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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055316	A. Building B. Wing	07/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mountain View Healthcare Center	2530 Solace Place Mountain View, CA 94040

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)
F 0622 Level of Harm - Actual harm Residents Affected - Some	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46939 Based on interview and record review, the facility (Facility A) failed to permit five of 21 sampled residents (Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5) to remain at the facility and not transfer to another facility without appropriate reason/s for discharge when: 1. Resident 1 was transferred to Facility B by a facility-initiated discharge (a transfer or discharge which the resident objects to or did not originate through a resident's verbal or written request) without an appropriate reason for discharge in accordance with CFR 483.15(c)(regulation with specific criteria for discharge/transfer of residents). 2. Resident 2 was transferred to Facility B by a facility- initiated discharge without an appropriate reason for discharge in accordance with CFR 483.15(c). 3. Resident 3 was transferred to Facility C without documented evidence indicating Resident 3 requested the discharge. 4. Resident 4 was transferred to Facility B without documented evidence indicating Resident 4's responsible party (health care decision maker) requested the discharge. 5. Resident 5 was transferred to Facility B by a facility-initiated discharge without an appropriate reason for discharge in accordance with CFR 483.15(c). These failures contributed to: a. Psychosocial harm to Resident 1 evidenced by, difficulty with transition to new facility (Facility B), difficulty of friends to visit new facility due to farther distance, and Resident 1 expressing a repetitive sadness and depressed mood from lack of visitors. b. A potential for psychosocial harm (depressed mood, or decreased engagement in activities) to Resident 2 and Resident 3, when their environments changed without a timely notice of discharge, and opportunity to refuse the transfer/discharge. (continued on next page)

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 0622

Level of Harm - Actual harm

Residents Affected - Some

c. A potential for psychosocial harm (depressed mood, or decreased engagement in activities) to Resident 4 using the reasonable person standard as evidenced by family being unable to visit as frequently as before the transfer due to facility being further away from Resident 4's responsible party's residence. Resident 4 had the potential to experience depression and or loneliness.

d. A potential for psychosocial harm (depressed mood, or decreased engagement in activities) to Resident 5 using the reasonable person standard as evidenced by friend being unable to visit facility since transfer due to facility being farther away. Resident 5 has potential to experience depression and or loneliness.

Findings:

1. During a review of Resident 1' Facesheet (demographic document, typically include the patient's name, address, date of birth, insurance information, and emergency contact information), undated, it indicated, Resident 1 was admitted to Facility A on 4/27/24, and Resident 1 was her own responsible party.

Review of Resident 1's Social Service Assessment for admitted d 4/27/24, completed by social services director (SSD), the assessment indicated, Option 2 was selected for long term stay Discharge Planning Anticipated Length of Stay as: 2) Long Term. SW met with [Resident 1] and friend as POA [Power of attorney-a legal document that allows someone else to act on your behalf] at bedside.No behavior issues or mental health.

Review of Resident 1's Notice of Proposed Transfer or discharge date d 6/11/24 by SSD, the Notice indicated, the discharge type was selected as facility initiated, and the resident did not require care at facility. 1. Transfer or Discharge Type 2. Facility Initiated Transfer.4. Date of Transfer/Discharge 6/11/2024.Reason for Discharge in accordance with CFR 483.15 (c) (F622) 1. Resident's health has improved sufficiently that the resident no longer needs the services provided by the facility.Transfer or Discharge Address [Facility B Address- Another Skilled Nursing Facility].

During an interview on 6/25/24, at 10:36 a.m., with the SSD, the SSD stated, I selected the option in the discharge reason for Resident 1, that the residents health improved because no other option applied to her. The SSD confirmed Resident 1 would be receiving the same care at the other facility (Facility B) where she was transferred/or discharged to and still needed long term care.

During an interview on 6/20/24, at 2:15 p.m., with Friend A (FA), FA stated, they are friends with Resident 1 for over [AGE] years now. FA stated, the SSD told her they needed to move Resident 1 to their sister facility (Facility B) because they needed her bed for other prospective patients. I think they [facility] got exasperated with [Resident 1] because she is not an easy person to deal with, they did not offer her long-term stay. FA also stated, [Resident 1] didn't want to leave, she wasn't happy about it. FA stated, they [facility A] told us they needed the bed space for other patients. FA stated, she had not visited Resident 1 at Facility B because its too far away, previously she would visit several times a week when Resident 1 was still in Facility A.

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F 0622 Level of Harm - Actual harm Residents Affected - Some	During an interview on 6/20/24, at 4:30 p.m., with Friend B (FB), FB stated, he had been friends with Resident 1 for over [AGE] years. FB stated, the SSD told him, Resident 1 was transferred to another facility because they were running out of room and they needed the bed. FB stated, the SSD was the one who told this to him. FB stated, there is no way Resident 1 would have requested to go, she is so demented, she sees objects that are not there in the room. FB hasn't been able to visit Resident 1 because the new place (Facility B) was too far away. During an interview on 6/21/24, at 9:15 a.m., with Friend J (FJ), FJ stated, she had the POA for Resident 1, and neither her nor Resident 1 requested the transfer. FJ stated, the SSD told us they are just holding Resident 1 at the facility (Facility A) until there is space at Facility B. FJ stated, the SSD told her they are transferring her to Facility B because it is more of a long-term care place, and she can get physical therapy there. FJ stated, when I visited her (Resident 1) first week at [Facility B], she had a horrible week, she was confused, she seemed depressed, the facility had to call me almost every day to get her to take her medications, Resident 1 was so upset she had to move. FJ stated, (Resident 1) kept asking her Why did they make me leave the other place. During an interview on 6/24/24, at 1:17 p.m., with Physician D (PD), PD stated, he was Resident 1's Primary Physician in both Facility A & Facility B. PD stated, Resident 1 still required long term care, she is getting the same level of care at [Facility B]. PD also stated, he was not sure why Resident 1 was transferred, the only reason to transfer to another skilled nursing facility was if the family or the resident requested to be transferred. Review of Resident 1's Admission Agreement, dated 3/12/24, it indicated, VI. Transfers and Discharges. The only reason we can transfer you to another facility or discharge you against your wishes are: 1) It is required to protect your well-being, because your needs cannot be met in our Facility;2) It is appropriate because your health has improved enough that you no longer need the services of our Facility; 3) Your presence in our Facility endangers the health and safety of other individuals; 4) You have not paid for your stay in our Facility or have not arranged to have payment made under Medicare, Medi-Cal, or private insurance; 5) Our Facility ceases to operate. 6) Material or fraudulent misrepresentation of your finances to us. No documented evidence reasons (1-6) were applicable to Resident 1's reason for transfer were found. During an interview on 6/26/24, at 11:22 a.m., with Resident 1 in her room at Facility B, Resident 1 stated, she was not sure why she was transferred to Facility B. Resident 1 stated, her other friends were not able to visit her yet because of the distance and it made her feel depressed. 2. During a review of Resident 2's Facesheet dated 6/19/24, the Facesheet indicated, Resident 2 was admitted to Facility A on 3/3/24, and was her own responsible party. During a review of Resident 2's Admission Social Service Assessment completed by the SSD on 4/9/24, it indicated, Anticipated length of stay 2) Long term Care. During a review of Resident 2's Notice of Proposed Transfer or Discharge, completed by the SSD on 6/11/24, Notice indicated, Resident 2 was transferred by the facility because she no longer needed services, Transfer or Discharge Type: 1.Facility initiated Discharge.Date of discharge 6/11/24. 5. Transfer or Discharge Address [Facility B address-another skilled nursing facility]. Reason for Discharge in accordance with CFR 483.15 (c) 1. Resident's health has improved sufficiently that the resident no longer needs the services provided by this facility. (continued on next page)

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F 0622 Level of Harm - Actual harm Residents Affected - Some	During an interview on 6/20/24, at 3:46p.m., with Physician C (PC) PC stated, she was Resident 2's Primary Physician while at Facility A. PC stated, they did not initiate the transfer to another facility for Resident 2. PC stated, the facility notified PC the Resident is being transferred. PC stated I assume either the Resident or the family requested the transfer, that is usually the only reasons for transfer to another skilled nursing facility. During an interview on 6/25/24, at 10:36 a.m., with the SSD, the]SSD stated, I selected the option in the discharge reason for [Resident 2], that the residents health improved because no other option applied to her, the SSD stated Resident 2 is receiving the same level of care at Facility B. During a review of Resident 2's Admission Agreement, dated 3/3/24, it indicated, VI. Transfers and Discharges. The only reason we can transfer you to another facility or discharge you against your wishes are: 1) It is required to protect your well-being, because your needs cannot be met in our Facility;2) It is appropriate because your health has improved enough that you no longer need the services of our Facility; 3) Your presence in our Facility endangers the health and safety of other individuals; 4) You have not paid for your stay in our Facility or have not arranged to have payment made under Medicare, Medi-Cal, or private insurance; 5) Our Facility ceases to operate. 6) Material or fraudulent misrepresentation of your finances to us. No documented evidence reasons (1-6) were applicable to Resident 1's reason for transfer were found During an interview on 6/26/24, at 11:20 a.m., with Resident 2, Resident 2 did not respond to any questions, she stared blankly straight ahead without eye contact. During a review of Resident 2's BIMS (Brief Interview for Mental Status-an assessment tool used to identify cognitive status) score dated 6/11/24, indicated a score of 9, indicating moderate cognitive impairment. 3. During a review of Resident 3's Facesheet indicated, Resident 3 was admitted to Facility A on 5/23/24 and her own responsible party. During a review of Resident 3's Admission Social Service assessment dated [DATE], it indicated, DC plan either return to B&C [board and care-a licensed residential home that provides non-medical care] or long term care. During a review of Resident 3's Notice of Proposed Transfer or Discharge completed by Social Services E (SS E) dated 6/15/24, it indicated, Resident 3 requested a transfer, and no longer needs services, 1. Transfer or Discharge Type 4. Resident/Resident Representative requested transfer. Date of Transfer/Discharge 6/16/24.6. Reason for Discharge in accordance with CFR 483.15(c)(F622) 1. The Resident's health has improved sufficiently that the resident no longer needs the services provided by the facility. During an interview on 6/20/24, at 4:30 p.m., with SS E, SS E stated, I think Resident 3's daughter requested Resident 3 to be transferred to [Facility C] to be closer to her. During an Interview on 6/21/24, at 10:16 a.m., with the Assistant Administrator (AA), Surveyor requested documentation indicating Resident 3 had requested for the transfer. The AA stated Resident 3 had a progress note that indicated Family L (FL) requested the transfer. (continued on next page)

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F 0622 Level of Harm - Actual harm Residents Affected - Some	During a review of Resident 3's Progress note dated 6/14/24, it indicated, [FL] would like referral to go to [Facility C] and if not accepted is agreeable to dc [discharge to] [Facility B], only if resident agreeable. No documentation was available to support Resident 3 agreed or requested to transfer to another facility being her own self-responsible for decision making. During an interview on 6/20/24, at 1:15 p.m., with FL, FL stated, I don't know why [Resident 3] was transferred, you'd have to ask her FL stated, she didn't request anything. During an interview on 6/24/24, at 1:17 p.m., with PD, PD stated, he was the Primary Physician for Resident 3 at former facility. PD stated, he assumed Resident 3 was transferred to be closer to family, since she went to Facility C . PD stated, It is primarily the Social Workers who are involved with transfers, so they would know the reason. During an interview on 6/26/24, at 9:10 a.m., with Resident 3 at Facility C, Resident 3 stated, The reason they transferred me to Facility C was They [Facility A] told me they didn't have a bed for me to stay. I asked them what about the bed I'm in now? They said they didn't have any long term beds available. I don't remember who spoke with me, but they did not give me the option to stay. Resident 3 stated, I would have loved to stay there [Facility A] for long term, they told me they wouldn't have accepted me if I was going to stay long term. Resident 3 stated, she had to either transfer to Facility B or Facility C. Resident 3 stated, I'm more sad. I wish I could have stayed and not moved. Resident 3 stated, she is still receiving the same level care, and is continuing physical therapy. During a review of Resident 3's Admission Agreement, dated 5/23/24, Agreement indicated, VI. Transfers and Discharges. The only reason we can transfer you to another facility or discharge you against your wishes are: 1) It is required to protect your well-being, because your needs cannot be met in our Facility;2) It is appropriate because your health has improved enough that you no longer need the services of our Facility; 3) Your presence in our Facility endangers the health and safety of other individuals; 4) You have not paid for your stay in our Facility or have not arranged to have payment made under Medicare, Medi-Cal, or private insurance; 5) Our Facility ceases to operate. 6) Material or fraudulent misrepresentation of your finances to us. No documented evidence reasons (1-6) were applicable to Resident 1's reason for transfer were found 4. During a review of Resident 4's Facesheet dated 6/19/24, Facesheet indicated, Resident was admitted to Facility A on 6/4/22, with Family F (FF) listed as responsible party. During a review of Resident 4's Notice of Proposed Transfer or discharge date d 5/29/24 completed by the SSD, indicated, Resident representative requested the transfer, 1. Transfer or Discharge Type 4. Resident/Resident Representative Requested Transfer.4. Date of Transfer 5/29/24. 5. Transfer or Discharge Address [Address of Facility B-Another Skilled Nursing Facility]. 6. Reason for Discharge in accordance with CFR 483.15(c) 1. The resident's health has improved sufficiently that the resident no longer needs the services provided by this facility During an interview on 6/25/24, at 10:36 a.m., with the SSD, the SSD stated, I selected the option in the discharge reason for Resident 4, that the residents health improved because no other option applied to him, he is receiving the same care at the other facility. During an Interview on 6/21/24, at 10:16 a.m., with AA, a request was made for documents to indicate Resident 4's responsible party requested for transfer. (continued on next page)

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F 0622 Level of Harm - Actual harm Residents Affected - Some	During a review of requested documentation from AA for Resident 4's request for transfer, dated 5/28/24, indicated, Left voicemail for [FF] of [Resident 4] in regards to transferring him to our sister facility [Facility B]. During an interview on 6/21/24, at 10:30 a.m., with Family G (FG), FG stated he is the power of attorney for Resident 4, makes his health care decisions. FG also stated, he should be listed as RP, it's not FF since he lives out of state and is too busy. FG stated, neither me or any family member requested to have Resident 4 discharged or transferred to another facility. FG stated, he was contacted after they (Facility A) transferred Resident 4 to Facility B, by the staff at Facility B. FG stated, he was not able to visit as frequently because the facility is even farther from where I live now, which made him (Resident 4) sad. During a review of Resident 4's POA document dated 1/9/24, it indicated FG has the POA for Resident 4, signed by both parties (Resident 4 and FG). 5. During a review of Resident 5's undated Facesheet, it indicated, Resident 5 was admitted to Facility A on 1/18/24. Resident 5's responsible party and POA was listed as Friend I (FI). During a review of Resident 5's Notice of Proposed Transfer or discharge date d 6/17/24, Notice indicated, Resident Responsible party requested a transfer, and no reason for discharge was noted Notice of Proposed Transfer or Discharge 1. Transfer or Discharge Type 1. Facility Initiated Discharge.Date Resident/Responsible Party Notified of Discharge/Transfer 6/17/24. 4. Date of Transfer/Discharge 6/17/24. transfer or Discharge Address [Facility B address-another skilled nursing facility]. Reason for Discharge in accordance with CFR 483.15(c)(F622) [no option was selected]. During an interview on 7/1/24, at 11:57 a.m., with FI, FI stated, she's the POA for Resident 5. FI stated, she did not request Resident 5's transfer to another facility. FI stated, Resident 5 was transferred to Facility B because they [Facility A] stated to me, they needed to provide care at a smaller facility. FI stated, someone from Facility A called me to say they could transfer him to (Facility B), but now I cannot visit him because it takes me 2 hours to drive there, so he hasn't had any visitors. He loves it when I visit because it is the only familiar face to him. FI also stated, now she has to transfer him to another facility so she can finally visit him. During a review of Resident 5's Progress Notes dated 6/17/24, Notes indicated, spoke to resident and rp in regards for their request to dc. informed her at this time i can transfer resident to a smaller facility and work with my resources for a more permanent solution. may apply to alwp [assisted living waiver program]. she agreed to dc to [Facility B] and will findout [sic] more about his income for the alwp and get back to me. During an interview on 6/25/24, at 10:36 a.m., with the SSD, the SSD stated, she did not select a reason for transfer. The SSD stated, the RP requested a transfer to a smaller facility. The SSD was unable to provide sufficient evidence Resident 5's RP made the request to transfer Resident 5 to another facility (Facility B). (continued on next page)

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F 0622 Level of Harm - Actual harm Residents Affected - Some	Review of the Facility's Policy & Procedure (P&P) titled, Bed Hold Notice Upon Transfer, dated 2023, the P&P indicated, 3. The facility must permit each resident to remain in the facility and not transfer or discharge the resident from the facility unless: a. The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility. b. The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility; c. The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident; d. The health of individuals in the facility would otherwise be endangered; e. The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid for under Medicare or Medicaid) a stay at the facility. Non-payment applies if the resident does not submit the necessary paper work for third party payment or after the third party, including if Medicare or Medicaid denies the claim and the resident refuses to pay for his or her stay. Policy Bed Hold Notice Upon Transfer For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge only allowable charges under Medicaid. f. The facility ceases to operate. Review of the Facility's Policy & Procedure (P&P) titled, Discharge Planning Process, undated, P&P Indicated, The facility will support each resident in the exercise of his or her right to participate in his or her care and treatment, including planning for discharge.

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F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46939 Based on interview and record review, the facility failed to notify the resident/resident's representative(s) and The Office of the State Long-Term Care (LTC) Ombudsman of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand 30 days prior to date resident is discharged for four of four sample residents (Resident 1, Resident 2, Resident, 3, & Resident 4). This failure resulted in Resident 1, Resident 2, Resident 3, Resident 4, and State LTC Ombudsman not being informed of the resident's transfer timely, removed the opportunity for the State LTC Ombudsman to advocate on the resident's behalf, deprived the residents to be informed of resident rights regarding transfer/discharge, and had the potential for all four resident's to be inappropriately discharged . Findings: During a review of Resident 1' Facesheet, dated 6/19/24, Facesheet indicated, Resident 1 was admitted to the facility on [DATE], and Resident 1 was her own responsible party (RP). During an interview on 6/19/24, at 10:30 a.m., with Social Services E (SSE), SSE stated, they assist with discharging residents at the facility. SSE stated, we notify the resident or responsible party (RP) at least 2-3 days before discharge. During a review of Resident 1's Notice of Proposed Transfer or discharge date d 6/11/24, Notice indicated, 1. Transfer or Discharge Type 2. Facility Initiated Transfer [A transfer or discharge which the resident objects to or did not originate through a resident's verbal or written request] 2. Date Resident/Responsible Party Notified of Discharge/Transfer 6/10/24 3. Resident/Resident Representative notified via 2. Telephone. 3b Name of Responsible Party Notified [Friend B] 4. Date of Transfer/Discharge 6/11/2024.Transfer or Discharge Address [Facility B Address- Another Skilled Nursing Facility].Exceptions to the required thirty (30) day notice [not selected]. d. 1. This acknowledges that I received a copy of this Notice of Proposed Resident Transfer or Discharge/Signature of Resident or Resident Representative. [Friend B's name is typed out] 2. Date Resident or Resident Representative signed notice: 6/10/24. e. 1. Copy of Notice forwarded to the Office of the State Long-Term Care Ombudsman 6/10/24 00:00 2. Notice forwarded via: 1. Fax. Assessment completed by Social Services Director (SSD). The facility had no documented evidence Resident 1 was exempted from the 30 day notice based on assessment above. During an interview on 6/25/25, at 10:36 a.m., with, SSD, SSD stated, I did not fax the notice to the ombudsman regarding Resident 1's discharge on 6/11/24. I called FB and notified him of the discharge the day before Resident 1's discharge via phone not in writing. During an interview on 6/19/24, at 3:09 p.m., with Consultant K (CK) CK stated, SSD told her that LTC Ombudsman asked the facility to only fax them once a month for all the discharges. (continued on next page)

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F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 6/21/24, at 8 am, with Ombudsman L (OL) OL stated they were the representative who covers the facility in the office of LTC Ombudsman. OL stated, neither she nor her predecessor requested the facility to send their discharges once a month. OL stated, I know the social workers there and they are aware on the requirements for discharge. They know they have to fax us all the discharges on time, so we can act quickly if we need to intervene, we cannot help as efficiently if we are notified after the fact the Resident is discharged . During a review of Facsimile Cover Sheet dated 6/17/24 indicated, notification of discharge for Resident 1 was sent to the LTC Ombudsman on 6/17/24, 6 days after discharge. During a review of Resident 2's facesheet dated 6/19/24, Facesheet indicated, Resident 2 was admitted to facility on 3/3/24, and is her own responsible party. During a review of Resident 2's Notice of Proposed Transfer or discharge date d 6/11/24, Notice indicated, 1. Transfer or Discharge Type 2. Facility Initiated Transfer 2. Date Resident/Responsible Party Notified of Discharge/Transfer 6/10/24 3. Resident/Resident Representative notified via 2. Telephone. 3b Name of Responsible Party Notified [Resident 2] 4. Date of Transfer/Discharge 6/11/2024.Transfer or Discharge Address [Facility B Address- Another Skilled Nursing Facility]. Exceptions to the required thirty (30) day notice [not selected]. d. 1. This acknowledges that I received a copy of this Notice of Proposed Resident Transfer or Discharge/Signature of Resident or Resident Representative. [Friend B's name is typed out] 2. Date Resident or Resident Representative signed notice: 6/10/24. e. 1. Copy of Notice forwarded to the Office of the State Long-Term Care Ombudsman 6/11/24 00:00 2. Notice forwarded via: 1. Fax. No signature was noted on the notice that the Resident who is self RP was notified of transfer 30 days prior to discharge date or received a copy of the notice. The facility had no documented evidence Resident 2 was exempted from the 30 day notice based on assessment above. Assessment completed by Social Services Director (SSD). During an interview on 6/25/24, at 10:36 a.m., with SSD stated, I notified Resident 2 in person about the discharge not in writing. During an interview on 6/25/25, at 9:45 a.m., with Consultant K a request for the notification to LTC Ombudsman for Resident 1's discharge was made. During a review of Fax Message Transmission dated 6/25/24 indicated, the LTC Ombudsman were notified of Resident 2's Discharge at 12:35 p.m. The notice was sent 14 days after Resident 1 was discharged . During a review of Resident 3's facesheet dated 6/19/24, Facesheet indicated, Resident 3 was admitted to the facility on [DATE] and is her own responsible party. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055316	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mountain View Healthcare Center	2530 Solace Place Mountain View, CA 94040

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)
F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of Resident 3's Notice of Proposed Transfer or discharge date d 6/15/24, indicated, 1. Transfer or Discharge Type 4. Resident/Resident Representative requested transfer. Date of Transfer/Discharge 6/16/24.6. Reason for Discharge in accordance with CFR 483.15(c)(F622) 1. The Resident's health has improved sufficiently that the resident no longer needs the services provided by the facility. Exceptions to the required thirty (30) day notice [not selected]. d. 1. This acknowledges that I received a copy of this Notice of Proposed Resident Transfer or Discharge/Signature of Resident or Resident Representative [Resident 3's name is typed] Notified family and patient 6/14/24. No signature was indicated on the notice Resident 3 who is self RP received a copy of the notice. The facility had no documented evidence Resident 3 was exempted from the 30 day notice based on assessment above. Completed by Social Services E (SSE). During an interview on 6/25/24, at 11:40 a.m., with Social Services E (SSE), SSE, stated, I only notified Resident 3 about the discharge in person on 6/14/24. During a review of Facsimile Cover Sheet dated, 6/17/24 indicated, the LTC ombudsman were notified 6/17/24 at 9:21 a.m. Notification was sent 24 hours after Resident 3 was discharged . During a review of Resident 4's Facesheet dated 6/19/24, Facesheet indicated, Resident was admitted to Facility on 6/4/22, with Family F (FF) listed as responsible party. During a review of Resident 4's Notice of Proposed Transfer or discharge date d 5/28/24, indicated, 1. Transfer or Discharge Type 4. Resident/Resident Representative requested transfer. Date of Transfer/Discharge 5/29/24.6. Reason for Discharge in accordance with CFR 483.15(c)(F622) 1. The Resident's health has improved sufficiently that the resident no longer needs the services provided by the facility. Exceptions to the required thirty (30) day notice [not selected]. d. 1. This acknowledges that I received a copy of this Notice of Proposed Resident Transfer or Discharge/Signature of Resident or Resident Representative [Family F's name] Notified family and patient 6/14/24. No signature was indicated on the notice Resident 4's RP received a copy of the notice. The facility had no documented evidence Resident 4 was exempted from the 30 day notice based on assessment above. Completed by SSD. During an interview on 6/25/24, at 10:36 a.m., with SSD stated, I notified Family F (FF) via phone about the discharge not in writing. I did not notify the ombudsman about this discharge. During a review of Resident 4's POA document dated 1/9/24, indicated FG has power of attorney for Resident 4, signed by both parties. During a review of Facsimile Cover Sheet dated 6/27/24 indicated, notification of discharge for Resident 4 was sent to the LTC Ombudsman on 6/27/24. Notification was sent 29 days after discharge. During a review of the Facility's Policy & Procedure (P&P) titled, Discharge Planning Process, undated, P&P Indicated, The facility will support each resident in the exercise of his or her right to participate in his or her care and treatment, including planning for discharge.