

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056048	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/02/2024
NAME OF PROVIDER OR SUPPLIER Pacific Coast Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 1935 Wharf Road Capitola, CA 95010	

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** 46552</p> <p>Based on interview and record review, the facility failed to follow their policy and procedure (P&P) to notify the Office of State Long-Term Care Ombudsman (organization that advocates for the residents) when one of two sample resident (Resident 1) was transferred to the acute care hospital (ACH: provides treatment for brief but severe episode of illness and conditions) from the facility. This failure had the potential to compromise Resident 1's admission, transfer, and discharge rights.</p> <p>Findings:</p> <p>Review of Resident 1's face sheet (FS: a document that gives a resident's information at a quick glance) indicated Resident 1 was admitted to the facility on [DATE]. Review of Resident 1's discharge summary from ACH dated 4/11/2024 indicated, diagnoses included dementia (loss of ability to think, remember, and reason to levels that affect daily life and activities) with behavior changes.</p> <p>Review of Resident 1's clinical record indicated Resident 1 was transferred to ACH same day on 4/11/2024 following episode of aggressive and combative behavior.</p> <p>Further review of Resident 1's clinical record review indicated, there was no documented evidence for fax (electronic communication) confirmation for Resident 1's ACH transfer notification to the Ombudsman.</p> <p>During an interview with administrator (ADMN) on 7/9/2024 at 1:55 p.m., ADMN confirmed there was no documentation for fax confirmation of notification of transfer to Ombudsman for Resident 1. ADMN stated medical record manager (MRD) responsible to notify Ombudsman via fax for ACH transfers from facility. ADMN also stated MRD should have notified Ombudsman via fax after Resident 1 was transferred to ACH on 4/11/2024. ADMN stated MRD should have notified the ombudsman weekly for any discharge and transfer residents.</p> <p>Review of facility's P&P titled, Transfer and Discharge (including AMA), revised 7/20/2023, the P&P indicated, a. The health and/or safety of individuals in the facility would be endangered due to the clinical or behavioral status of the resident; 6. In these exceptional cases, the notice must be provided to the resident, resident's representative if appropriate, and LTC (long term care) ombudsman as soon as practicable before the transfer or discharge. The facility will maintain evidence that the notice was sent to the Ombudsman.</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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