

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056216	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/04/2025
NAME OF PROVIDER OR SUPPLIER  Guardian Care and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  410 Eastwood Ave Manteca, CA 95336	

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>Based on interview and record review, the facility failed to complete the required steps prior to discharging one of one sampled resident (Resident 1) from the facility when the reason for discharge was not documented in Resident 1 ' s medical record.</p> <p>This failure resulted in Resident 1's facility initiated discharge not being properly documented in Resident 1's medical record and had the potential to not reflect the actual experience of Resident 1 while in the facility.</p> <p>Findings:</p> <p>During an interview with the Administrator (ADM) on 3/4/25 at 12:22 PM, the ADM stated that Resident 1 had been at the facility since spring of 2024 and left the facility on 2/20/25 for a scheduled medical appointment. The ADM further stated Resident 1 was admitted directly from the appointment to the hospital due to a needed surgery.</p> <p>During a concurrent interview and record review on 3/4/25 at 12:46 PM with the ADM and the Director of Nursing (DON), the ADM stated that the hospital where Resident 1 had his surgery sent a request packet for re-admission to the facility on 3/2/25. On 3/3/25 the NOTICE OF TRANSFER OR DISCHARGE paperwork was completed by the Social Services Director (SSD) and the DON. The DON stated she and the SSD served the notice to Resident 1 ' s RP on 3/3/2025 while Resident 1 was still in the hospital. The DON stated the reason for issuing the discharge notice was because Resident 1 ' s needs could not be met in the facility. The ADM explained the facility was unable to make Resident 1 happy or to care for Resident 1 per his wishes.</p> <p>A review of Resident 1's NOTICE OF TRANSFER OR DISCHARGE dated 3/3/25, indicated, .The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility .</p> <p>During a concurrent interview and record review on 3/4/25 at 3:19 PM with the ADM and DON, the ADM and DON confirmed there was no documentation in Resident 1 ' s medical record for the basis of Resident 1's discharge or the needs of Resident 1 that could not be met.</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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F 0622  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	A review of the facility policy titled, Transfer or Discharge, Facility-Initiated dated October 2022, indicated, . When a resident is transferred or discharged from the facility, the following information is documented in the medical record: a. The basis for the transfer or discharge; (1) If the resident is being transferred or discharged because his or her needs cannot be met at the facility documentation will include: a) the specific resident needs that cannot be met; b) this facility ' s attempts to meet those needs .Once admitted to the facility, residents have the right to remain in the facility. Facility-initiated transfers and discharges .must meet specific criteria and .documentation as specified .		

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<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>Based on interview and record review, the facility failed to complete the required steps prior to discharging one of one sampled resident (Resident 1) from the facility when the discharge notice issued to Resident 1's Responsible Party (RP) and sent to the long-term care ombudsman (resident advocate) did not include the correct information on how to appeal the discharge.</p> <p>This failure resulted in Resident 1's RP being uninformed of how to appeal the decision of a facility-initiated discharge and had the potential to cause Resident 1 psychosocial distress.</p> <p>Findings:</p> <p>1. During an interview with the Administrator (ADM) on 3/4/25 at 12:22 PM, the ADM stated that Resident 1 had been at the facility since spring of 2024 and left the facility on 2/20/25 to go to a scheduled medical appointment. The ADM further stated Resident 1 was admitted directly from the appointment to the hospital due to a needed surgery.</p> <p>During a concurrent interview and record review on 3/4/25 at 12:46 PM with the ADM and the Director of Nursing (DON), the ADM stated that the hospital where Resident 1 had his surgery sent a request packet for re-admission to the facility on 3/2/25. On 3/3/25 the NOTICE OF TRANSFER OR DISCHARGE paperwork was completed by the Social Services Director (SSD) and the DON. The DON stated she and the SSD served the notice to Resident 1's RP on 3/3/2025 while Resident 1 was still in the hospital. The DON stated the reason for issuing the discharge notice was because Resident 1's needs could not be met in the facility. The ADM explained the facility was unable to make Resident 1 happy or to care for Resident 1 per his wishes.</p> <p>A review of Resident 1's facility provided document titled, NOTICE OF TRANSFER OR DISCHARGE, dated 3/3/25, indicated, . You have the right to appeal this decision to the appropriate state long-term care agency at the address shown below . The appropriate state long-term care agency listed on the discharge notice to request an appeal was the California Department of Public Health (CDPH) along with their address, phone number, and email address.</p> <p>During a telephone interview on 3/17/25 at 12:58 PM with the Social Services Director (SSD), the SSD confirmed the above name, address, phone number, and email address was written by her on Resident 1's document titled, NOTICE OF TRANSFER OR DISCHARGE. The SSD stated this was the information the facility had been using on all discharge and transfer paperwork and did not know that it was the incorrect place for residents to send appeals.</p> <p>A review of the facility policy titled, Transfer or Discharge, Facility-Initiated dated October 2022, indicated, . When a resident is transferred or discharged from the facility, the following information is documented in the medical record .Facility-initiated transfers and discharges .must meet specific criteria and require resident/representative notification .and documentation as specified .2. Upon notice of transfer or discharge, the resident will be provided with a statement of his or her right to appeal the transfer or discharge, including: a. the name, address, email, and telephone number of the entity which receives such requests; b. information about how to obtain, complete and submit an appeal form; c. how to get assistance completing the appeal process .</p> <p>(continued on next page)</p>

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Department of Health Care Services (DHCS) webpage titled Transfer Discharge and Refusal to Readmit Unit, dated 12/3/21, indicated, .The Office of Administrative Hearings and Appeals (OAHA) is responsible for adjudicating appeals of residents who face a facility-initiated transfer or discharge from their nursing facility, or whose nursing facility has refused to readmit the resident following a period of hospitalization or therapeutic leave. Transfer or Discharge Appeals (TDA) Under federal and state law, when a nursing facility initiates the transfer or discharge of a nursing home resident, the resident has established rights that must be addressed in order to ensure that the discharge is fair and appropriate. An essential component to these rights is the right to request a hearing. Only the resident or a resident's authorized representative may request a transfer/discharge hearing. Residents desiring a hearing should submit a request as soon as possible in order for a decision in the matter to be rendered before the proposed date of discharge . (<a href="https://www.dhcs.ca.gov/formsandpubs/laws/Pages/Transfer-Discharge-and-Refusal-to-Readmit-Unit.aspx">https://www.dhcs.ca.gov/formsandpubs/laws/Pages/Transfer-Discharge-and-Refusal-to-Readmit-Unit.aspx</a>)</p>

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<p>F 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure the right to return to the facility was protected for one of one sampled resident (Resident 1) when Resident 1 was sent to the hospital on [DATE] and was not allowed to return to the facility on [DATE], when the hospital was ready to discharge Resident 1 back to the facility.</p> <p>This placed Resident 1 at risk for emotional distress, depression, and anxiety.</p> <p>Findings:</p> <p>During an interview with the Administrator (ADM) on [DATE] at 12:22 PM, the ADM stated that Resident 1 had been living at the facility since Spring of 2024 and left the facility on [DATE] to go to a scheduled appointment. The ADM further stated Resident 1 was admitted directly from the appointment to a hospital due to a needed surgery. The ADM explained on [DATE] a seven-day bed hold (a residents right to have their own bed held for seven days while they are in the hospital) was initiated.</p> <p>During a concurrent interview and record review on [DATE] at 12:46 PM with the ADM and the Director of Nursing (DON), the ADM stated that the hospital where Resident 1 had his surgery faxed a request packet for re-admission on [DATE]. On [DATE] the NOTICE OF TRANSFER OR DISCHARGE paperwork was completed by the Social Services Director (SSD) and the DON. The DON stated she and the SSD served the notice to Resident 1 ' s responsible party (RP) on [DATE]. The DON stated the reason listed for discharge was because Resident 1 ' s needs could not be met at the facility. The ADM stated the facility served the paperwork only as a formality, since the seven-day bed hold had already expired. The ADM explained the facility was unable to meet Resident 1 ' s needs because the facility was unable to make him happy or to care for Resident 1 per his wishes. The ADM further stated the current census of the facility was 94 but was licensed to hold 176 residents. The ADM also stated Resident 1 ' s bed in his previous room was still available.</p> <p>During an observation on [DATE] at 1:54 PM of room [ROOM NUMBER] bed D, Resident 1 ' s name was still labeled on the placard outside of the room. Inside the room, bed D which was assigned to Resident 1 still had Resident 1 ' s personal belongings on the bedside table and nightstand, a personal blanket was draped on the bed, personal pictures hung near the head of the bed.</p> <p>During a concurrent observation and interview on [DATE] at 2:54 PM with Certified Nursing Assistant (CNA) 1, CNA 1 confirmed that Resident 1 ' s room [ROOM NUMBER] bed D still contained Resident 1 ' s personal belongings.</p> <p>A review of the facility policy titled, Bed-Holds and Returns, revised [DATE], indicated, .7. Residents who seek to return to the facility after the state bed-hold period has expired .are allowed to return to their previous room if available or immediately to the first available bed .</p>		