

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

POC reviewed
3 accepted 11/3/21
27785

PRINTED: 08/05/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055344	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/05/2021
NAME OF PROVIDER OR SUPPLIER COUNTRY VILLA CLAREMONT HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 690 S. INDIAN HILL BLVD. CLAREMONT, CA 91711		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during the investigation of a complaint. Complaint number: CA00742485 Representing the California Department of Public Health: Surveyor #27785, Health Facility Evaluator Nurse The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. One deficiency was written as a result of complaint number 742485. F 745 SS=D Provision of Medically Related Social Service CFR(s): 483.40(d) §483.40(d) The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure transportation was provided upon discharge for one of three sampled residents (Resident 1) as requested. This had the potential to affect the resident's psychosocial well being. Findings: A review of Resident 1's Facesheet indicated Resident 1 was admitted to the facility on 6/4/21,	F 000	Country Villa Claremont Healthcare Center submits this response and Plan of Correction as state and federal law requirements. The plan of correction is submitted in accordance with specific regulatory requirements. It shall not be construed as an admission of any alleged deficiency cited or any liability. The provider submits this plan of correction with the intention that is inadmissible by any third party in any civil, criminal action or proceedings against the provider or its employee, agents, officers, directors, or shareholders. The provider reserves the right to challenge the cited findings if at any time the provider determines that the disputed findings are relied upon in a manner adverse to the interests of the provider either by the governmental agencies or third party. The facility desires that this plan of correction be considered the facility's allegation of compliance. "Preparation, submission, and execution of this Plan of Correction does not constitute admission or agreement by the Provider of the truth of the facts alleged or conclusions outlined in this statement of deficiencies. The Plan of Correction is prepared, submitted, and executed solely because the provision requires it of federal and state law." F745 Provision of Medically Related Social Service How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Resident 1 was safely transported home by private vehicle by family. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken: The assistant administrator provided education to the Social Services Director on August 6, 2021, regarding transportation arrangements and applicable documentation.		

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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F 000	<p>INITIAL COMMENTS</p> <p>The following reflects the findings of the California Department of Public Health during the investigation of a complaint.</p> <p>Complaint number: CA00742465</p> <p>Representing the California Department of Public Health: Surveyor #27785, Health Facility Evaluator Nurse</p> <p>The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.</p> <p>One deficiency was written as a result of complaint number 742465.</p>	F 000	<p>Country Villa Claremont Healthcare Center submits this response and Plan of Correction as state and federal law requirements. The plan of correction is submitted in accordance with specific regulatory requirements. It shall not be construed as an admission of any alleged deficiency cited or any liability.</p> <p>The provider submits this plan of correction with the intention that is inadmissible by any third party in any civil, criminal action or proceedings against the provider or its employee, agents, officers, directors, or shareholders.</p> <p>The provider reserves the right to challenge the cited findings if at any time the provider determines that the disputed findings are relied upon in a manner adverse to the interests of the provider either by the governmental agencies or third party.</p> <p>The facility desires that this plan of correction be considered the facility's allegation of compliance.</p>		
F 745 SS=D	<p>Provision of Medically Related Social Service CFR(s): 483.40(d)</p> <p>§483.40(d) The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure transportation was provided upon discharge for one of three sampled residents (Resident 1) as requested.</p> <p>This had the potential to affect the resident's psychosocial well being.</p> <p>Findings:</p> <p>A review of Resident 1's Facesheet indicated Resident 1 was admitted to the facility on 6/4/21,</p>	F 745	<p>"Preparation, submission, and execution of this Plan of Correction does not constitute admission or agreement by the Provider of the truth of the facts alleged or conclusions outlined in this statement of deficiencies. The Plan of Correction is prepared, submitted, and executed solely because the provision requires it of federal and state law."</p> <p>F745 Provision of Medically Related Social Service</p> <p>How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>Resident 1 was safely transported home by private vehicle by family.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:</p> <p>The assistant administrator provided education to the Social Services Director on August 6, 2021, regarding transportation arrangements and applicable documentation.</p>		

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

TITLE

(X6) DATE

[Signature] *[Signature]* 08/16/2021

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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F 745	<p>Continued From page 1</p> <p>with diagnoses that included dementia (a general term for loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life) and major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest). The Facesheet indicated Resident 1 was discharged from the facility on 6/12/21.</p> <p>A review of Resident 1's Progress Notes dated 6/9/21 at 6:09 PM, indicated Licensed Vocational Nurse 1 (LVN 1), received a physician's order to discharge Resident 1 to a residential facility on 6/12/21.</p> <p>A review of Resident 1's Progress Notes dated 6/11/21 at 11:27 AM, indicated the Social Services Director (SSD), arranged transportation for Resident 1's discharge.</p> <p>A review of Resident 1's Progress Notes dated 6/12/21 at 8:49 PM, LVN 2 indicated, Resident 1 was discharged to a residential home via a private vehicle with family members.</p> <p>During an interview on 7/16/21 at 3:20 PM, the SSD stated, transportation was arranged by Resident 1's medical insurance provider on 6/9/21. She verified and spoke with a representative from Resident 1's medical insurance provider and confirmed that transportation pick-up would be on 6/12/21 at 12-12:30 PM, which was later change to 4-4:30 PM. The SSD stated, nursing was aware of the pick-up time and did not know why transportation did not show up to pick-up Resident 1.</p>	F 745	<p>What measures will be put in place, or what systemic changes will you make to ensure that the deficient practice does not recur:</p> <p>The assistant administrator provided education to the Social Services Director on August 6, 2021, regarding transportation arrangements and applicable documentation.</p> <p>Medical records will audit social service documentation pertaining to transportation Monday through Friday for one week, then weekly for four weeks, then monthly for two months to ensure compliance. The audit findings will be addressed and submitted to the Administrator and DON for review and follow-up as warranted.</p> <p>How facility plans to monitor its performance to make sure the solutions are sustained and to ensure deficient practice will not recur:</p> <p>The Social Services Director will present the results of the audits to the Quality Assurance and Performance Improvement Committee meeting for review and recommendations monthly for three months, then quarterly after that until substantial compliance is achieved.</p> <p>Completion date: 08/16/2021</p>		