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

PRINTED: 04/19/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555039	A. BUILDING _____ B. WING _____	C 04/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIRESIDE CONVALESCENT HOSPITAL	947 THIRD STREET SANTA MONICA, CA 90403

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F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during an investigation of a complaint. Complaint Numbers: 625462 and 625469 Representing the Department: 40541, HFEN 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 for Complaint Numbers 625462 and 625469.	F 000	Submission of this Plan of Correction is not legal admission that a deficiency exists or that this statement of deficiency was correctly cited and is also not to be construed as an admission of interests against the facility, the administrator, or any employees, agents, or other individual who may be discussed in this response and plan of correction. In addition, preparation and submission of this plan of correction does not constitute an admission or an agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth by the survey agency. The submission of the plan of correction within the time frame should in no way be considered or construed as agreement with the allegations of non-compliance of admissions by the facility. This plan of correction shall constitute this facilities credible allegation of compliance as outlined by Section 1280 of the California Health and Safety Code.	
F 660 SS=D	Discharge Planning Process CFR(s): 483.21(c)(1)(i)-(ix) §483.21(c)(1) Discharge Planning Process The facility must develop and implement an effective discharge planning process that focuses on the resident's discharge goals, the preparation of residents to be active partners and effectively transition them to post-discharge care, and the reduction of factors leading to preventable readmissions. The facility's discharge planning process must be consistent with the discharge rights set forth at 483.15(b) as applicable and- (i) Ensure that the discharge needs of each resident are identified and result in the development of a discharge plan for each resident. (ii) Include regular re-evaluation of residents to identify changes that require modification of the discharge plan. The discharge plan must be updated, as needed, to reflect these changes. (iii) Involve the interdisciplinary team, as defined by §483.21(b)(2)(ii), in the ongoing process of	F 660	F660 Discharge Planning Process **How the corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.** Social Service Director (SSD) reached out to conservator of Resident 1 last on 2/8/2019 regarding final planned discharge including all arrangements such as	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Assistant Administrator 4/20/19

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.

POC accepted 05/14/19 40541

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F 660	Continued From page 1 developing the discharge plan. (iv) Consider caregiver/support person availability and the resident's or caregiver's/support person(s) capacity and capability to perform required care, as part of the identification of discharge needs. (v) Involve the resident and resident representative in the development of the discharge plan and inform the resident and resident representative of the final plan. (vi) Address the resident's goals of care and treatment preferences. (vii) Document that a resident has been asked about their interest in receiving information regarding returning to the community. (A) If the resident indicates an interest in returning to the community, the facility must document any referrals to local contact agencies or other appropriate entities made for this purpose. (B) Facilities must update a resident's comprehensive care plan and discharge plan, as appropriate, in response to information received from referrals to local contact agencies or other appropriate entities. (C) If discharge to the community is determined to not be feasible, the facility must document who made the determination and why. (viii) For residents who are transferred to another SNF or who are discharged to a HHA, IRF, or LTCH, assist residents and their resident representatives in selecting a post-acute care provider by using data that includes, but is not limited to SNF, HHA, IRF, or LTCH standardized patient assessment data, data on quality measures, and data on resource use to the extent the data is available. The facility must ensure that the post-acute care standardized patient assessment data, data on quality measures, and	F 660	transportation, placement of choice, PCP follow-up and Home Health. Conservator of resident 1 agreed to proceed with discharge. Discharge on that same day happened as scheduled and noted resident was very happy and content. Conservator was also appreciative of the care provided from the facility. On 2/19/2019, SSD placed a follow-up call to Assisted Home Health and received updates on resident's status. SSD also called Studio Royale where resident was placed and received report from Nurse Stephanie that resident is doing very well. SSD was counselled by Assistant Administrator and Director of Nursing (DON) regarding deficient practice. **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.** Medical Records Director and Assistant Administrator conducted a general audit regarding all discharged residents for the month of February and January and noted all conservators/responsible parties were informed and approved all other residents discharge. Audits are all forwarded to SSD and Administrator to maintain record and for compliance monitoring.	2/28/19

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F 660	Continued From page 2 data on resource use is relevant and applicable to the resident's goals of care and treatment preferences. (ix) Document, complete on a timely basis based on the resident's needs, and include in the clinical record, the evaluation of the resident's discharge needs and discharge plan. The results of the evaluation must be discussed with the resident or resident's representative. All relevant resident information must be incorporated into the discharge plan to facilitate its implementation and to avoid unnecessary delays in the resident's discharge or transfer. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to coordinate proper discharge planning with the Conservator for one of three sampled residents (Resident 1). This deficient practice had the potential to cause psychosocial harm to the resident and/or family. Findings: On February 22, 2019, at 2:05 p.m. an unannounced visit was made to the facility to investigate a complaint regarding resident admission, transfer, and discharge rights. Resident 1 was no longer residing at the facility. A review of the admission record, indicated Resident 1 was admitted to the facility on November 19, 2018. Resident 1's diagnoses included difficulty in walking and generalized muscle weakness. A review of Resident 1's Minimum Data Set (MDS, a standardized resident assessment and care-screening tool), dated January 14, 2019,	F 660	**What measures will be put into place, or what systematic changes will the facility make to ensure that the deficient practice does not occur.** All discharged residents from previous day will be discussed during stand up meeting daily for review if proper discharge process was obtained including but not limited to responsible party/conservator's approval, Home Health arrangements, Inventory, medical equipment, discharge orders and transportation. All audits noted will be completed within 24 hours. Medical records will follow-up for completion and Administrator will monitor for compliance. A facility initiated discharge log for auditing discharges which will be utilized by Medical Records for all discharges on a monthly basis. All findings will be provided to DON and Administrator to monitor compliance. Medical Records will follow up for completion. All reports and logs will be reviewed by Medical Records consultant during compliance visits on a quarterly basis.	

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F 660	Continued From page 3 indicated Resident 1 had a Brief Interview for Mental Status (BIMS) score of 14, indicating intact cognition. Resident 1 required extensive assistance with bed mobility, dressing, toilet use, personal hygiene and bathing/showering, and limited assistance with transfers and locomotion. A review of the notice of transfer or discharge form, dated January 24, 2019, indicated, "This is to inform you that [Resident 1] will be transferred/discharged on January 24, 2019 for the following reason (s): the resident's health has improved sufficiently that the resident no longer needs the services provided by this facility." The form was signed by Resident 1 on January 24, 2019. A review of the Letters of Conservatorship form, dated June 1, 2018, indicated 3. Other powers have been granted or conditions imposed as follows: Exclusive authority to give consent for and to require the conservatee to receive medical treatment that the conservator in good faith based on medical advice determines to be necessary even if the conservatee objects, subject to the limitations stated in Probate Code section 2356. During an interview with the Director of Nursing (DON), on February 22, 2019, at 2:45 p.m., they acknowledged that Resident 1 should have been discharged with their Conservator's approval. During an interview with the Administrator in Training (AIT), on February 22, 2019, at 2:45 p.m., they acknowledged that Resident 1 should have been discharged with their Conservator's approval. During an interview with the Social Services	F 660	How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The POC is integrated into the quality assurance system; and Medical Records consultant will conduct discharge audits on a quarterly basis and provide reports to Administrator for compliance monitoring. All findings will be reported to QA committee every 3 months for review and recommendations. Include dates when corrective actions will be completed. The corrective action completion dates must be acceptable to the State Agency. 4/2//2019	

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F 660	Continued From page 4 Director (SSD), on February 25, 2019, at 10:49a.m., they acknowledged that Resident 1 should have been discharged with their Conservator's approval. A review of the facility's policy and procedure titled "Administrative Manual, Discharge, Transfer, Re-Admission Rights", dated 06/26/17, indicated 1. Appropriate arrangements for post facility care, including but not limited to, care at an acute care facility; home, board and care facility, residential care facility, another skilled nursing facility, an intermediate care facility, or hospice care, are made upon and prior to a resident's discharge from the facility to assure the most appropriate discharge placement for and with the resident. 3. Notify in writing the resident and if known, the resident representative of the transfer or discharge and reasons for the move. 5. Upon discharge to a non-acute care setting, the resident and resident representative (the person who has legal responsibility to make decisions regarding medical care on behalf of a resident who is unable to make decision for him/herself) will: a. Review and receive a copy of the thirty (30) day discharge/transfer notice; b. Receive written notice of the resident's continuing health care requirements following discharge from the facility. In addition, the resident may request that friends/family members be given this information, even if the resident is able to make his/her own decision regarding medical care; c. Prepare for post facility care, and consulting/instructions.	F 660		