

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

1/23/21

HFEN 41511

PRINTED: 06/02/2021

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055706	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/02/2021
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NAME OF PROVIDER OR SUPPLIER THE ORCHARD - POST ACUTE CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 12385 E. WASHINGTON BLVD WHITTIER, CA 90606
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F 000	INITIAL COMMENTS The following represents the findings of the California Department of Health during the investigation of one facility reported incident (FRI). FRI number: CA00729885. Representing the Department of Public Health: HFEN #41511 HFEN #42334 HFEN #44290. The inspection was limited to the FRI investigated and does not represent the findings of a full inspection of the facility. One deficiency was written as a result of FRI number CA00729885.	F 000		
F 622 SS=D	Transfer and Discharge Requirements CFR(s): 483.15(c)(1)(i)(ii)(2)(i)-(iii) §483.15(c) Transfer and discharge- §483.15(c)(1) Facility requirements- (I) The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless- (A) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility; (B) The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility; (C) The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident; (D) The health of individuals in the facility would	F 622	Preparation and/or execution of the Plan of Correction does not constitute admission or agreement by the provider of the facts alleged or conclusions set forth on the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because it is required by the provisions of Health and Safety Code Section 1280 and 42 CFR 405.1907 <u>F622</u> <u>Corrective action(s) for resident found to have been affected by the deficient practice:</u> Resident 1 was Transferred to another facility on 3/20/21 and is no longer in the facility.	6-11-21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

ADMINISTRATOR

6-11-21

A statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the institution provides 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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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

THE ORCHARD - POST ACUTE CARE

12385 E. WASHINGTON BLVD
WHITTIER, CA 90606

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F 622	<p>Continued From page 1</p> <p>otherwise be endangered;</p> <p>(E) The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. Nonpayment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for his or her stay. For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge a resident only allowable charges under Medicaid; or</p> <p>(F) The facility ceases to operate.</p> <p>(ii) The facility may not transfer or discharge the resident while the appeal is pending, pursuant to § 431.230 of this chapter, when a resident exercises his or her right to appeal a transfer or discharge notice from the facility pursuant to § 431.220(a)(3) of this chapter, unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the facility. The facility must document the danger that failure to transfer or discharge would pose.</p> <p>§483.15(c)(2) Documentation.</p> <p>When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider.</p> <p>(i) Documentation in the resident's medical record must include:</p> <p>(A) The basis for the transfer per paragraph (c)(1)(i) of this section.</p>	F 622	<p><u>Corrective action(s) for resident found to have been affected by the deficient practice:</u></p> <p>All residents will have potential to be affected by the deficient practice</p> <p><u>Identification of other residents with the potential to be affected and corrective action:</u></p> <p>Medical Records Director checked transferred log/conducted an audit on 6/11/21 and no residents were transferred out to another facility between 3/20/21 and 6/11/21.</p> <p><u>Measures that will be put into place to ensure that the deficiency does not recur</u></p> <p>In-service training provided by the Director of Nursing to the Licensed Nursing staff on 6/10/21 on adhering to the policy and procedure on Transfers and Discharges to another facility. Also ensuring that the resident sign the Notice of Proposed Transfer / Discharge or the family member give the consent via telephone for the transfer.</p> <p>Additionally, inservice provided by Administrator on 7/15/21 to resident insurance, physician regarding facility policy and procedure on Transfers and Discharges to another facility.</p>	

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F 622	Continued From page 2 (B) In the case of paragraph (c)(1)(i)(A) of this section, the specific resident need(s) that cannot be met, facility attempts to meet the resident needs, and the service available at the receiving facility to meet the need(s). (ii) The documentation required by paragraph (c)(2)(i) of this section must be made by- (A) The resident's physician when transfer or discharge is necessary under paragraph (c)(1)(A) or (B) of this section; and (B) A physician when transfer or discharge is necessary under paragraph (c)(1)(i)(C) or (D) of this section. (iii) Information provided to the receiving provider must include a minimum of the following: (A) Contact information of the practitioner responsible for the care of the resident. (B) Resident representative information including contact information (C) Advance Directive information (D) All special instructions or precautions for ongoing care, as appropriate. (E) Comprehensive care plan goals; (F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility transferred one of one sampled resident (Resident 1) without an appropriate reason or documentation, which was not in alignment with the resident's care needs. The facility transferred resident 1 to another facility because of a positive COVID-19 (a virus that can spread from one person to person through droplets in the air that can cause respiratory	F 622	Medical Records Director will audit all residents transferred to another facility monthly to ensure compliance. <u>Measures that will be implemented to monitor effectiveness of the corrective action taken to ensure that this deficiency has been corrected and will not recur</u> Medical Record Director will notify Administrator of any issues of non-compliance and Administrator will report any concerns to the QA & A Committee monthly for 3 months for further review and to verify that the corrective actions are followed.	

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F 622	<p>Continued From page 3</p> <p>distress) result, despite having an established red zone (a designated area where residents were tested positive for COVID-19) as indicated in the facility's mitigation plan (a plan that reduces loss of life and property by minimizing the impact of disasters) and the resident having already been placed in the red zone.</p> <p>This deficient practice violated Resident 1's rights to live and had the potential to cause emotional harm due to needing to adjust to a new setting.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record indicated the resident admitted to the facility on 3/18/21 with diagnoses that included fracture (broken bone) of one rib on left side, history of falling, and difficulty walking.</p> <p>A review of Resident 1's "Physician Progress Notes," dated 3/18/21 at 4:24 p.m., indicated Physician 1 would manage the resident. There was no other documentation indicating the Physician and/or the Nurse Practitioner (NP) assessed Resident 1.</p> <p>A review of Resident 1's medical records, there was no documentation indicating the resident's physician or NP completed a History and Physical (a record that provides concise information about a patient's history and exam findings at the time of admission).</p> <p>A review of Resident 1's record titled, "Lab Results Report," dated 3/20/21, indicated a collection date of 3/18/21 and that the resident tested positive for COVID-19.</p>	F 622		

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F 622	Continued From page 4 A review of Resident 1's nursing, "Progress Notes," dated 3/20/21 at 5:30 p.m., indicated that the facility received the positive COVID-19 test results and the facility immediately moved Resident 1 to an isolation room in the red zone unit. The note indicated the facility notified Physician 1 of the positive test result and that the resident was stable with no respiratory distress. A review of Resident 1's nursing, "Progress Notes," dated 3/20/21 at 8:33 p.m., indicated a case manager informed the facility arrangements were made to transfer the resident to another facility. A review of Resident 1's Physician Order, dated 3/20/21 at 9 p.m., indicated to transfer Resident 1 to a COVID-19 positive designated facility. A review of Resident 1's Notice of Proposed Transfer/Discharge, dated 3/20/21, indicated the reason for Resident 1's transfer was because the resident's need could not be met at the facility for being COVID positive. Resident 1 did not sign the notice and it did not indicate FM 1 gave consent via telephone for the transfer. During an interview on 3/23/21 at 10:04 a.m., the Infection Preventionist (IP) stated when the facility was informed Resident 1 was positive for COVID-19, the facility was in the process of moving the resident to the red zone. The IP stated the resident's physician gave an order to transfer the resident to another facility. During an interview on 3/23/21 at 10:10 a.m., the Director of Nursing (DON) stated the case	F 622		

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F 622	<p>Continued From page 5</p> <p>manager from the resident's insurance company arranged the transfer. The DON stated the facility notified Family Member 1 (FM 1) of the resident's transfer via telephone.</p> <p>During a telephone interview on 4/06/21 at 10:45 a.m., FM 1 stated the facility called him to tell him about Resident 1's transfer after he was moved. FM 1 stated the facility told him that Resident 1 was out the door and the facility did not want to risk anyone else getting sick because the facility did not have any COVID-19 positive residents.</p> <p>During an interview and record review, on 5/10/21 at 9:50 a.m., the DON stated the facility was able to care for COVID-19 residents and had designated zones and staff. The DON stated once the COVID-19 positive result was received on 3/20/21, Resident 1 was immediately placed in the Red Zone and staff assigned to care for him. The DON stated the insurance company's physician called and ordered the transfer because the insurance company wanted to combine all COVID-19 positives in one facility. The DON reviewed Resident 1's notice of transfer and discharge and stated Resident 1 was alert and oriented and could have probably signed the notice. The Don confirmed no signature from the resident or representative was on the notice and the nurse should have written a note indicating to refer to nurse's notes. The DON stated we could have managed the care for Resident 1, but the provider wanted to take the resident.</p> <p>A review of the facility's policy and procedure titled, "Policy/Procedure - Nursing Administration: Admissions, General Policy," revised on 12/2010, indicated the facility should not transfer or discharge a resident unless the resident's welfare</p>	F 622		

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F 622	<p>Continued From page 6</p> <p>and needs could not be met by the facility. The policy also indicated the physician must document reason for transfer/discharge that are necessary for Resident's welfare and needs. The policy also indicated written notification of transfer/discharge would be given to the appropriate person within 24 to 48 hours of discharge decision or as soon as practicable prior to transfer.</p> <p>A review of the facility's undated record titled, "Coronavirus Disease 2019 (COVID-19) Mitigation Plan for Skilled Nursing Facilities," indicated when residents were confirmed with COVID-19 they must be separated and placed in the red zone. The Mitigation Plan indicated that only if the facility could not safely designate space, staff, and supplies, the facility would take immediate action to reduce the risk of the residents by any means necessary, which included evacuating all suspected and confirmed COVID-19 positive residents to the nearest COVID designated facility.</p>	F 622		