development of a discharge plan for each IDT dated 09/13/19. resident are identified and result in the meeting, please see attached (i) Ensure that the discharge needs of each rights set forth at 483.15(b) as applicable andbe at a Board and Care at this process must be consistent with the discharge discharge plan and location to readmissions. The facility's discharge planning expressed his preference reduction of factors leading to preventable transition them to post-discharge care, and the discharge planning. Resident 2 of residents to be active partners and effectively with resident 2 regarding his on the resident's discharge goals, the preparation and administrator) discussed effective discharge planning process that focuses MDS nurse, director of nursing The facility must develop and implement an §483.21(c)(1) Discharge Planning Process team (social service designee, On 09/13/19, Interdisciplinary CFR(s): 483.21(c)(1)(i)-(ix) a=ss $\{ E ee0 \}$ Discharge Planning Process $\{099 \ 1\}$ Immediate Corrective Action Revisit survey for complaint CA00641635. 6T/LO/OT Three deficiencies were issued for the First L 660 full inspection of the facility. Revisit and does not represent the findings of a The inspection was limited to the specific First 1 of compliance. 50 correction serves as the allegation Health Facilities Evaluator Nurse ID: 36526 Representing the Department of Public Health: and federal law. This plan of exclusively to comply with state Complaint number: CA00641635 correction is submitted of correction. In fact, this plan of Appreviated Standard Survey. statement of deficiencies and plan Revisit of a complaint investigation during an truth of the facts alleged in this Department of Public Health during the First The following reflects the findings of the agreement by this facility of the correction is not an admission or $\{ F 000 \}$ The signing of this plan of INITIAL COMMENTS $\{E 000\}$ DEFICIENCY CROSS-REFERENCED TO THE APPROPRIATE COMPLETION (X5) SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL) REGULATORY OR LSC IDENTIFYING INFORMATION) **DAT** (EACH CORRECTIVE ACTION SHOULD BE **DAT** PREFIX PROVIDER'S PLAN OF CORRECTION PREFIX (X4) ID LOS ANGELES, CA 90018 **ЗПИИХУІЕМ СА**ВЕ СЕИТЕР 2000 W WASHINGTON BL STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 09/12/2019 B. WING 120999 R-C COMPLETED A. BUILDING преитігісатіой и мивея: YAVRUS STAG (EX) STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X2) МИLТІРLЕ СОИЅТRUCTION (X1) PROVIDER/SUPPLIER/CLIA OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 09/24/2019 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES

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 shove findings and plans of correction are disclosable 14 deficiencies are cited, an approved plan of correction are disclosable 14 program participation.

A6) DATE

resident 2, H&P attached.

On 09/13/19, resident 2

physician came and assessed

своду то престок од Рясупремзирен нервезентатие's зіснатике

identify changes that require modification of the discharge plan. The discharge plan must be

(ii) Include regular re-evaluation of residents to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		LE CONSTRUCTION		E SURVEY PLETED
		227044	B. WING			R-C	
NAME OF PROVIDER OF OUR		555071	B. WING			09/	12/2019
NAME OF PROVIDER OR SUPI	LIER	•			STREET ADDRESS, CITY, STATE, ZIP CODE		
SUNNYVIEW CARE CEN	TER				2000 W WASHINGTON BL	•	
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(iii) Involve the by §483.21(b)(developing the (iv) Consider of and the reside person(s) capa required care, discharge need (v) Involve the representative discharge plan resident representative discharge plan resident representative discharge plan resident representative discharge plan resident prefer (vii) Document about their interegarding retur (A) If the reside to the commun referrals to loca appropriate ent (B) Facilities m comprehensive appropriate, in from referrals to appropriate ent (C) If discharge to not be feasib made the deter (viii) For resider sylves provider by usir limited to SNF, patient assessing the sylves of the control o	edece inter 2)(ii), disc inter 2)(ii), disc inter 2)(ii), disc inter 3 and in the area in the area in the area inter 4 and inter 5 and inter 6 and inter 6 and inter 6 and inter 6 and inter 7 and inter 6 and int	i, to reflect these changes. disciplinary team, as defined in the ongoing process of harge plan. ver/support person availability r caregiver's/support and capability to perform and of the identification of ent and resident e development of the inform the resident and tive of the final plan. ident's goals of care and es. a resident has been asked in receiving information to the community. dicates an interest in returning the facility must document any tract agencies or other made for this purpose. pdate a resident's plan and discharge plan, as the plan and discharge plan, as the plan and discharge or other e community is determined the facility must document who e facility must document who	{F 6	60}		gy on it	10/07/19

STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	T		OMB NO	<u>). 0938-0391</u>
AND PLAN	OFCORRECTION	IDENTIFICATION NUMBER:	A. BUILD	LTIPLE CONSTRUCTION DING	(X3) DA	TE SURVEY MPLETED
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SUNNY	VIEW CARE CENTER		1	2000 W WASHINGTON BL	700E	
			ĺ	LOS ANGELES, CA 90018		•
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TAG	REGULATORY OR L	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	X (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	COMPLETION DATE
	the data is available the post-acute care assessment data, d data on resource us the resident's goals preferences. (ix) Document, componing on the resident's need and discharge evaluation must be discharge plan to fact to avoid unnecessary discharge or transfer This REQUIREMENT by: Based on interview a failed to follow its plan 8/23/19, by not implein that included a post-densuring participation resident's family on didocumenting in the present assessment of the post-densuring participation resident's family on didocumenting in the president assessment data.	standardized patient ata on quality measures, and e is relevant and applicable to of care and treatment plete on a timely basis based eds, and include in the clinical of the resident's discharge e plan. The results of the discussed with the resident or ative. All relevant resident incorporated into the delays in the resident's is not met as evidenced and record review, the facility of correction (POC) dated menting a discharge plan discharge plan of care, of the resident and/or the scharge planning, and ogress notes the physician marge planning for one of	{F 66	•.	ator such as , MDS nursing arding e on and ollow up and e to arge sisted rred	10/07/19
	(These deficient practions of the control of the c	Ces resulted in Posidont Ob		resident's discharge plan 3. Post discharge plan in referral to local agency t arranged and document	ncluding to be	
F	indings:					
a	idmitted to the facility	's Admission Record (Face sident was initially on 7/5/19, and last Resident 2's diagnoses				

FORM APPROVED PRINTED: 09/24/2019

It continuation sheet Page 4 of 16

DEPARTMENT OF HEALTH AND HUMAN SERVICES

to his schizophrenia diagnosis. was not safe to self-administer medications due goal for a resident) determined that Resident 2 disciplines that work together towards a common the Interdisciplinary Team's ([IDT] a group of Drugs Assessment, dated 8/23/19, indicated that A review of Resident 2's Self Administration of independent living facility. indicated to discharge Resident 2 to an order, dated 8/23/19 and timed at 2:32 p.m., A review of the unsigned physician's telephone appropriate placement. process, and for Resident 2 to have a safe and goals included to initiate discharge planning treatment for tuberculosis disease. The staff of healthcare services provided) services and to provide three months of ancillary (wide range an uncertain discharge plan and the outcome was revised on 8/27/19, indicated that Resident 2 had A review of Resident 2's Baseline Care Plan, was no discharge plan initiated for Resident 2. dressing, and bathing). The MDS indicated there scüvities performed daily such as grooming, further action is needed. for activities of daily living ([ADL] self-care monthly times six months if Resident 2 required of one-person physical assist be reviewed by QA committee make his self understood. The MDS indicated corrected as needed and will was able to make his needs known and able to screening, dated 7/12/19, indicated the resident discharge plan. Finding will be (MDS), a standardized assessment and care reinsure compliance regarding A review of Resident 2's Minimum Data Set residents' chart weekly to service designee will review bacterial disease that mainly affects the lungs). fuberculosis ([TB] potentially serious infectious Administrator and social disorder) disorder, generalized weakness, and assurance system characterized by hallucinations and mood ytileup offi noiterasinity included schizoaffective (chronic mental condition Monitoring performance 6T/LO/OT (단 660} Continued From page 3 {F 660} DELICIENCY (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (XS) COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) **DAT XITERIX** PROVIDER'S PLAN OF CORRECTION XI3389 O! SUMMARY STATEMENT OF DEFICIENCIES (X4) ID LOS ANGELES, CA 90018 2000 W WASHINGTON BL SUNNYVIÈW CARE CENTER STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 610Z/Z1/60 B. WING 120999 (X3) DATE SURVEY COMPLETED A BUILDING DENTIFICATION NUMBER: STATEMENT OF CORRECTION AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA OMB NO. 0938-0391 CENTER'S FOR MEDICARE & MEDICAID SERVICES

Facility ID: CA97000017

Event ID: 563X12

FORM CMS-2667(02-99) Previous Versions Obsolete

STATEMEN AND BLAN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTI	IPLE CONSTRUCTION	•	7. 0938-0391 TE SURVEY
ANDPLAN	OF CORRECTION :	IDENTIFICATION NUMBER:	A. BUILDIN	IG	CO	MPLETED
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l	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		7122010
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	indicated that Resid different medication latent (carrier) tuber are review of Resident (treatment for menta assessment, dated Resident 2's inability stimuli affected his a performance. A review of Resident aperformance. A review of Resident aperformance aperformance. A review of Resident aperformance aperformance. A review of Resident aperformance approximation and aperformance approximation aperformance. A review of the IDT in Discharge Planning, aperformance approximation aperformance approximation ap	at 2's re-admitting physician's 19 and timed at 8:20 p.m., ent 2 was taking three is to treat his diagnosis of culosis. It 2's psychotherapeutic al disorders) medication 3/23/19, indicated that it to process his internal activities of daily living (ADL) It 2's care plan titled, cit," dated 8/26/19, indicated ired assistance with ADL's, poor balance, poor safety ordination and requiring ADL's. The goal indicated do not decline. The staff do assist Resident 2 with urning, repositioning, dehabilitation of all therapy quarterly and as ote titled, "Resident's dated 8/26/19, indicated to participate in the The IDT note indicated that designee (SSD) initiated the and contacted Resident 2's	{F 660			
.	Resident 2 stated, "I (ဦirt hole." Resident 2	m., during an interview, don't want to go back to that stated that he was not ed to be discharged to.				·

STATEME AND PLA	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	TIPLE CONSTRUCTION NG	(X3) DA	O. 0930-039 ATE SURVEY OMPLETED
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NAME O	F PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	<u> 0</u> 9	9/12/2019
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{F 660	Resident 2 stated the told him he was leave that even if he did not discharged. On 9/12/19 at 7:40 a finterview and record medical chart, the Sidischarge order was 2's re-admission to that Resident 2 did not discharge planning a that the resident did The SSD stated that was not appropriate. On 9/12/19 at 8:20 a Gertified Nurse Assis Resident 2 required a	at SSD came to his room and ving soon and to get ready, ot have a home, he would be a.m., during a concurrent review of Resident 2's SD stated that Resident 2's obtained prior to Resident he facility. The SSD stated not participate in his and that she was not aware not want to leave the facility. Resident 2's discharge plan	{F 660	0}		
F 689 SS=E	to find the nurses not regarding Resident 2 A review of the facility 'Transfer and Dischalindicated that the trana planned event. The staff should handle the residents' in a way the and family's anxiety (firee of Accident Haza	's discharge. 's undated policy titled, rge Policy & Procedure," sefer and discharge is ideally policy indicated the facility e transfer/discharge of the at minimizes the resident's eeling of unease or worry). ards/Supervision/Devices 2)	F 689			

AND PLAN OF CORRECTION A BUILDING DESTINATION NUMBER* STREET ADDRESS, CITY, STATE, ZIP CODE 2000 W WASHINGTON BL. LOS ANGELES, C. A 9018	1	STATEMEN	T OF DEFICIENCIES	CAN PROVIDENCES				OMB NO	D. 0938-039	1
MAME OF PROVIDER OR SUPPLIER SUNNYVIEW CARE CENTER STREETADDRESS, CITY, STATE, ZIP CODE 2000 W WASHINGTON BL LOS ANGELES, CA 90018 PREPIX TAG CALL DESCRIPTION PROVIDER TO PROPERCIENCIES CACH DEPROPRIES BE PRECEDED BY FULL REGULATORY OR LSG DEMTRY/MO INFORMATION) FOR PREPIX TAG Continued From page 6 The facility must ensure that - \$483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility staff failed to follow a resident's care plan and provide supervision for two of these sample residents (Resident 3 and 4). Resident 3 had a listory of eloping for leave unnoticed) from the facility. Resident 4 was recently admitted to the facility for suicidal ideation (thoughts of killing oneself) and attempts of walking into incoming traffic. These deficient practices resulted in Resident 3 leaving out on pass (OCP) and not returning to the facility, and Resident-4 eloping from the facility into the surrounding neighborhood unsupervised, creating the potential for physical and mental harm after not returning to the facility. A review of Resident 3's Admission Record (Face Sheet) indicated the resident was initially admitted to the facility on 76/19, and last readmitted on 8/23/19. Resident 3's diagnoses included amxiety (feeling of worry, nervousness, or unease), cocaine (strong addictive stimulant drug frequently used as a recreational drug), pouse, and altered mental statem (discruption in	I	AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DA	TE SURVEY	
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SUMMARY STATEMENT OF DEFICIENCES LOS ANGELES, CA 90018	l	NAME OF	PROVIDER OR SUPPLIER			Г	STREET ADDRESS CITY STATE ZID CODE	09	/12/2019	_
CAND D PREFER CHAPTORY OR LSC IDENTIFYING INFORMATION) F 689 Continued From page 6 The facility must ensure that- §483.25(6)(1) The resident environment remains as free of accident hazards as is possible; and \$ §483.25(6)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility staff failed to follow a resident's care plan and provide supervision for two of three sample resident (Resident 3 and 4). Resident 3 had a fistory of eloping (to leave unnoticed) from the facility, resident ad was recently admitted to the facility for suicidal ideation (thoughts of killing dineself) and attempts of walking into incoming traffic. These deficient practices resulted in Resident 3 leaving out on pass (OOP) and not returning to the facility and Resident 4 leoping from the facility in the surrounding neighborhood unsupervised, creating the potential for physical and mental harm after not returning to the facility and mental harm after not returning to the facility or suicidal resident was initially admitted to the facility or voicidal resident and mental harm after not returning to the facility or suicidal resident and mental harm after not returning to the facility or voicidal resident and mental harm after not returning to the facility or voicidal resident and dischaped against medical addivice, see attached OOP form. Resident did not return back to facility within 72 hours; and physician notified and dischaped against medical advice, see attached olicy, AMA discharge order and licensed note.	ı	SUNNY	VIEW CARE CENTER			İ	2000 W WASHINGTON BI			
CALID PRIETIX CALID PRICE	Ļ		The state of the s	•						
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STATEMEN AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A BUILDING				<u>J. 0938-039°</u> NTE SURVEY MPLETED
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SUNNY	PROVIDER OR SUPPLIER JEW CARE CENTER		·	200	REET ADDRESS, CITY, STATE, ZIP CODE 00 W WASHINGTON BL DS ANGELES, CA 90018	1 09	<u>9/12/2019</u>
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFIX TAG	,	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	RE	(X5) COMPLETION DATE
TO THE PARTY OF TH	pehavior). A review of Residen (MDS), a standardiz screening, dated 8/2 was able to make he make her self-under Resident 3 required limited assist for active self-care activities pedressing, grooming, a review of Resident revised on 8/27/19, in an uncertain discharge to provide three monof healthcare service treatment for tubercu infectious bacterial discharge planning practice as a safe and appropriate a safe and appropriate as a safe and appropriate (atted 9/6/19 ar hat Resident 3 was a OOP) for four (4) hour review of the facility of Responsibility for Lenat Resident 3 signed 1:30 a.m., and on 9/9 a review of the Multidiadicated the following: On 8/30/19 at 3:05 review of 8/30/19	t 3's Minimum Data Set ed assessment and care t/19, indicated the resident er needs known and able to stood. The MDS indicated of one-person physical vities of daily living ([ADL] erformed daily such as and bathing). 3's Baseline Care Plan, adicated that Resident 3 had ge plan and the outcome was this of ancillary (wide range s provided) services and losis ([TB] potentially serious sease that mainly affects the staff goals included to initiate rocess, and for Resident 3 to opriate placement. ned physician's telephone and timed at 9 a.m., indicated ble to go on Out on Pass ars and as needed. Is document titled, "Release eave of Absence," indicated the OOP log on 9/4/19 at 11:30 a.m. sciplinary Team Notes D.m., Resident 3 left the	F 6	89	A courtesy phone call made to resident's 3 friend. Friend stated "not to worry" and resident 3 is fine, see licensed note dated 09/13/19. Administrator in-serviced director of nursing and social services designee on 10/01/19 regarding adequate assessment, supervision and documentation on monitoring residents with suicidal upon admission and facility policy for suicidal residents, see attached policy. Director of nursing in-serviced licensed nurses 10/01/19 regarding the above and policy of suicidal residents.	or t	10/07/19
fa	icility against medical	advice (AMA).			•		

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A BUILDII	TIPLE CONSTRUCTION NG	(X3) DATE SU COMPLE	IRVEY
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in the first of the control of the c	Continued From page 2. On 9/4/19 at 11:40 3's physician to requiresident. 3. On 9/6/19 at 9 a.m. order indicated that if for four hours and as Resident 3 leaves the 4. On 9/9/19 at 11:30 facility for OOP and of A review of Resident Assessment, dated 9/elopement that Resident 3 had leaves the 12/30/19. LVN 1 stated at Resident 3 should not receive of Resident 3 should not receive and receive of Resident 3 had leaves the 13/30/19. LVN 1 stated Resident 3 should not receive of Resident 3 shou	ge 8 D a.m., staff called Resident lest an OOP order for the n., a clarification of the OOP Resident 3 can go on OOP meeded. At 12:20 p.m., e facility on OOP. a.m., Resident 3 leaves the loes not return. 3's Elopement Risk 15/19, did not indicate the ent 3 had on 8/30/19m., during a concurrent eview, Licensed Vocational did that she was not aware fit against medical advice on that after the first incident have been given OOP t 4's Admission Record the resident was initially on 8/22/19. Resident 4's cidal ideation, paranoid in which the mind dear	F 685	DEFICIENCY)	re 10,	/O7/1

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 09/24/2019 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING COMPLETED R-C 555071 B. WING NAME OF PROVIDER OR SUPPLIER 09/12/2019 STREET ADDRESS, CITY, STATE, ZIP CODE SUNNYVIEW CARE CENTER 2000 W WASHINGTON BL LOS ANGELES, CA 90018 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE DEFICIENCY) F 689 Continued From page 9 F 689 In-serviced social services for Harming self," dated 8/23/19, indicated that 10/07/19 designee and director of the goal was to assist Resident 4 to cope with thoughts of harming self. The staff interventions nursing on 10/01/19 regarding included to provide one-on-one supervision as following facility policy on indicated/needed and a safe environment. suicidal resident such as monitoring sign and symptom; A review of Resident 4's care plan titled, "Elopement Risk," dated 8/23/19, indicated that visiting resident with suicidal the goal was for Resident 4 not to leave the ideation by social services and facility without asking for permission. The staff participation of social services, interventions included to follow protocol for visual activities, family and contacting checks, and notify the physician of changes in psychiatrist and physician condition. immediately if symptom noted. A review of Resident 4's Multidisciplinary Progress Record, indicated late entry for 8/24/19 Monitoring performance at 6:30 a.m., indicated Resident 4 was seen Discharge and admission charts leaving the facility and getting on a public transportation bus. The progress note indicated will be reviewed weekly and as that facility staff attempted to convince Resident 4 needed by administrator, to return to the facility, but was unsuccessful. director of nursing and social services designee for thirty Ön 9/12/19 at 10:08 а.т., during a concurrent interview and record review, the Social Services days to ensure compliance. Designee (SSD) stated that since Resident 3 and Finding will be corrected as 4 left the facility, they were no longer considered needed and reported to QA the facility's responsibility. committee if further action is n 9/12/19 at 10:50 a.m., during a concurrent needed. interview and record review, LVN 1 stated that she was not aware that Resident 4 had suicidal ideation or that she had a care plan to be supervised. LVN 1 stated that staff did not follow Resident 4's care plan to be supervised. Ón 9/12/19 at 11:50 a.m., during a concurrent interview and record review, in the presence of the Director of Nurses (DON), SSD, and Medical

Records (MR), the Administrator (ADM) stated

PRINTED: 09/24/2019 FORM APPROVED 1950-8590 ON BMO CENTERS FOR MEDICARE & MEDICAID SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES

t admission charts to ensure facility is nce. No other areas	to doctors in the faci letter. Identifica residents Ten recen reviewed		dications. record review, the facility n's visits with a written d and documented in the two of three sampled a.s. sulted in Resident 2's for discharge, and in Resident and for discharge, and the primary or discharge, and the primary are plan for her suicide	elied to eusate byysicist	6 년 년 년 년 년 년 년 년 년 년 년 년 년 년 년 년 년 년 년
on regarding physician e given to quality e doctors and mailed	notification visits wer		date all orders with the precious process and precious per seministered per	S483.30(b)(3) Sign and exception of influenza are vaccines, which may be physician-approved facility	
mber 19, rator in-serviced director and 2 of UR s regarding policy of visit and letter of	atzinimbe nedical neicisydq neicisydd			\$483.30(b)(1) Review the care, including medicesch visit required by pasection; \$483.30(b)(2) Write, sign	
10\07\12	F 711	{rr7 - 3}	w.Care/Notes/Order	Physician Visits - Revie CFR(s): 483.30(b)(1)-(3 §483.30(b) Physician Vi The physician must-	(117 1)
	·	689 크	aves and does do not discharged resident. The discharged responsible he ADM stated she was esident 4 had suicidal ed that the facility did not cy.	inst once a resident less tetum its considered a tetum its considered a ADA stated that the DON state ideation. The DON state ideation. The DON state is supervision policy	689 T
VIDER'S PLAN OF CORRECTION (xs) CORRECTIVE ACTION SHOULD BE DATE EFERENCED TO THE PROPRIETE DATE DEFICIENCY)	O HOVA)	GI XITBR9 DAT	TENT OF DEFICIENCIES IST BE PRECEDED BY FULL DENTIFYING INFORMATION)	いめ かいしょういきし しんべつ しょくしょう	OI (bx) XITBRY SAT
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DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 09/24/2019 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING COMPLETED R-C 555071 B. WING NAME OF PROVIDER OR SUPPLIER 09/12/2019 STREET ADDRESS, CITY, STATE, ZIP CODE SUNNYVIEW CARE CENTER 2000 W WASHINGTON BL LOS ANGELES, CA 90018 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (XS) COMPLETION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) {F 711} Continued From page 11 {F 711} (killing oneself) prevention. Measure to prevent 10/07/19 reoccurrence Findings: Administrator in-serviced a. A review of Resident 2's Admission Record medical record supervisor on (Face Sheet) indicated the resident was initially 10/04/19 regarding a physician admitted to the facility on 7/5/19, and last visit within 72 hours of resident readmitted on 8/23/19. Resident 1's diagnoses admission to complete a included schizoaffective (chronic mental condition characterized by hallucinations and mood history and physical disorder) disorder, generalized weakness, and examination if the history and tuberculosis ([TB] potentially serious infectious physical received upon bacterial disease that mainly affects the lungs). admission was not completed A review of Resident 2's Minimum Data Set by attending physician 5 days (MDS), a standardized assessment and care prior to admission and policy of screening, dated 7/12/19, indicated the resident physician visit, policy attached. was able to make his needs known and able to make his self understood. The MDS indicated Resident 2 required of one-person physical assist Monitoring performance for activities of daily living ([ADL] self-care activities performed daily such as dressing, Medical record

was no discharge plan initiated for Resident 2.

A review of Resident 2's Baseline Care Plan, revised on 8/27/19, indicated that Resident 2 had an uncertain discharge plan and the outcome was to provide three months of ancillary (wide range of healthcare services provided) services and treatment for his tuberculosis diagnosis. The staff goals included to initiate discharge planning process, and for Resident 2 to have a safe and appropriate placement.

grooming, and bathing). The MDS indicated there

A review of the unsigned physician's telephone order, dated 8/23/19 and timed at 2:32 p.m., indicated to discharge Resident 2 to an

FORM CMS-2587(02-99) Previous Versions Obsolete

Event ID: 563X11

Facility ID: CA970000017

supervisor/designee will audit

admission within 72 hours of

compliance and finding will be

medical director/administrator,

and reported monthly times 90

days if further action needed.

addressed immediately by

admission to ensure

If continuation sheet Page 12 of 16

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 09/24/2019 CENTERS FOR MEDICARE & MEDICAID SERVICES **FORM APPROVED** STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING COMPLETED R-C 555071 **B. WING** NAME OF PROVIDER OR SUPPLIER 09/12/2019 STREET ADDRESS, CITY, STATE, ZIP CODE SUNNYVIÉW CARE CENTER 2000 W WASHINGTON BL LOS ANGELES, CA 90018 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID מו (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION PRÉFIX (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY {F 711} Continued From page 12 {F 711} independent living facility. A review of the dated an Interdisciplinary Team ([IDT] group of disciplines working together towards a common goal for a resident) note titled, "Resident's Discharge Planning," 8/26/19, indicated that Resident 2 did not participate in the discharge planning. The IDT note indicated that the Social Services Designee (SSD) initiated the process of discharge and contacted Resident 2's previous assistive living facility. On 9/12/19 at 7:30 a.m., during an interview, Resident 2 stated, "I don't want to go back to that dirt hole." Resident 2 stated that he was not asked where he wanted to be discharged to. Resident 2 stated that SSD came to his room and told him he was leaving soon and to get ready, and that even if he did not have a home, he would be discharged. The SSD stated and confirmed that Resident 2 did not have a physician History and Physical (H/P) completed and a visit from the physician documented in the resident's medical chart. On 9/12/19 at 7:40 a.m., during a concurrent interview and record review of Resident 2's medical chart, the SSD stated that Resident 2's discharge order was obtained prior to Resident 2's re-admission to the facility. The SSD stated

was not appropriate.

that Resident 2 did not participate in his discharge planning and that she was not aware that the resident did not want to leave the facility. The SSD stated that Resident 2's discharge plan

b. A review of Resident 3's Admission Record (Face Sheet) indicated the resident was initially

STATEMEN AND PLAN	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI	(X3) DA	7. 0938-0391 TE SURVEY MPLETED		
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	readmitted on 8/23/included anxiety (fee or unease), cocaine drug frequently used abuse, and altered richow the brain works behavior). A review of Resident (MDS), a standardized screening, dated 8/2 was able to make he make her self under Resident 3 required assist for ADLs. A review of Resident revised on 8/27/19, in an uncertain dischard to provide three mon of healthcare service treatment for her tube goals included to initiprocess, and for Resident was seen by the Nursedvanced practice related to the service of Resident was seen by the Nursedvanced practice related to the service of Resident was seen by the Nursedvanced practice related to the service of Resident was seen by the Nursedvanced practice related to the service of Resident was seen by the Nursedvanced practice related to the service of Resident was seen by the Nursedvanced practice related to the service of Resident was seen by the Nursedvanced practice related to the service of Resident was seen by the Nursedvanced practice related to the service of Resident was seen by the Nursedvanced practice related to the service of Resident Res	19. Resident 3's diagnoses eling of worry, nervousness, (strong addictive stimulant das a recreational drug) mental status (disruption in that causes a change in that causes a change in that causes a change in that causes a change in that causes a change in that causes a change in that causes a change in that causes a change in that causes a change in that causes a change in that causes a change in that causes a change in that causes and able to stood. The MDS indicated a one-person physical limited a one-person physical limited a special services and erculosis diagnosis. The staff ate the discharge planning ident 3 to have a safe and int. 3's H/P indicated Resident 3 se Practitioner ([NP] an gistered nurse trained to , order and interpret tory tests, diagnose illness is medication and formulate /27/19.	{F 711}				

STATEMENT OF DEFICIENCE AND PLAN OF CORRECTION	ES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING	E CONSTRUCTION .	(X3) DA	O. 0938-039 ATE SURVEY MPLETED
· ,	555071	B. WING			R-C
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	ARY STATEMENT OF DEFICIENCIES FICIENCY MUST BE PRECEDED BY FULL RY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T	ION SHOULD BE HE APPROPRIATE	(XS) COMPLETION DATE
that Residen 11:30 a.m., a A review of the indicated the 1. On 8/30/19 facility agains 2. On 9/4/19 to request an 3. On 9/6/19 a crder indicate four hours and Resident 3 lea 4. On 9/9/19 at interview and Nurse 1 (LVN have been assorder. LVN 1 seen by the NI facility's policy first visit asses on 9/12/19 at interview and no 9/12/19 at interview and no 9/12/19 at interview and no 9/12/19 at interview and no 9/12/19 at interview and no 9/12/19 at interview and no 9/12/19 at interview and no 9/12/19 at interview and no 9/12/19 at interview and no 9/12/19 at interview and no 9/12/19 at interview and no 9/12/19 at interview and no 9/12/19 at interview and no 9/12/19 at interview and no 9/12/19 at in	ne facility's document titled, "Release illity for Leave of Absence," indicated it 3 signed the OOP log. on 9/4/19 and on 9/9/19 at 11:30 a.m. ne Multidisciplinary Team Notes following: at 3:05 p.m., Resident 3 left the teat medical advice (AMA). at 11:40 a.m., staff called physician OOP order for Resident 3. at 9 a.m., clarification of the OOP de that Resident 3 can go OOP for a seeded. At 12:20 p.m., wes the facility on OOP. at 11:30 a.m., Resident 3 leaves the needed are to the teat of		DEFICIENC	0	
conduct their fir	: IBCIIIIV IS for physicians to				

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{F 711}	should ensure that e care of a physician s the medical care is s physician when the unavailable. The pol should be completed admission. NP's or o	seach resident is under the selected by the resident and supervised by another attending physician is icy indicated that an H/P I within 72 hours of linical nurse specialist of with the physician as an	{F 71	1}					
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