STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555425	A. BUILDING _____ B. WING _____	C 01/07/2016

RECEIVED CA DEPT OF PUBLIC HEALTH JAN 22 2016 LICENSING & CERTIFICATION SAN DIEGO NORTH DISTRICT OFFICE

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA KNOLL SPECIALIZED CARE FACILITY	2000 WESTWOOD ROAD VISTA, CA 92083

(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 an abbreviated survey. Complaint CA00467823 A deficiency was identified under the Code of Federal Regulations. The investigation was limited to the specific complaint and the investigation does not represent the findings of a full inspection of the facility. Representing the Department: Health Facilities Evaluator Nurse 33280.	F 000	The following Plan of Correction is submitted by the facility in accordance with the pertinent terms and provisions of 42 CFR Section 488 and/or related state regulations, and is intended to serve as a credible allegation of our intent to correct the practices identified as deficient. The Plan of Correction should not be construed or interpreted as an admission that the deficiencies alleged did, in fact, exist; rather, the facility is filing this document in order to comply with its obligations as a provider participating in the Medicare/Medicaid program(s).	
F 203 SS=D	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. Notice may be made as soon as practicable before transfer or discharge when the health of individuals in the facility would be endangered	F 203	**F 203 NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE** ***Corrective action(s) for resident(s) found to have been affected by the deficient practice;*** There was no negative outcome towards Resident # 1. She was given a revised letter reflecting the correct information to appeal the discharge. ***How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken;*** There were no other residents affected by this finding. The facility business office staff updated the form on file to reflect the correct contact information for appealing discharge. ***What measures and/or systemic changes will be made to ensure that the deficient practice does not recur;***	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: ADMINISTRATOR | (X6) DATE: 1/18/16

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.

1/27/16

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

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA KNOLL SPECIALIZED CARE FACILITY	**2000 WESTWOOD ROAD VISTA, CA 92083**

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F 203	Continued From page 1 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 the correct contact information to appeal discharge for 1 of 1 sampled residents (Resident 1). As a result, the resident was not able to contact the proper agency to appeal discharge. Findings:	F 203	The facility IDT met and discuss this finding and updated the form to appeal for discharge reflecting the following contact agency: Department of Health Care Services Office of Administrative Hearings and Appeals, TDA/RTR Unit 1029 J Street, Suite 200 Sacramento, California 95814 (916)322-5603 (916) 323 3377. And State LTC Ombudsman 5560 Overland Ave. Ste. 310 San Diego, CA 92123 (858) 560-2507 The facility Business Office Manager will check and audit the form prior to providing the letter to the Administrator to ensure appropriate information is reflected upon. ***How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place;*** The Administrator will review and check the form prior to signing and presenting the appropriate form to the resident and will correct and/or update if necessary. The Administrator or designee will report to the next QA & A Committee x1 regarding this issue and will monitor compliance.	

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F 203	Continued From page 2 Resident 1 was admitted to the facility on 9/12/14, according to the Admission Record. On 12/7/14 at 2:37 P.M., Resident 1 was interviewed via telephone. She stated she received a letter stating she would be discharged on 1/3/16, and was contacting the Department, per the letter's instructions, as she felt she was not ready to be discharged. On 12/30/15, the letter given to the resident regarding discharge was reviewed. It was dated 12/4/15, and the contact information for appealing discharge included the California Department of Public Health, and the State LTC Ombudsman. There was no contact information listed for any other agency. On 8/3/10, the Department sent an All Facilities Letter (AFL-a letter sent to all long term care health facilities with regulatory updates) which directed facilities regarding a change of the appeals process for discharges. According to the letter, "The purpose of this AFL is to inform all long term health facilities that, effective March 1, 2010, ...appeal hearings became the full responsibility of the Office of Administrative Hearings and Appeals (OAHA)...All long term care health facilities will need to modify their current notification letters to delete reference to the ... L&C (Licensing and Certification) District Office...and instead include reference to OAHA". On 12/31/15 at 9:05 A.M., the Administrator was interviewed. He stated he was not aware of the direction given by the AFL regarding the OAHA.	F 203	**Completion Date: 1/18/2016**	