

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

PRINTED: 06/29/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>555715</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/21/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>COLONIAL GARDENS NURSING HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7246 S. ROSEMEAD BLVD.</b> <b>PICO RIVERA, CA 90660</b>		
(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 one complaint.  Complaint number: CA00846667.  Representing the Department: HFEN 46505.  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 issued for complaint number CA00846667. See Tag F623.	F 000			
F 623 SS=D	Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8)  §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section.  §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or	F 623	This plan of correction is submitted in compliance with Federal Regulations. This plan of correction is not an admission of any findings in the document and serves as the facilities credible allegations of compliance for the deficiencies noted  For the resident's identified: Resident #1,2 and 3's notice of transfer/discharge were completed and faxed to the State Long Term Care Ombudsman on 7-5-23  For all other residents: No other residents were affected by this deficient practice.  Measures: The facility's Notice of Transfer/Discharge Form was reviewed and revised on 7-5-23  A local hospital listing was created and posted at each nurses' station	7-5-23	7-5-23

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

*[Signature]*

TITLE

*[Signature]*

(X6) DATE

*[Signature]*

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 623	<p>Continued From page 1</p> <p>discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>(ii) Notice must be made as soon as practicable before transfer or discharge when-</p> <p>(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;</p> <p>(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;</p> <p>(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;</p> <p>(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or</p> <p>(E) A resident has not resided in the facility for 30 days.</p> <p>§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:</p> <p>(i) The reason for transfer or discharge;</p> <p>(ii) The effective date of transfer or discharge;</p> <p>(iii) The location to which the resident is transferred or discharged;</p> <p>(iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;</p> <p>(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;</p> <p>(vi) For nursing facility residents with intellectual</p>	F 623	<p>The Medical Records Designee was in serviced by the Medical Records Consultant on 6-30-23 on the Notice of Transfer/ Discharge Policy and the updated form to ensure it is completed upon discharge and faxed to the State Long Term Care Ombudsman Office in a timely manner.</p> <p>Licensed Nurses were in serviced by the Director of Nurses on 7-6-23 and 7-7-23 on the Notice of Proposed Transfer/Discharge Policy.</p> <p>Monitors: The Medical Records Designee shall audit all discharges within 72 hours to ensure that the Notice of Transfer/Discharge Form is completed by the Licensed Nurse upon resident's discharge and faxed to the State Long Term Care Ombudsman</p> <p>The Medical Records Consultant shall do random review of discharges on her monthly visits to ensure that the Notice of Transfer/Discharge forms were filled out correctly by the Licensed Nurses and faxed to the State Long Term Care Ombudsman by the Medical Records Designee in a timely manner.</p>	<p>6-30-23</p> <p>7-6-23</p> <p>7-7-23</p>	

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F 623	<p>Continued From page 2</p> <p>and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and</p> <p>(vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>§483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.</p> <p>§483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l).</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure the Notice of Proposed Transfer/Discharge was completed and faxed to the ombudsman for three of three sampled</p>	F 623	Any negative findings will be submitted to the Administrator for immediate action and submitted to the Quality Assurance Committee for further review and or action.		

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F 623	<p>Continued From page 3 residents (Residents 1, 2, and 3).</p> <p>This deficient practice had the potential to result in unsafe discharge and or the potential of denying residents the right to appeal.</p> <p>Findings:</p> <p>During a review of Resident 1's face sheet (Admission record), dated 5/9/2023, the face sheet indicated Resident 1 was originally admitted to the facility on 2/20/2019 and readmitted on 4/28/2023. The face sheet indicated Resident 1's diagnoses included acute respiratory failure (impairment of gas exchange between the lungs and the blood, causing shortness of breath), sepsis (a life-threatening complication of an infection), and schizoaffective disorder (a mental disorder that is marked by symptoms such as hallucinations or delusions and depression or mania). The face sheet indicated Resident 1 was conserved (when a judge appoints another person to act or make decisions for a person who needs help).</p> <p>During a review of Resident 1's history and physical (H&amp;P), dated 5/6/2023, the H&amp;P indicated Resident 1 did not have capacity to understand and make decisions.</p> <p>During a review of Resident 1's Minimum Data Set ([MDS], a standardized assessment and care planning tool), dated 5/11/2023, the MDS indicated Resident 1 was able to sometimes understand and sometimes be understood by others. The MDS indicated Resident 1 required extensive assistance from staff for all activities of daily living except for locomotion on, and off the unit. The MDS indicated Resident 1 required</p>	F 623			

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F 623	<p>Continued From page 4</p> <p>limited assistance from staff for eating.</p> <p>During a review of Resident 1's Physician Orders (orders), dated 5/13/2023, the Orders indicated Resident 1 was to be discharged on 5/13/2023 to a general acute care hospital (GACH) for gastronomy tube ([GT] insertion of a tube directly through the wall of the abdomen directly into the stomach that is used to give drugs and food to the patient) reinsertion.</p> <p>During a review of Resident 1's Notice of Proposed Transfer/Discharge dated 5/13/2023, the Notice did not indicate the location where Resident 1 was transferred or discharged to, the reason for the transfer or discharge, or the contact information for the state agency for the mentally ill.</p> <p>During a review of Resident 2's face sheet, dated 5/16/2023, the face sheet indicated Resident 2 was admitted to the facility on 5/1/2023 with diagnoses including hemiplegia (muscle weakness or partial paralysis on one side of the body), chronic obstructive pulmonary disease (a group of diseases that cause airflow blockage and breathing related problems), and schizophrenia (a disorder that affects a person's ability think, feel, and behave clearly).</p> <p>During a review of Resident 2's H&amp;P, dated 5/3/2023, the H&amp;P indicated Resident 2 did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 2's MDS, dated 5/14/2023, the MDS indicated Resident 2 was able to sometimes understand and sometimes be understood by others. The MDS indicated</p>	F 623			

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F 623	<p>Continued From page 5</p> <p>Resident 2 required extensive assistance from staff for all activities of daily living except for eating, where Resident 2 required limited assistance from staff.</p> <p>During a review of Resident 2's Notice of Proposed Transfer/Discharge dated 5/24/2023, the notice indicated Resident 2 was transferred to the GACH on 5/24/2023. The Notice did not indicate the contact information for the state agency for the mentally ill.</p> <p>During a review of Resident 3's face sheet, dated 4/17/2023, the face sheet indicated Resident 3 was originally admitted to the facility on 8/11/2022 and readmitted on 4/10/2023 with diagnoses including myocardial infarction (a blockage of blood flow to the heart muscle), dysphagia (difficulty swallowing foods or liquids), and dementia (a condition characterized by progressive or persistent loss of intellectual functioning).</p> <p>During a review of Resident 3's MDS, dated 4/17/2023, the MDS indicated Resident 3 was able to understand and be understood by others. The MDS indicated Resident 3 was totally dependent on staff for activities of daily living such as eating and transferring and requires extensive assistance for all other activities of daily living.</p> <p>During a review of Resident 3's Notice, dated 5/2/2023, the Notice of Proposed Transfer/Discharge indicated Resident 3 was transferred to the GACH on 5/2/2023. The Notice did not indicate the contact information for the State Agency for the mentally ill.</p>	F 623			

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F 623	<p>Continued From page 6</p> <p>During an interview and concurrent record review of the Notices of Proposed Transfer/Discharge with the Social Service Director (SSD) on 6/21/2023 at 2:31 p.m., the SSD stated the Notices were not completed because the information for the State Agency for the mentally ill was missing. The SSD stated the residents had mental illnesses and the State Agency for the mentally ill needed to be filled out. The SSD stated the Notices were kept in the chart to keep track of residents who were transferred out and the Notices were never given to the family members or faxed to the ombudsman. The SSD stated she did not know the purpose of the Notices.</p> <p>During a review of the facility's policy and procedure (P&amp;P), titled "Transfer and Discharge Notice," dated 11/2017, the P&amp;P indicated the facility shall notify the resident and resident representative in writing of the transfer or discharge and the reasons for the move before a transfer or discharge takes place. The P&amp;P indicated copies of the notices were to be sent to the state's long term care ombudsman office. The P&amp;P indicated notice must include the reason for a transfer or discharge, the effective date of transfer or discharge, and the location where the resident was transferred or discharged. The P&amp;P indicated the notice must include the name, mailing and email addresses, and telephone numbers of the agency responsible for the protection and advocacy of individuals with a mental disorder or related disabilities.</p>	F 623			