

POC accepted. Spoke with
Adminstrtr. 9/22/11 @ 0930A

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

PRINTED: 09/06/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055750	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/24/2011
NAME OF PROVIDER OR SUPPLIER AMBERWOOD GARDENS			STREET ADDRESS, CITY, STATE, ZIP CODE 1601 PETERSEN AVENUE SAN JOSE, CA 95129	
(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 a complaint investigation conducted on 8/18/11 and 8/24/11. For Complaint CA00279918 regarding Admission, Transfer & Discharge Rights, Federal deficiencies were identified (see F203 and F204). Inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. Representing the California Department of Public Health was 29258, Health Facilities Evaluator Nurse.	F 000	This POC is not an agreement by the facility as to the validity of any element of the listed deficiencies. This document is intended as a Plan of Correction to the DPH as required by law. This plan of correction constitutes a written credible allegation of compliance for the deficiencies noted and overall Substantial Compliance with the Regulations.	9/23/11
F 203 SS=0	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 when specified in paragraph (a)(5)(ii) 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. Notice may be made as soon as practicable before transfer or discharge when the health of	F 203	The facility shall comply with the notice requirements before transfer/discharge. The facility shall and did notify the resident, family member or legal representative of the requested discharge or transfer and the reason for the action in writing and document same in the record including the items of paragraph (a)(6). The facility thru the DSD shall provide an in-service to the Bookkeeping and Social Service staff with reference to the need to ensure that the place of proposed	

CALIFORNIA DEPARTMENT
OF PUBLIC HEALTH
SEP 20 2011
L & C
SAN JOSE

DIRECTOR, CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
TITLE
Executive Director
(X6) DATE
9/20/11

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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NAME OF PROVIDER OR SUPPLIER AMBERWOOD GARDENS	STREET ADDRESS, CITY, STATE, ZIP CODE 1601 PETERSEN AVENUE SAN JOSE, CA 95129
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F 203 SS=D	<p>483.12(a)(4)-(6) NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE</p> <p>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.</p> <p>Except when specified in paragraph (a)(5)(ii) 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.</p> <p>Notice may be made as soon as practicable before transfer or discharge when the health of</p>	F 203	<p>F 203</p> <p>The Facility shall comply with the notice requirements before transfer/discharge. The facility shall and did notify the resident, family member or legal representative of the requested discharge or transfer and the reason for the action in writing and document same in the record including the items of paragraph (a)(6).</p> <p>The facility thru the DSD shall provide an in-service to the Bookkeeping and Social Service staff with reference to the need to ensure that the place of proposed</p>	9/23/11

_____ SUPERVISOR OR PROVIDER REPRESENTATIVE'S SIGNATURE	_____ TITLE <i>Executive Director</i>	(X6) DATE 9/20/11
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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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NAME OF PROVIDER OR SUPPLIER AMBERWOOD GARDENS	STREET ADDRESS, CITY, STATE, ZIP CODE 1601 PETERSEN AVENUE SAN JOSE, CA 95129
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F 203	<p>Continued From page 1</p> <p>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.</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to indicate the location to which a resident would be transferred, when one of one sampled resident (1) was to be discharged</p>	F 203	<p>discharge is clear and contains an address or other appropriate indication of the location to be discharged or transferred to.</p> <p>The Administrator shall be responsible for ongoing monitoring for continuing compliance. This shall be accomplished by a review of any and all discharge notices.</p> <p>Should there be any issue it shall be referred to the QA team for resolution.</p>	

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NAME OF PROVIDER OR SUPPLIER

AMBERWOOD GARDENS

STREET ADDRESS, CITY, STATE, ZIP CODE

**1601 PETERSEN AVENUE
SAN JOSE, CA 95129**

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F 203	Continued From page 2 home with no specific address. Findings: Resident 1 had a diagnoses including seizure disorder (involuntary series of contractions of group of muscles). The Minimum Data Set (MDS, an assessment tool) dated 4/7/11 indicated, Resident 1 had long and short memory problem and moderately impaired decision making. The same MDS also indicated Resident 1 required total assistance from staff with his activities of daily living (ADLs) including transfer and ambulation (mobility), eating, dressing and hygiene. A notification of Resident Transfer or Discharge sent by the facility to the Public Guardian dated 8/11/11, indicated the transfer location as "home" with no specific address. During an interview on 8/24/11 at 8:30 a.m., the activity assistant (AA) stated, that Resident 1 had no family, and no home. During an interview on 8/24/11 at 9:45 a.m., the social service (SS) stated, "There was no family living locally, his Public Guardian was the only contact. We don't know where he lived and I don't think he has a home." During record review on 8/25/11 at 9:30 a.m., the facility policy and procedure dated 12/08 on Notice of a Transfer and/or Discharge indicated, "The resident, and/or representative (sponsor) will be provided with the following information including the location to which the resident is being transferred or discharged".	F 203		
F 204	483.12(a)(7) PREPARATION FOR	F 204		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056750	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/24/2011
NAME OF PROVIDER OR SUPPLIER AMBERWOOD GARDENS			STREET ADDRESS, CITY, STATE, ZIP CODE 1601 PETERSEN AVENUE SAN JOSE, CA 95129		
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F 204 SS=D	<p>Continued From page 3</p> <p>SAFE/ORDERLY TRANSFER/DISCHRG</p> <p>A facility must provide sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the facility.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review the facility failed to prepare a resident for discharge, when one of one sampled resident (1) clinical records did not contain documentation about orientation for a safe transfer and discharge. Findings: Resident 1 had a diagnoses including seizure disorder (involuntary series of contractions of group of muscles). The Minimum Data Set (MDS, an assessment tool) dated 4/7/11 indicated Resident 1 had long and short memory problem and moderately impaired decision making. The same MDS also indicated Resident 1 was a total assist with his activities of daily living (ADLs) including transfer and ambulation (mobility), eating, dressing and hygiene. A notification of Resident Transfer or Discharge was sent by the facility to Resident 1's Public Guardian dated 8/11/11. During record review on 8/24/11 at 11:00 a.m., Social Service Progress Notes last entry was dated 8/5/11 and did not contain transfer and discharge information. No further documentation after 8/5/11.</p>	F 204	<p>F 204</p> <p>The facility shall have preparation for a safe/orderly transfer/discharge. Amberwood Gardens shall provide sufficient preparation and orientation to resident or their responsible party or conservator to ensure safe and orderly transfer or discharge from the facility.</p> <p>The resident was not discharged nor was a discharge anticipated, thus no plan was made under facility's policy.</p> <p>The DSD will provide an in-service to the Social Service staff with reference to the planning requirement and the facilities policy.</p> <p>The Administrator shall be responsible for continuing monitoring and compliance. ^{THIS} by a review of any and all related documentation for any resident who is actually being discharged or transferred within the regulations for same.</p> <p>Any issue that may arise shall be directed to the QA team for action and resolution.</p>	9-23-11	

Discussed w/ Adm. regarding changes 9/22/11

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F 204	Continued From page 4 On 8/25/11, review of facility policy and procedure "Orienting Residents to Transfers and Discharges" dated 12/08 indicated, "A post-discharge plan is developed for each resident prior to his or her transfer or discharge. This plan will be reviewed with the resident, and/or his or her family, at least twenty-four (24) hours before the resident's discharge or transfer from the facility".	F 204		