

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555039	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2024
NAME OF PROVIDER OR SUPPLIER  Fireside Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  947 3rd Street Santa Monica, CA 90403	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43454</b></p> <p>Based on interview and record review, the facility failed to develop and implement a discharge plan that included visits by an operating hospice (medical care for people with an anticipated life expectancy of 6 months or less, when cure isn't an option, and the focus shifts to symptom management and quality of life) agency (HA1) for one of one sampled resident (Resident 1). The facility also failed to provide information about HA1 to Resident 1's family member.</p> <p>This deficient practice resulted in Resident 1 not receiving physical comfort and emotional, social, and spiritual support when nearing the end of life.</p> <p>Findings.</p> <p>A review of Resident 1's Admission Record indicated the resident was admitted to the facility on [DATE] with diagnosis including malignant neoplasm of left female breast (a disease in which malignant (cancer) cells form in the tissues of the breast), type II diabetes mellitus (DM-a chronic condition that affects the way the body processes blood sugar [glucose]) and major depressive disorder (a mental health condition that causes a persistently low or depressed mood and a loss of interest in activities that once brought joy). Resident 1 was discharged (to home) on 1/12/2024.</p> <p>A review of Resident 1's Minimum Data Set (MDS - a comprehensive standardized assessment and care-screening tool), dated 12/8/2023, indicated Resident 1 has moderately impaired cognition (mental action or process of acquiring knowledge and understanding) for daily decision-making and required maximal assistance to dependent from staff for activities of daily living (ADLs-toileting hygiene, shower/bathe self, lower body dressing, sit to lying repositioning and toilet transfer).</p> <p>A review of Resident 1's Progress Notes dated 1/12/2024, entered by Licensed Vocational Nurse 1 (LVN1) indicated, at 1 p.m., Resident 1 discharged to home with hospice care.</p> <p>A review of Resident 1's Progress Notes dated 1/12/2024 at 3:57 p.m., entered by Social Services Director (SSD) indicated, Resident 1 discharge to home with visits for hospice care by Hospice Agency 1 (HA1).</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 with Resident 1's Family Member 1 (FM1) on 5/6/2024 at 8:12 a.m., FM1 stated, when Resident 1 was discharged home under hospice care, she did not get a written information about the HA1. FM1 stated, she looked up the agency and was unable to find information about the company. FM1 stated, she later found out that HA1 was an illegible hospice agency, and she notified the Administrator (ADM) in the facility.</p> <p>During an interview with SSD on 5/6/2024 at 11:48 a.m., SSD stated, Resident 1 was discharged home on 1/12/2024 under hospice care, in which she initiated the referral for a hospice agency to be provided to Resident 1 after she was discharged . SSD stated, she got a referral from an outside marketer and found HA1 where they agreed to provide hospice to Resident 1. SSD stated, they don't have a contract agreement with HA1 and was unable to provide documentation of what detailed services that HA1 will provide to Resident 1 upon discharged to home. SSD stated, she did not document in detail in Resident 1's medical record when she (SSD) did a discharge follow-up with Resident 1.</p> <p>A review of the facility's policy and procedure (P&amp;P) titled, Transfer and Discharge, reviewed on 10/12/2023, the P&amp;P indicated, to ensure that residents are transferred and discharged from the facility in compliance with state and federal laws and to provide complete, safe, and appropriate discharge planning and necessary information to continuing care provider.</p>		