

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

PRINTED 08/07/2023
FORM APPROVED
OMB NO 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055888	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/25/2023
NAME OF PROVIDER OR SUPPLIER HUNTINGTON VALLEY HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 8382 NEWMAN AVENUE HUNTINGTON BEACH, CA 92647	
(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)	
F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during an ABBREVIATED survey for COMPLAINT No. CA00850644. Inspection was limited to the specific complaint investigated and did not represent the findings of a full inspection of the facility. Representing the California Department of Public Health: Surveyor 35346, HFEN. FOR COMPLAINT NO. CA00850644: THE DEPARTMENT WAS UNABLE TO SUBSTANTIATE THE COMPLAINT ALLEGATION(S) AND FOUND NO VIOLATION OF THE REGULATIONS. HOWEVER, DURING THE INVESTIGATION, THE DEPARTMENT DETERMINED THERE WAS A VIOLATION OF THE REGULATIONS UNRELATED TO THE COMPLAINT ALLEGATION(S). FINDINGS WERE CITED AT F624 FOR RESIDENT 1. GLOSSARY OF ABBREVIATIONS DON - Director of Nursing F 624 Preparation for Safe/Orderly Transfer/Dischrg SS=D CFR(s) 483 15(c)(7) §483 15(c)(7) Orientation for transfer or discharge A facility must provide and document sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the facility. This orientation must be provided in a form and manner that the resident can	F 000		
		F 624		

ADMINISTRATIVE DIRECTOR'S SIGNATURE

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Aug 15/2023

Any deficiency noted on this survey is a finding of a deficiency unless the facility can demonstrate that it has taken corrective action and that the deficiency is no longer present. The facility must provide a written plan of correction to the surveyor within 30 days of the survey. The surveyor will review the plan of correction and determine if it is acceptable. If the surveyor determines that the plan of correction is not acceptable, the facility must revise the plan and resubmit it to the surveyor. The surveyor will review the revised plan and determine if it is acceptable. If the surveyor determines that the plan of correction is acceptable, the facility must implement the plan and document the implementation. The surveyor will review the documentation and determine if it is acceptable. If the surveyor determines that the documentation is not acceptable, the facility must revise the documentation and resubmit it to the surveyor. The surveyor will review the revised documentation and determine if it is acceptable. If the surveyor determines that the documentation is acceptable, the facility must maintain the documentation for 30 days following the date of the survey.

HFEN 35346 accepted 8/30/23

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F 624	<p>Continued From page 1</p> <p>understand.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and medical record review, the facility failed to document the information relevant to a resident discharge for one of two sampled residents (Resident 1).</p> <p>* Resident 1's scheduled eye appointment was not documented on Resident 1's discharge documents.</p> <p>* Resident 1's hearing appointment was not scheduled.</p> <p>These failures posed the risk of Resident 1 not receiving appropriate care.</p> <p>Findings:</p> <p>Closed medical record review for Resident 1 was initiated on 7/21/23. Resident 1 was admitted to the facility on 6/22/22, and discharged to another facility on 4/7/23.</p> <p>Review of Resident 1's History & Physical Examination dated 1/10/23, showed Resident 1 was admitted to the facility with diagnoses including diabetes and hearing loss.</p> <p>a. Review of Resident 1's Order Summary Report for April 2023 showed Resident 1 had an eye specialist appointment scheduled for 8/2/23.</p> <p>Review of Resident 1's discharge documentation and Discharge Summary failed to show Resident 1's eye appointment information was provided to Resident 1 upon her discharge.</p>	F 624			

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Continued From page 2

b. Review of Resident 1's Order Summary Report for April 2023 showed Resident 1 had an order dated 2/22/23, to schedule an appointment with a hearing specialist.

Review of Resident 1's medical record failed to show Resident 1's hearing specialist appointment was scheduled.

On 7/25/23, at 1550 hours, the above findings were verified with the DON.

F 624

LICENSED NURSES in-SERVICE 8/11/23

Social SERVICES in-SERVICE 8/14/23

Huntington Valley Healthcare Center Plan of Correction

CA00850644

F624

1. How the corrective action will be accomplished for identified affected individuals.

Resident 1 discharged from the facility on 4-7-23

2. Systemic changes will ensure that the deficient practice will not recur.

A one-on-one in-service with the Social Service Director was given on 8-14-23 regarding completing the discharge assessment completely with appointment information for all residents after discharge.

An in-service to the licensed nurses was done on 8-11-23. The in-service discussed checking for complete documentation of resident's appointments after discharge.

3. How the facility will monitor its corrective actions/performance.

The MRD/designee will audit compliance for complete discharge summaries including follow up appointments weekly for three months.

Trends and patterns from the discharge Audit will be reviewed for further recommendations during the monthly QAA meeting for the next 3 months to ensure compliance.

4. When will corrective action be accomplished.

In services were completed on 8/11/23 and 8/14/23 and the facility will monitor trends during QA until October of 2023.

Andrew Stephenson

Administrator



8-15-23