

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/01/2024
NAME OF PROVIDER OR SUPPLIER  Noble Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2740 North California Street Stockton, CA 95204	

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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 47369</p> <p>Based on interview, and record review, the facility failed to provide the office of the local Long-Term Care (LTC) Ombudsman (OMB, an official advocate who represents the interests of the residents residing in a LTC facility) a copy of the Notice of Transfer/ Discharge for Resident 1 prior to Resident 1's discharge from the facility.</p> <p>This failure placed Resident 1 at risk of not receiving the necessary protections and support of the LTC Ombudsman office.</p> <p>Findings:</p> <p>A review of Resident 1's clinical document titled, ADMISSION RECORD, indicated Resident 1 was admitted to the facility in May of 2024.</p> <p>A review of Resident 1's clinical document titled, NOTICE OF TRANSFER/DISCHARGE, indicated . Notification Date: 6/21/24 .Effective Date: 6/27/24 .Transfer/Discharge to .Shelter for the Homeless .This notice is to inform you that transfer/discharge is necessary for the following reason .The transfer or discharge is appropriate because your health has improved sufficiently .If you intend to file an appeal of this transfer/discharge, it is important that you do so within 10 days .The facility may not transfer or discharge the resident while the appeal is pending .Copy to State LTC Ombudsman Office date: 6/27/24 .</p> <p>During a telephone interview on 7/31/24, at 4:15 PM, the OMB stated their office did not receive notice of Resident 1's pending discharge. The OMB further stated their office learned of Resident 1's discharge plan during a visit to the facility, when Resident 1 reported he had not received a 30-day notice of discharge. The Ombudsman stated the facility informed Resident 1 of his pending discharge but not of his right to appeal. The OMB further stated the OMB office assisted Resident 1 to initiate the appeal process. The OMB stated the Office of Administrative Hearings and Appeals (OAHA) notice was received by the facility on 6/25/24 and an appeal hearing was scheduled for 7/15/24. The OMB further stated the facility Operations Manager (OM) was notified by the OAHA not to discharge the resident prior to the hearing. The OMB stated their office became aware of Resident 1's discharge on 7/8/24 when they were researching his medical eligibility and previous address to determine if the homeless shelter was the appropriate placement for him. The OMB stated during their research they discovered he applied for food stamps due to becoming homeless on 6/27/24. The OMB further stated Resident 1 was discharged on [DATE] prior to the hearing and was now homeless and could not be located.</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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of an email notification provided by the LTC Ombudsman office, from the Staff Services Analyst (SSA) at the OAHA dated 6/25/24, at 3:03 PM, indicated .An appeal has been filed with the office of Administrative Hearings and Appeals-Transfer Discharge and Refusal to Readmit Unit for [Resident 1] . Please type received and send this email .Please do not discharge the resident until after a decision has been issued by our office . The reply email dated 6/26/24, at 11:12 AM, indicated .Received . and was signed by the facility OM.</p> <p>A review of Resident 1's clinical document titled, Progress Notes, dated 6/27/24, at 1:52 PM, indicated, . resident got discharged home .transported to location of liking by facility transport .</p> <p>During a telephone interview on 8/1/24, at 1:37 PM, Family Member (FM) 1 stated Resident 1 told them that the facility threw him out. FM 1 further stated the facility treated Resident 1 differently after they found out about his history of criminal offenses.</p> <p>During an interview on 8/2/24, at 2:07 PM, the Social Service Director (SSD) stated she was responsible for providing Discharge /Transfer Notices to residents receiving public health insurance. The SSD stated she sent Discharge and Transfer Notices to the Ombudsman's office on the day the resident discharged or the next business day. The SSD further stated she waited to send the notices because the discharge date might change, or the resident may remain in the facility.</p> <p>During a telephone interview on 8/7/24, at 10:34 AM, the OM stated discharge notices should be sent to the Ombudsman. The OM further stated the reason the Ombudsman was notified of discharges and transfers was to provide an advocate for residents if they chose to appeal the discharge.</p> <p>A review of a facility policy titled Transfer and Discharge (including AMA), dated 2024, indicated .It is the policy of this facility to permit each resident to remain in the facility .The facility's transfer/discharge notice will be provided to the resident and the residents representative in a language and manner in which they can understand .Generally, the notice must be provided at least 30 days prior to a facility-initiated transfer or discharge .Exceptions to the 30 -day requirement apply when .The residents health improves sufficiently to allow a more immediate transfer or discharge .In these exceptional cases, the notice must be provided to the resident, residents representative if appropriate, and the LTC ombudsman .The facility will maintain evidence that it was sent to the Ombudsman .Assist with any appeals and Ombudsman consultations .</p>		