

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035264	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/23/2024
NAME OF PROVIDER OR SUPPLIER Sun Health LA Loma Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 14260 South Denny Boulevard Litchfield Park, AZ 85340	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50026</p> <p>Based on clinical record review, staff interviews, and facility policy review, the facility failed to ensure a copy of the notice of two out of two discharges for one resident (# 47) to a representative of the Office of the State Long-Term Care Ombudsman. The failure may result in residents not having the advocacy and support from the State Long-Term Ombudsman during the discharge process.</p> <p>Findings include:</p> <p>Resident # 47 was admitted on [DATE]. Resident # 47 was readmitted on [DATE], with a diagnosis of unspecified fracture of right femur, subsequent encounter for closed fracture with routine healing, unspecified atrial fibrillation, cerebral infarction, and Alzheimer's disease, and then discharged home with hospice December 29, 2023.</p> <p>The Minimum Data Set assessment (MDS) on December 19, 2023, revealed a Brief Interview of Mental Status (BIMS) score of 1. Indicating that the resident had severe cognitive impairment.</p> <p>A review of clinical records revealed no evidence of sent notice of discharge to a representative of the Office of the State Long-Term Care Ombudsman for discharges on December 16, 2023, and December 29, 2023,</p> <p>An interview was conducted with Staff # 31 on February 23, 2024, at 1:41 PM, who stated that she does not notify the ombudsman about discharges or transfers, admissions coordinator would notify the ombudsman.</p> <p>The Admissions Coordinator Staff # 87 was interviewed on February 23, 2024, at 1:45 PM, Staff # 87 stated that the social worker talks to the ombudsman about discharges.</p> <p>On February 23, 2024, at 2:29 PM, the Administrator came into the surveyor conference room with a printed email from the Social worker to the representative of the Office of the State Long-Term Care Ombudsman of discharges. The Administrator stated that these were just sent out today.</p> <p>In an interview with the Administrator on February 23, 2024, at 2:32 PM, the administrator stated no to social services notifying the Ombudsman of discharges and that she is new in her role.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility policy Transfer and Discharge reviewed in October of 2023 revealed that section #4 stated that the facility's transfer/discharge notice will be provided to the resident and the resident's in a language and manner in which they can understand. the notice will include all of the following at the time it is provided: h. The name, address (mailing and email), and phone number of the representative of the Office of the State Long-Term Care Ombudsman. Also 7. the facility will maintain evidence that the notice was sent to the Ombudsman.		