

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055849	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/01/2024
NAME OF PROVIDER OR SUPPLIER Modesto Post Acute Center		STREET ADDRESS, CITY, STATE, ZIP CODE 159 E. Orangeburg Avenue Modesto, CA 95350	
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 0624 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prepare residents for a safe transfer or discharge from the nursing home. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47298 Based on interview and record review, the facility failed to follow its transfer and discharge policy and procedure for one of three sampled residents (Resident 1) when the facility failed to comply with the legal requirements to provide Resident 1 with sufficient preparation and orientation to ensure a safe and orderly discharge from the facility. This failure had the potential to result in Resident 1's unsafe discharge and increased likelihood of preventable re-admissions. Findings: During a concurrent observation and interview on 10/1/24 at 1:20 p.m. with Resident 1 outside on the patio, Resident 1 was sitting in her wheelchair playing a card game on an electronic tablet. Resident 1 stated, she was given a 30-day notice to be discharged because she had not complied with the smoking policy that was recently enforced. Resident 1 stated, her mother called the ombudsman for assistance after the 30-day notice was issued to Resident 1. During a telephone interview on 10/3/24 at 8:41 a.m. with Social Services Director (SSD), SSD stated, Resident 1 needed care from a skilled nursing facility (SNF) because she was diagnosed with anoxic brain damage (an injury to the brain that happens when it has a lack of oxygen), muscle spasm, generalized anxiety disorder (severe, ongoing worry that interferes with daily activities), unspecified psychosis (showing symptoms of a mental disorder without an exact diagnosis) and major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest). SSD stated, Resident 1 was wheelchair dependent for ambulation. SSD stated, Resident 1 was given the 30-day notice on 8/6/24 however her mother was given the 30-day notice on 9/5/24. SSD stated, Resident 1 refused to participate in the discharge planning so Resident 1 's mother was contacted. SSD stated, Resident 1 's discharge plan included Resident 1 being discharged home with her mother to an apartment. SSD stated, Resident 1 was unable to discharge home with her mother because the apartment was too small and both parents were disabled. SSD stated, Resident 1 's discharge plan lacked placement at an accepting SNF. SSD stated, it was important to provide Resident 1 with sufficient preparation and orientation to ensure a safe discharge from the facility, to effectively transition to post-discharge care and to prevent readmissions. (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 055849	Facility ID: 055849 If continuation sheet Page 1 of 3

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F 0624 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a telephone interview on 10/3/24 at 1:47 PM with Director of Nursing (DON), DON stated, Resident 1 had diagnoses of unspecified psychosis, anoxic brain damage, insomnia, cognitive communication deficit, muscle weakness and major depressive disorder. DON stated, Resident 1 was provided with a 30-day notice on 8/6/24 however there is no documentation in Resident 1 ' s chart that her responsible party received the 30-day notice. DON stated, SSD had done discharge planning with Resident 1 on 8/27/24 and not prior to this date. DON stated, there was no documentation in Resident 1 ' s chart or copies of faxes indicating that referrals had been sent to any SNFs to assist Resident 1 in transfer to another facility. DON stated, Resident 1 should have been provided with sufficient preparation and orientation to ensure a safe and orderly discharge from the facility. DON stated, Resident 1 ' s safety was at risk due to a lack of discharge planning. During a telephone interview on 10/3/24 at 3:17 PM with Administrator (ADM), ADM stated, Resident 1 was given a 30-day notice on 8/6/24 but Resident 1 ' s responsible party was not issued a 30-day notice until 9/5/24. ADM stated, ADM had wrongly assumed Resident 1 could have discharged home with her mother because that was where Resident 1 used to reside prior to being admitted to the SNF. ADM stated, Resident 1 ' s mother had said that the apartment was too small for Resident 1 to return to. ADM stated, DON and SSD had not submitted documentation regarding Resident 1 ' s current ability to perform Activities of Daily Living (ADLs). During a review of Resident 1's Admission Record (AR, documents containing resident demographic information and medical diagnosis), dated 10/1/24, the AR indicated Resident 1 was admitted to the facility on [DATE] with diagnoses which included .ANOXIC BRAIN DAMAGE .ABNORMALTIES OF GAIT AND MOBILITY .MUSCLE WEAKNESS .UNSTEADINESS ON FEET .MAJOR DEPRESSIVE DISORDER . CONTRACTURE [a stiffening/shortening at any joint, that reduces the joint ' s range of motion], RIGHT ANKLE .CONTRACTURE, LEFT ANKLE .TOBACCO USE .GENERALIZED ANXIETY DISORDER . During a review of Resident 1's Minimum Data Set (MDS, an assessment tool which indicates physical, medical and cognitive abilities), dated 7/3/24, the MDS indicated Resident 1's Brief Interview for Mental Status (BIMS) score was 15 out of 15 which indicated Resident 1 had no cognitive impairment (0-7 indicated severe cognitive impairment - [memory loss, poor decision making-skills], 8-12 moderate cognitive impairment, 13-15 cognitively intact). During a review of Resident 1's Nursing Care Plan (CP), undated, the CP indicated, .The resident has limited physical mobility r/t ANOXIC BRAIN DAMAGE, CONTRACTURE, RIGHT ANKLE, CONTRACTURE, LEFT ANKLE, MUSCLE WEAKNESS Date initiated 10/14/2016 . During a review of Resident 1's CP, undated, the CP indicated, .Resident requires LTC [Long Term Care] due to family unable to provide care needed Date Initiated: 01/08/2016 . During a review of Resident 1 ' s Progress Notes (PN), dated 8/27/24, the PN indicated, .Social services spoke with resident and resident ' s mother in regard to resident not following smoking guidelines per facility policies, she would receive a notice to discharge home with her mother or alternative placement .Social services spoke with Resident ' s mother in regard to a discharge plan. The resident ' s mother stated that resident cannot return home due to limited space .resident ' s mother stated ' They lived in a 2-bedroom [ROOM NUMBER] bath apartment with no space for her wheelchair or for her to get around, we are low on income because both me and my husband are both on disability ' . (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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F 0624 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the Department of Health Care Services Office of Administrative Hearings and Appeals (a government entity that handles discharge appeals for long-term care residents) document titled, Decision and Order, dated 9/25/24, the document indicated, .SUMMARY .The appeal is GRANTED. [Facility] has not complied with the legal requirements to involuntary discharge [Resident 1] in that it did not provide Resident with sufficient preparation and orientation to ensure a safe and orderly discharge from Facility. Therefore, the discharge is improper, and Resident shall be permitted to remain in Facility .On August 6, 2024, Facility issued a Notice of Proposed Transfer/Discharge .to resident .Authorized Representative testified they did not receive the Notice until September 5, 2024. Administrator ' s testimony confirmed that Notice was not given to Authorized Representative until September 5, 2024 .Resident ambulates with a wheelchair .Facility did not submit medical records documenting Resident ' s current ability to perform the activities of daily living . Facility did not submit a post-discharge plan of care identifying Resident ' s post-discharge needs and how those need would be met at Location .Authorized Representative identified Location as the apartment she resides in with her husband .she and her husband are both disabled, living alone .Additionally, Location is not wheelchair accessible or equipped with handicap accessories . During a review of the facility's policy and procedure titled, Transfer or Discharge, Facility- Initiated, dated 10/22, indicated, .Facility-initiated transfers or discharges .require resident/representative notification and orientation, and documentation .the resident and his or her representative are given a thirty (30)-day advance written notice of an impending transfer or discharge from this facility .A post-discharge plan is developed for each resident prior to his or her transfer or discharge .A member of the interdisciplinary team will review the final post-discharge plan with resident and family .		