

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 08/15/2024
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42342</p> <p>Based on interview and record review the facility failed to provide physician documentation to support a facility-initiated discharge for one of two sampled residents, Resident 1.</p> <p>This deficient practice placed the resident at risk for an unsafe discharge.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record indicated the facility originally admitted this [AGE] year-old male on 9/5/2013 with diagnoses including cerebral infarction (an area of death in the brain tissue due to a blockage in a vessel in the brain), hemiplegia and hemiparesis (weakness and or paralysis on one side of the body) following unspecified cerebrovascular disease, difficulty walking, Tobacco Use, Major Depressive Disorder and Anemia (low red blood cells).</p> <p>A review of Resident 1's History and Physical (H&P- a formal assessment by the health care provider that involves a patient interview, physical exam, and documentation of findings) dated 11/22/2023 indicated Resident 1 has capacity to understand and make decisions.</p> <p>During a review of Resident 1's Minimum Data Set (MDS-a standardized assessment care screening tool) dated 5/30/2024 indicated Resident 1's cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) was intact. Resident 1 required setup or clean up assistance (Helper sets up or cleans up; resident completes activity) with transfer (how resident moves between surfaces including to and from: bed, chair, wheelchair, and standing position), toileting hygiene and showering.</p> <p>During a concurrent interview and record review on 8/15/2024 at 11:37 a.m. with the Director of Social Services (DSS). Resident 1's Interdisciplinary Team (IDT) Care Conference Note dated 5/31/2024 was reviewed. The IDT note indicated Resident 1 was issued a 30-day notice of transfer or discharge due to Resident 1 ' s recent behavior of physical aggression towards staff caused an unsafe environment for residents and staff. The DSS stated Resident 1 ' s attending physician did not attend this IDT conference however was made aware of Resident 1 ' s aggressive behavior towards staff. The DSS was not sure if the attending physician agreed with the facility reason to initiate the discharge for Resident 1. The DSS could not provide any supportive documentation from the attending physician to support the reason for the facility-initiated discharge.</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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 8/15/2024 at 4:55 p.m. with the Administrator (Adm). Resident 1's Department of Health Care Services Office of Administrative Hearings and Appeals (DHCS/OAHA) Summary decision and order dated 7/2/2024 was reviewed. Resident 1's DHCS/OAHA indicated Resident 1's appeal to this discharge was granted because the facility failed to provide documentation from the attending physician that indicated the safety of individuals in the facility would have been endangered due to resident ' s clinical or behavioral status. The Adm stated the facility had an order from the attending physician indicating Resident 1 could have been transferred to a lower level of care. The Adm stated, we did not have the attending physician assess Resident 1 nor did we have a psychologist evaluate Resident 1's behavior prior to initiating the discharge.</p> <p>During a review of the facility's policy and procedure titled, Transfer and Discharge revised 10/24/2022 indicated,</p> <p>I. The Facility may transfer or discharge a resident for the following reasons:</p> <p>A. The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility;</p> <p>B. The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the Facility;</p> <p>C. The safety of individuals in the Facility is endangered by the resident's presence;</p> <p>D. The health of individuals in the Facility would otherwise be endangered by the resident's presence;</p> <p>E. The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the Facility. For a resident who becomes eligible for Medicaid after admission to a Facility, the Facility may charge a resident only allowable charges under Medicaid; or</p> <p>F. The Facility ceases to operate.</p> <p>II. The Facility may not transfer or discharge a resident while the appeal to the notice of transfer/discharge is pending, unless it is documented that failure to transfer or discharge the resident would endanger the health or safety of the resident or other individuals.</p> <p>Residents are transferred/discharged based on physician order unless the resident signs out against medical advice. See Policy No. -AD - 05 - Discharge Against Medical Advice.</p> <p>IV. Facility staff will provide the resident with reasonable advance notice of the transfer or discharge before it occurs. Unless exigent circumstances exist, the notice should be provided 30 days prior to the proposed date of transfer/discharge. Situations that may prevent 30 days' notice include:</p> <p>A. The resident poses a threat to the health or safety of other individuals at the Facility;</p> <p>(continued on next page)</p>		

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