATE], and would be transferred on [DATE] to SNF B located 56 miles away from Resident 1's home. On 2/20/2020 at 1521 hours, a telephone interview was conducted with Family Member 1. Family Member 1 stated she was not able to visit Resident 1 because that facility was too far to visit. On [DATE] at 1400 hours, a telephone interview was conducted with Resident 1. Resident 1 stated he was not provided any information about SNF B or where it was located. Resident 1 stated he was upset and he did not understand why he was discharged out of Orange County where he and his family resided to another county almost 60 miles away. On [DATE] at		

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.

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<p>F 0624</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>(continued... from page 1)</p> <p>1232 hours, a telephone interview was conducted with SSD 1. SSD 1 was asked how she oriented Resident 1 with the new facility, and what information about SNF B were provided to Resident 1. SSD 1 stated she informed Resident 1 about the services SNF B can provide. When asked if Resident 1 was made aware of its locations, SSD 1 stated she informed Resident 1 the facility was located in the nearby county. SSD 1 stated she was not aware how far the facility was from Resident 1's home and family. SSD acknowledge she did inform Resident 1 about the location of the other facility.</p>		