

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056322	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/20/2025
NAME OF PROVIDER OR SUPPLIER Montrose Springs Skilled Nursing & Wellness Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2635 Honolulu Ave Montrose, CA 91020	

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 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Plan the resident's discharge to meet the resident's goals and needs.</p> <p>48481</p> <p>Based on observation, interview, and record review, the facility failed to provide appropriate discharge planning and assistance for resident ' s safe discharge for one of three residents (Resident 1) by not ensuring home health services (medical services being provided at home) and durable medical equipment (DME-reusable medical devices, equipment, or supplies prescribed by a healthcare provider to assist with the treatment, monitoring, or management of a medical condition or disability) is arranged and confirmed for delivery prior to Resident 1 ' s discharge from the facility.</p> <p>This deficiency resulted in Resident 1 did not receive rehabilitation therapy and the durable medical equipment needed for use at home.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission Record dated 12/5/24 indicated that initial admission on 12/5/24 with diagnoses including Parkinson ' s Disease (a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movements), Dementia (a progressive state of decline in mental abilities), and Difficulty in Walking.</p> <p>During a review of Resident 1 ' s Minimum Data Sheet (MDS-a resident assessment tool) indicated Resident 1 required substantial/maximal assistance (helper lifts or holds trunk or limbs and provides more than half the effort) on toilet hygiene, shower/ bath, and upper and lower body dressing. Resident 1 ' s MDS also indicated that Resident 1 required partial/ moderate assistance (helper lifts, holds, or supports trunk or limbs, but provides less than half the effort) on eating, oral hygiene, and personal hygiene.</p> <p>During a review of Resident 1 ' s Physician Order dated 1/2/25, indicated, Discharge to home with Home Health PT/OT (Physical Therapy/Occupational Therapy), HH (Home Health) Nurse for medication and care management. DME: FWW (Front-wheeled Walker) and Compact Wheelchair (lightweight, foldable wheelchair).</p> <p>During a review of Social Service Progress Note dated 1/6/25, indicated Contacted Resident 1 ' s husband with HHPT/OT, HH nursing medication management and care, DME FWW, and discharge transportation as arranged by facility. There were no other concerns.</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 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 2/19/25 at 3:20pm with the Social Service Director (SSD), the SSD stated she spoke with family and discussed discharge planning and care needs then nursing staff obtained an order for discharge and service requests, but she was not the person arranging and authorization of home health services. The SSD stated the case manager was responsible for the arrangement and was unaware as to whether the DME or home health services had been confirmed or arranged prior to the resident ' s discharge.</p> <p>During an interview on 2/19/25 at 4:05pm with the Case Manager (CM), the CM stated she coordinates with other CM from insurance company for authorizing any requests with orders. The CM further stated the resident was admitted required rehabilitation therapy services and was informed during the interdisciplinary team (IDT) meeting of the discharge order. The CM stated arranging medication, home care management, DME, physical and occupational therapy. The CM stated she did not have a chance to request for authorizations and did not follow up for DME or home health services.</p> <p>During an interview on 2/20/25 at 11:20am with SSD, SSD she is responsible in ensuring DME supplies are arranged and provided to the resident prior to discharge and that home health services is confirmed prior to resident being discharged home</p> <p>During an interview on 2/20/25 at 12:12pm with the Administrator (ADM), ADM stated SS and CM have the responsibility to ensure resident are ready for discharge, arrangements are set up, and family support is capable for safe discharge. Social services are required to make a follow up call to make sure Home Health visits and follow up if the resident did not receive the DME at home.</p> <p>During a phone interview on 2/20/25 at 1:45pm with Resident 1's family member, the family member stated the resident did not receive rehabilitation therapy since being discharged home and did not receive any DME supplies.</p>		