

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055322	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/15/2025
NAME OF PROVIDER OR SUPPLIER The Pavilion at Ocean Point		STREET ADDRESS, CITY, STATE, ZIP CODE 3202 Duke Street San Diego, CA 92110	

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** Based on interview and record review, the facility failed to ensure an appropriate discharge plan was implemented for 1 of 2 sampled residents (Resident 1) when:</p> <p>Resident 1 was transferred from the skilled nursing facility to a general acute care hospital (GACH) and denied readmission to the skilled nursing facility (SNF) when the GACH medically cleared the resident for return.</p> <p>As a result, Resident 1 did not receive an appropriate discharge notice that included the reasons for the discharge, notification to responsible parties and the right to appeal the discharge decision.</p> <p>Findings:</p> <p>On 4/15/25 at 1:00 P.M. a joint interview and record review was conducted with the facility's Administration: Administrator (ADM), DON, ADON, Social Services Staff (SSD) 1 and SSD 2. Resident 1 was initially admitted to the facility on [DATE]. Resident 1 was transferred from the SNF to a GACH on 12/23/24 and re admitted to the SNF on 1/21/25 according to Resident 1's demographics and length of stay (LOS) reported by Administration.</p> <p>During the same interview, Administration stated Resident 1 had a history of transfers to GACH and readmission to their SNF however, the facility was unable to provide documented evidence of a discussion with Resident 1 and/or responsible parties related to a discharge notification and process.</p> <p>In addition, during the interview, Administration stated resident 1 was transferred from their SNF to a GACH on 2/3/25 and was not readmitted to their facility. Administration stated the GACH attempted to transfer Resident 1 back to their SNF on 2/19/25 however, the skilled nursing facility declined the transfer.</p> <p>Furthermore, during the interview, Administration acknowledged the lack of discharge notice to Resident 1 which excluded a timely written notice and right to appeal.</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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