

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055519	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/15/2024
NAME OF PROVIDER OR SUPPLIER Downey Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 13007 S. Paramount Blvd. Downey, CA 90242	

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** 48778</p> <p>Based on interview and record review, the facility failed to ensure a written or verbal authorization was obtained from one of three residents' (Resident 1), responsible party, prior to resident's discharge to another facility.</p> <p>This failure resulted in resident's primary responsible person not aware of the discharge.</p> <p>Findings:</p> <p>A review of Resident 1's admission record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including dysphagia (difficulty in swallowing) and cognitive communication deficit (difficulty following the rules of both verbal and non-verbal communication). The admission record indicated Resident 1's family member 1 (FM1) was Resident 1's first emergency contact person and Resident 1's FM2 was the second emergency contact person.</p> <p>A review of Resident 1's Minimum Data Sheet (MDS, a standardized assessment and care screening tool), indicated Resident 1 had severe cognitive impairment (problems with the ability to think, learn, remember, use judgement, and make decisions).</p> <p>During an interview on 5/15/2024 at 11:40 a.m., with Social Services Director (SSD), the SSD stated if a resident does not have the capacity to make decisions, a family representative will be responsible to decide.</p> <p>During a concurrent interview and record review on 5/15/2024 at 11:45 a.m. with SSD, Resident 1's progress notes were reviewed. The SSD stated she did not document when FM2 requested Resident 1 to be transferred out of facility. Resident 1's progress notes did not indicate documentation that Resident 1's FM1 was notified of Resident 1's discharge to other facility.</p> <p>During an interview on 5/15/2024 at 12:57 p.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated if a resident was unable to make decisions for themselves, the staff will notify resident's responsible party. When asked who the facility would call first for residents with multiple contact persons listed, LVN1 stated, they would call the first contact person listed in the admission record.</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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<p>F 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/15/2024 at 1:15 p.m. with Director of Nursing (DON), the DON stated if a resident was unable to make decisions or if there were any changes of condition, the resident's responsible party will be notified. The DON stated, the facility would call the number one emergency contact person because, more likely they are closer by location or more involved with the resident's care. The DON stated, we also refer to the prior facility or hospital record, who the identified responsible party was. The DON stated whoever spoke to the family regarding the discharge would have to document in the clinical records to protect the resident. The DON stated, if it was not documented, it did not happen.</p> <p>A review of facility's policy and procedure (P&P) titled, Criteria for Transfer and Discharge: Admission, Transfer, and Discharge, dated 12/2023, the P/P indicated, for resident-initiated transfer or discharge, the resident or, if appropriate, the resident representative had provided verbal or written notice of intent to leave the facility (leaving the facility does not include the general expression of a desire to return home or the elopement of residents with cognitive impairment.) The P/P indicated, for a resident-initiated discharge or transfer, the medical record should contain a documentation of the resident's or resident's representative's verbal or written intent to leave.</p>		