

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/13/2024
NAME OF PROVIDER OR SUPPLIER Alden Terrace Convalescent Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 1240 S Hoover St Los Angeles, CA 90006	

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 0551</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give the resident's representative the ability to exercise the resident's rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36395</p> <p>Based on interview and record review the facility failed to notify the resident ' s healthcare decision maker for one of one sampled resident (Resident 1). For Resident 1, who designated his family member (FM 1) as his decision maker for health, the facility failed to:</p> <ol style="list-style-type: none"> 1. Inform and obtain consent from FM 1 that Resident 1 wanted to be discharged to Resident 1 friend ' s home on 9/9/24. 2. Inform Resident 1 ' s primary physician that the facility was unable to contact FM 1 regarding Resident 1 ' s discharge. <p>These deficient practices resulted in failing to include Resident 1 ' s healthcare decision maker regarding Resident 1 ' s discharge plan.</p> <p>Findings:</p> <p>During a review of the Power of Attorney for Healthcare (POA, legal document that allows an individual to empower another person to make decisions about their medical care) dated 1/18/20 indicated Resident 1 designated FM 1 to make health care decisions for Resident 1.</p> <p>During a review of the Admission Record indicated the facility originally admitted Resident 1 on 3/12/24 and was readmitted on [DATE] with diagnoses including diabetes (elevated levels of blood glucose or blood sugar), difficulty walking and vascular dementia (caused by a range of conditions that disrupt blood flow to the brain and affect memory, thinking and behavior).</p> <p>During a review of the Minimum Data Set (MDS, standardized care and health screening tool) dated 6/16/24 indicated Resident 1 was cognitively intact. Resident 1 needed supervision (helper provides verbal cues as resident completes activity) with oral hygiene, toileting hygiene, shower/bathe self, upper/lower body dressing, putting on/taking off footwear, personal hygiene and set up with eating.</p> <p>During a review of the Social Service Note dated 9/9/24 at 8:46 a.m., indicated Resident 1 will be discharged home on 9/9/24. The Note indicated several phone call messages were made to FM 1, but FM 1 did not answer the calls. The Note indicated Resident 1 ' s FM 2 was notified and FM2 stated FM 1 do not want to be involved with Resident 1.</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 0551</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the Social Service Note dated 9/9/24 at 10:47 a.m., indicated Resident 1 was discharged to home with Resident 1 ' s friend.</p> <p>During an interview on 9/11/24 at 8:28 a.m., the Registered Nurse Supervisor 1 (RNS 1) stated Resident 1 was discharged home because Resident 1 and his family requested to go home. RNS 1 stated prior to going home, instructions regarding the medications were given to Resident 1 and to Resident 1 ' s friend.</p> <p>During an interview on 9/11/24 at 8:52 a.m., the social worker (SW) stated she (SW) received a call from FM 2 that Resident 1 wanted to be discharged home. The SW stated she made several calls to FM 1 but did not receive a call back. The SW stated Resident 1 was discharged on [DATE].</p> <p>During an interview on 9/13/24 at 7:45 a.m., the Director of Nursing (DON) stated the facility tried calling Resident 1 ' s FM 1 but unable to reach FM 1. The DON stated FM 1 was Resident 1 ' s POA and should be notified. The DON further stated Resident 1 ' s primary physician was notified on 9/9/24 about Resident 1 ' s request for discharge. However, the DON stated there was no documentation that the primary physician was notified that the facility was unable to contact Resident 1 ' s FM 1 before Resident 1 was discharged .</p> <p>During a review of the facility's Policy and Procedures (P&P) titled Discharging the Resident reviewed on 5/21/24, indicated, if the resident is being discharged home, ensure the resident and/or responsible party receive teaching and discharge instructions that included medication administration.</p> <p>During a review of the facility P&P titled Transfer/Discharge reviewed on 5/21/24, indicated, notify the facility and or/surrogate decision maker of the reason and location of discharge.</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>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** 36395</p> <p>Based on interview and record review the facility failed to provide the correct information in the Notice of Proposed Transfer and Discharge for one of one sampled resident (Resident 1). For Resident 1, the facility issued the Notice of Proposed Transfer and Discharge on 9/9/24 and failed to:</p> <ol style="list-style-type: none"> 1. Provide the correct address and telephone number of the agency that handles the appeals for discharge. 2. Provide the reason why Resident 1 was discharged as outlined in requirements for discharge. <p>These deficient practices resulted in Resident 1 being given the wrong information about the agency in the event Resident 1 wants to appeal his discharge from the facility.</p> <p>Findings:</p> <p>During a review of the Admission Record indicated the facility originally admitted Resident 1 on 3/12/24 and was readmitted on [DATE] with diagnoses including diabetes (elevated levels of blood glucose or blood sugar), difficulty walking and vascular dementia (caused by a range of conditions that disrupt blood flow to the brain and affect memory, thinking and behavior).</p> <p>During a review of the Minimum Data Set (MDS, standardized care and health screening tool) dated 6/16/24 indicated Resident 1 was cognitively intact. Resident 1 needed supervision (helper provides verbal cues as resident completes activity) with oral hygiene, toileting hygiene, shower/bathe self, upper/lower body dressing, putting on/taking off footwear, personal hygiene and set up with eating.</p> <p>During a review of the Notice of Proposed Transfer and discharge date d 9/9/24 indicated if Resident 1 believe that the proposed transfer/discharge was inappropriate, Resident 1 had the right to appeal. The Notice indicated the address and telephone number of the state survey agency (SSA) instead of the correct agency that handles the discharge appeals. The Notice also did not indicate the reason why Resident 1 was discharged as outlined in the requirements for discharge.</p> <p>During a review of Resident 1 ' s Care Plan initiated on 9/9/24, indicated Resident 1 had physician order to discharge home related to Resident 1 no longer needs the services provided by the facility. The care plan goal indicated Resident 1 will be discharged home. Interventions included to provide proper Notice of Proposed Transfer/Discharge.</p> <p>During a concurrent interview and record review on 9/11/24 at 10:13 a.m., with the Medical Record Director (MRD) the Notice of Proposed Transfer and Discharge given to Resident 1 was reviewed. MRD confirmed the address written on the Notice for discharge appeals was the address of the SSA. MRD stated it is important to give the right address of the agency so that if Resident 1 have a concern with his discharge, Resident 1 can appeal to the right agency.</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>During an interview on 9/13/24 at 7:45 a.m., the Director of Nursing (DON) stated the reason for Resident 1 ' s discharge should be, because Resident 1 ' s health has improved and no longer need the services of the facility.</p> <p>During a review of the facility's Policy and Procedures titled Transfer/Discharge reviewed on 5/21/24, indicated, the purpose of the Policy is to ensure proper information is sent with the resident.</p>