

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056485	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/18/2025
NAME OF PROVIDER OR SUPPLIER  Arlington Gardens Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3688 Nye Avenue Riverside, CA 92505	

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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to provide the proposed transfer and discharge notice to the Office of the State Long-Term Care (LTC) Ombudsman at the same time the notice was provided to the resident and/or resident's representative in accordance with the policy and procedure for two of 23 sampled residents (Residents 3 and 8).</p> <p>This failure resulted in missed opportunity for the LTC Ombudsman to advocate for the residents to ensure a safe and appropriate discharge.</p> <p>Findings:</p> <p>On May 22, 2025, at 10:15 a.m., an unannounced visit was conducted to the facility to investigate one complaint related to transfer and discharge Process.</p> <p>A review of Resident 3's record indicated the resident was admitted to the facility on [DATE], and re-admitted on [DATE], with diagnoses which included fracture of the pelvis (hip bones fracture).</p> <p>A review of Resident 3's physician's order dated May 14, 2025, indicated, DC (discharge) to board and care on hospice Wednesday 5/14/2025 .</p> <p>A review of the Social Service notes dated May 13, 2025, indicated, .DC to board and care on hospice Wednesday 5/14/2025 .</p> <p>A review of Resident 3's proposed discharge/transfer notice indicated the resident signed the notice on May 13, 2025.</p> <p>A review of the fax document sent to the Ombudsman on May 14, 2025, indicated Resident 3's proposed discharge/transfer notice was sent to the Ombudsman on May 14, 2025, (1 day after the notice was given to the family member).</p> <p>A review of Resident 8's record indicated Resident 8 was admitted to the facility on [DATE], with diagnoses which included coronary artery disease and had coronary artery bypass grafting (CABG - a heart procedure that reroutes blood around blocked arteries to improve the blood flow).</p> <p>A review of the physician's order dated May 16, 2025, indicated .Pt (patient) will dc home Friday 5/16/25 .</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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 8's proposed discharge/transfer notice was received by the resident's representative on May 14, 2025.</p> <p>A review of the Notice of Proposed Transfer/Discharge document indicated the notice was faxed to the Ombudsman on May 15, 2025 (1 day after the notice of proposed discharged was given to the resident's representative).</p> <p>On May 22, 2025, at 1:30 p.m., during interview, the Director of Social Services (DSS) stated a copy of the proposed transfer/discharge notice was usually sent via fax to the Ombudsman on the day of discharge. She stated the proposed transfer/discharge notice was not provided to the resident or resident representative when the notice of Medicare Non-Coverage was signed by the resident's representative or acknowledged by telephone. She stated she should have given the Notice of Proposed Transfer/Discharge earlier.</p> <p>A review of the facility's policy and procedure titled, Transfer or Discharge, Facility-Initiated, dated October 2022, indicated, .Notice of Transfer or Discharge (Planned) .the resident and his or her representative are given a thirty (30) -day-advance written notice of an impending transfer or discharge from the facility .A copy of the notice is sent to the Office of the State Long -Term Care Ombudsman at the same time the notice of transfer or discharge is provided to the resident and representative .</p>