removed & accepted
by 6/15/16

HEALTH FACILITIES
INSPECTION DIVISION
ADMINISTRATION

PRINTED: 05/04/2016
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056744	A. BUILDING _____ B. WING _____	C 05/26/2016

2016 JUN 14 AM 8:08
RECEIVED

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ATLANTIC MEMORIAL HEALTHCARE CENTER	2750 ATLANTIC AVE. LONG BEACH, CA 90806

(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 finding of the Department of Public Health during the investigation of a complaint. Complaint number: CA00483327 - Substantiated Representing the Department of Public Health. Evaluator ID 12007, HFE 1, REHS Evaluator ID 36206 , RN, 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 as a result of the complaint 483327.	F 000	The signing of this plan of correction is not an admission or agreement by this facility of the truth of the facts alleged in this statement of deficiencies and plan of correction. In fact, this plan of correction is submitted exclusively to comply with state and federal law. This plan of correction serves as the allegation of compliance.	
F 203	483.12(a)(4)-(6) NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE Before a facility transfers or discharges a resident, the facility must notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand; record the reasons in the resident's clinical record; and include in the notice the items described in paragraph (a)(6) of this section. Except as specified in paragraph (a)(5)(ii) and (a)(8) of this section, the notice of transfer or discharge required under paragraph (a)(4) of this section must be made by the facility at least 30 days before the resident is transferred or discharged.	F 203	F 203 **Corrective Action** 6/10/16 Resident # 1 was discharged on 4/1/16. **Identification of other residents and corrective actions** LVN 1, SSD and ADON were inserviced by the DSD regarding the policy and procedure on discharge planning, including documentation on "Notice of Proposed Transfer/Discharge" form on 5/25/16.	

(X6) OPERATOR/DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Administrator (X7) DATE: 6/10/16

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.

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: CSK11 Facility ID: CA940001007 If continuation sheet Page 1 of 6

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F 203	Continued From page 1 Notice may be made as soon as practicable before transfer or discharge when the health of individuals in the facility would be endangered under (a)(2)(iv) of this section; the resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (a)(2)(i) of this section; an immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (a)(2)(ii) of this section; or a resident has not resided in the facility for 30 days. The written notice specified in paragraph (a)(4) of this section must include the reason for transfer or discharge; the effective date of transfer or discharge; the location to which the resident is transferred or discharged; a statement that the resident has the right to appeal the action to the State; the name, address and telephone number of the State long term care ombudsman; for nursing facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act; and for nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to provide a written notification at least 30 days before the discharge date for one of two sampled residents (Resident 1).	F 203	**Measures to prevent recurrence** The DON inserviced the Licensed Nurses, Social Service Department and IDT members on policy and procedure on discharge planning, including documentation on "Notice of Proposed Transfer/Discharge" form on 6/10/16. Medical Records will audit the discharged charts for discharge planning, documentation on "Notice of Proposed Transfer/Discharge" form weekly. **Monitoring performance integration into quality assurance system** Findings will be reported by the Medical Records Supervisor to the Administrator and QA committee monthly for review and further action as needed for 3 months.	

Jun. 4. 2016 1:53PM

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F 203	Continued From page 2	F 203		

Resident 1 was transferred to a lower level of care. The resident became aware she was being transferred on the actual day of transfer.

This deficient practice denied the resident of her right to be prepared for her transfer to another facility.

Findings:

On 5/23/16 at 3:12 p.m., during a concurrent interview and record review, the licensed vocational nurse (LVN 1) stated she discharged Resident 1 on 4/1/16. LVN 1 stated the notification of the discharge was on 4/1/16. LVN 1 stated she witnessed Resident 1 signed the document titled, "Notice of Proposed Transfer/Discharge," on 4/1/16. LVN 1 stated that normally a resident signs the "Notice of Proposed Transfer /Discharge," on the day of the transfer or discharge.

On 5/23/16 at 3:37 p.m., during an interview, the social service director (SSD) stated she started the discharge planning for Resident 1. SSD stated the residents are usually discharged either at the beginning or at the end of the month. SSD stated Resident 1 was a short- term stay resident and if Resident 1 would have stayed in the facility for longer than 90 days, Resident 1 would have had a share of cost.

On 5/23/16 at 3:45 p.m., during a concurrent interview and record review, the director of nursing (DON) stated Resident 1 did not qualify to stay at the facility if there was nothing wrong with her. During the review of a document, for Resident 1, titled, "Notice of Proposed Transfer/Discharge," the DON was asked what

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F 203	Continued From page 3	F 203		

the effective date meant on the document. The DON stated the effective date was the day of the transfer or discharge, which was 4/1/16. The DON was asked about the notification date and when a resident should sign the document, the DON did not answer the question but stated she can give an in-service on how to document on the "Notice of Proposed Transfer/Discharge."

On 5/25/16 at 8:15 a.m., during an interview, Resident 1 stated she was now living in a retirement home. Resident 1 stated she was in the process of looking for a suitable living place; she had looked at one to two places but still wanted to look at more places, and was not done looking. Resident 1 stated she did not know what had happened to her insurance. Resident 1 stated she found out she was getting discharged from the facility on the actual day of the discharge and she was not given an advance notice of the date of discharge.

During the interview, Resident 1 stated she did not have time to say goodbye and was told to pack her stuff because the taxi was waiting outside the facility. Resident 1 stated she was stuffed into the taxi without any paperwork.

On 5/25/16 at 11:10 a.m., during a telephone interview, the assistance director of nursing (ADON) stated that residents, who have Medicare (a health insurance) usually must be given at least 72 hours prior notice before discharge, so they would have three days to appeal the discharge.

On 5/26/16 at 9:20 a.m., during a telephone interview, the administrator (AD) stated that residents who have Medicare are given prior

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F 203	Continued From page 4 notice of 48 hours before a transfer. A review of Resident 1's admission Face Sheet indicated the resident was admitted to the facility on 2/20/16. Resident 1's diagnoses included chronic obstructive pulmonary disease with acute exacerbation (a flare up of a chronic lung disease) and congestive heart failure (a chronic condition in which the heart does not pump blood as well as it should). A review of the Minimum Data Set (MDS), an assessment and care planning tool, dated 3/1/16, indicated Resident 1 was alert and interviewable, and required limited assistance with activities of daily living. A review of a document, for Resident 1, titled, "Notice of Proposed Transfer/Discharge," indicated the notification date of the transfer was on 4/1/16 and the effective date of transfer was also on 4/1/16. A review of the facility's policy and procedure titled, "Discharge and Transfer," revised on 5/2007, indicated the facility would keep residents and family involved with all discharge planning.	F 203		