

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/12/2024
NAME OF PROVIDER OR SUPPLIER Los Banos Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 931 Idaho Ave. Los Banos, CA 93635	

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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47254</p> <p>Based on interview and record review, the facility failed to appropriately discharge one of three sampled residents (Resident 1) when on 8/1/24 Resident 1 went on a leave of absence from the facility at 11:09 am and the facility Administrator (ADM) decided Resident 1's leave was against medical advice (AMA- -when a resident leaves a healthcare facility against medical advice from a physician) and he would be discharged .</p> <p>This failure resulted in Resident 1 being discharged on [DATE] without his belongings.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission Record (a summary of important information regarding a patient which include patient identification, past medical history, insurance status, care providers, family contact information and other pertinent information), the admission record indicated, Resident 1 was admitted to the facility on [DATE] with alcoholic cirrhosis (the destruction of normal liver tissue), chronic kidney disease (gradual loss of kidney function), hereditary and idiopathic neuropathy (condition that causes numbness, tingling and muscle weakness in the limbs), unspecified and personal history of other disease of the musculoskeletal system and connective tissue (disease that affects the parts of the body that connect the structures of the body together).</p> <p>During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool used to identify resident cognitive and physical function) assessment dated ,d+[DATE], Resident 1's MDS assessment indicated Resident 1's Brief Interview for Mental Status (BIMS -assessment of cognitive status for memory and judgment) assessment score was 15 out of 15 (0-7 severe cognitive impairment, 8-12 moderate cognitive impairment, 13-15 no cognitive impairment) indicating Resident 1 had no cognitive impairment.</p> <p>During a review of Resident 1 ' s Psychosocial note, dated 8/1/24 at 11:09 a.m., Resident 1 ' s Progress Note indicated .Held meeting with resident, Administrator and [social service director]due to resident leaving the facility without signing out and in and not having a Dr order to leave, Administrator told [Resident 1] that when he wants to leave he needs to have the Nurse call the Dr to give the ok . Administrator explained again that the Nurse needs to get a Dr order for him to go out on pass and if he leaves without getting the order it would be against medical advice .</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/12/2024
NAME OF PROVIDER OR SUPPLIER Los Banos Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 931 Idaho Ave. Los Banos, CA 93635	
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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1 ' s Psychosocial note, dated 8/1/24 at 11:39 a.m., Resident 1 ' s Progress Note indicated .Due to resident leaving the Facility without Dr Order to leave, resident left [Against Medical Advise-AMA-when a resident leaves a healthcare facility against medical advice from a physician], Residents belongs was packed up, resident came back about 2 hours later, [Administrator] ADM and [Social Service Director] SSD went and talked with him that we just had the meeting about him leaving without a Dr order and you left anyway, so we have packed up your belongings and you have been discharged against medical advice .</p> <p>During an interview on 8/12/24 at 1:55 p.m., with the License Vocational Nurse (LVN), 1 stated she didn ' t know on 8/1/24 Resident1 was required to have a doctors order prior to him leaving the facility since, Resident 1 had left the facility before without one. LVN 1 stated he wasn ' t aware Resident 1 was out of the facility on 8/1/24. LVN 1 stated he had administered Resident 1 ' s medications in the morning. LVN 1 stated the Director of Nurses (DON) and the SSD let her know Resident 1 was considered to be AMA. LVN 1 asked the ADM if she should provide his scheduled noon medication to Resident 1. LVN 1 stated the ADM told her not to give medication to Resident 1 because the facility was discharging him.</p> <p>During an interview on 8/12/24 at 5 p.m., with the Social Service Director (SSD), SSD stated she spoke to Resident 1 on 8/1/24 regarding him leaving and returning to the facility. SSD stated Resident 1 was told he needed a doctor ' s order to leave the facility. SSD stated after she met with Resident 1 he left the facility. SSD stated the facility then discharged him. SSD stated the ADM let her know Resident 1 was not allowed back. SSD stated Resident 1 came back later that day and resident was stopped outside in the patio area of the facility by the ADM and SSD and was told he was no longer a resident of the facility and his belongings had been packed for him because he left AMA. SSD stated Resident 1 then came back again on 8/6/24 to pick up and sign for his personal belongings. SSD stated she also had him sign an AMA form. SSD stated the AMA facility form indicated Resident 1 signed it on 8/1/24. SSD stated the date of 8/1/24 on Resident 1 ' s AMA facility form was incorrect Resident 1 did not sign form until 8/6/24. SSD stated the date of 8/1/24 was pre-filled in.</p> <p>During an interview on 8/13/24 at 11:20 a.m., with the Director of Nurses (DON), the DON stated on 8/1/24, the ADM and SSD told Resident 1 he had left AMA and would no longer be allowed back in facility. DON stated there is no policy that Resident 1 needed an order to leave the facility. DON stated she could not answer what medical advice Resident 1 was going against when he left the facility on [DATE]. DON stated it was the ADM who determined that Resident 1 left AMA. The DON stated Resident 1 was not provided any medications after he left the facility. DON stated Resident 1 had left the facility before and returned and felt this was a liability for the facility. DON stated she believed Resident 1 did not need any care from the facility for skilled care needs because Resident 1 was independent with all ADL care needs.</p> <p>During an interview on 8/15/24 at 12:11 p.m., with the ADM, ADM stated he told Resident 1 on 8/1/24 he needed to have a doctors order to leave the facility. ADM stated Resident 1 signed out on 8/1/24 and left the facility. The ADM stated once Resident 1 left that the building she would discharge Resident 1. ADM stated she documented Resident 1 was AMA because Resident 1 did not get a doctor ' s order to leave the facility. The ADM stated she had Resident 1 sign the AMA form on 8/6/24. The ADM stated as far as he knew the facility only had to notify ombudsman of the AMA discharge which was done on 8/1/2024 by the SSD via email on 8/1/2024 .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/12/2024
NAME OF PROVIDER OR SUPPLIER Los Banos Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 931 Idaho Ave. Los Banos, CA 93635	

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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of facility's policy and procedure titled, Transfer or Discharge, Facility-Initiated dated October 2022, indicated, . Facility-initiated transfer or discharge means a transfer or discharge which the resident objects to, or did not originate through a resident's verbal or written request, and/or is not in alignment with the resident's stated goals for care and preferences . Upon notice of transfer or discharge, the resident will be provided with a statement of his or her right to appeal the transfer or discharge .</p> <p>During a review of Resident 1 ' s Order Summary Report dated 9/3/2024, the Order Summary Report did not indicate, an order for discharge of Resident 1 on 8/1/24.</p> <p>During a review of facility's policy and procedure titled, Signing Resident ' s Out dated August 2006, indicated, . Each resident leaving the premises (excluding transfers/discharges) must be signed out .</p> <p>During a review of facility's job description titled, Job Description Charge Nurse Department: Nursing, dated 3/1/14, indicated, . Administer medications, treatments and provide direct care to residents on unit according to physician orders and in compliance with facility policies and procedures . Promptly consult with nursing supervisor and Social Worker if unsure of proper course of action that respects resident's rights, comply with facility policies and procedures that is consistent with county, state and federal laws and regulations .</p> <p>A review of the All Facilities Letter (AFL 23-37) Summary, dated 12/22/23, indicated that effective 12/2023. Pursuant to Title 22 CCR section 72527(a)(6), residents have the right to be transferred or discharged on ly for medical reasons, the resident's welfare, the welfare of other residents, or for nonpayment for their stay .</p>