STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055542	A. Building B. Wing	04/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mission Care Center	8487 Magnolia Avenue Riverside, CA 92504

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 - Minimal harm or potential for actual harm Residents Affected - Few	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** Based on interviews and record review, the facility failed to ensure the code status (a legal document or instruction that outlines a patient's wishes regarding medical care, particularly if they experience a cardiac or respiratory arrest) and presence of medical device was communicated accurately to the receiving facility when the resident was transferred to the acute hospital, for one of three residents sampled (Resident A). This failure had the potential to result in Resident A not to receive the correct code status during the resident's hospital stay, and could have a delay in care and treatment when the presence of medical device was not initially communicated to the receiving facility. Findings: On [DATE], at 9:30 a.m., an unannounced visit to the facility was conducted to investigate for a complaint of resident rights and quality of care. On [DATE], at 10 a.m., a review of Resident A's medical record was conducted. Resident A was admitted to the facility on [DATE], with diagnoses which included respiratory failure, tracheostomy (a surgical procedure where an opening is created in the neck to insert a tube into the trachea, allowing air to enter the lungs and bypass the mouth, nose, and throat), and aphasia (a language disorder resulting from brain damage). Resident A's POLST (Physician Orders for Life-Sustaining Treatment - a portable medical order that helps people with serious illnesses make and communicate their choices about medical treatments they do or do not want to receive during serious illness), dated [DATE], indicated, .attempt resuscitation/CPR (cardio-pulmonary resuscitation-a method used to revive the heart and lungs, to sustain life) .full treatment . Resident A's Hospital Transfer Form, dated [DATE], at 12:35 p.m., indicated .Code status .DNR (do not resuscitate) .02 at 1% . The document did not include the type and size of the tracheostomy tube. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(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 - Minimal harm or potential for actual harm Residents Affected - Few	Resident A's Respiratory Therapy (RT) Notes, dated [DATE], at 1:16 p.m., indicated .O2 (oxygen) 98% . trach (tracheostomy tube) secured and intact .removed off vent (ventilator-a medical device that helps a person breathe when they are unable to do so on their own) per husband's request and placed on T-bar (a medical device, placed on a tracheostomy tube, to help with breathing and allows for the delivery of oxygen) tolerated well .husband refused for downsized trach from Shiley (a type of tracheostomy tube that is flexible) 7 cuffed (an option on a tracheostomy tube) to Shiley 6.5 cuffless even after husband requesting to downsize trach . A review of Resident A's Social Service Notes, dated [DATE], at 12:10 p.m., indicated . [family member] .was able to sign the new POLST for FULL code .he wants her (Resident A) out to the acute hospital. He wants to admit her (Resident A) to the hospital and hold her there until he can take her home . On [DATE], at 1 p.m., an interview was conducted with the Registered Nurse (RN). The RN stated when a resident was sent out, transferred to the hospital, the facility would fill in a transfer form, which would include most of the information about the resident. The RN stated the type of trach and size of the trach should be noted on the transfer form, and the current code status should also be indicated in the transfer form. On [DATE], at 2:30 p.m., an interview was conducted with the Director of Nursing (DON). The DON stated Resident A's transfer form indicated DNR, and the tracheostomy size and type should have been indicated on the transfer form, the [family member] changed the POLST to full code the morning of Resident A ' s transfer. On [DATE], at 1:20 p.m., an interview was conducted with the Respiratory Therapist (RT). The RT stated at the time of Resident A's discharge from the facility, on [DATE], Resident A was a full code, not a DNR. A review of the facility's policy titled Transfer and Discharge, dated [DATE], indicated, .For transfer to another provider .Advanced directive information .resident status .all special instructions and/or precautions for ongoing care .treatments and devices .all other information necessary to meet the resident's needs . Anticipated transfers or discharges-resident-initiated discharges .obtain physicians' orders .the interdisciplinary team completes relevant sections of the discharge summary. The nurse caring for the resident at time of discharge is responsible for ensuring the discharge summary is complete and includes . resident's status .the comprehensive, person-centered care plan shall contain the resident's goals for admission and desired outcomes .supporting documentation shall include evidence of the resident's or resident representative's verbal or written notice of intent to leave the facility .