

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555353	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2024
NAME OF PROVIDER OR SUPPLIER Villa Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8965 Magnolia Avenue Riverside, CA 92503	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46145</p> <p>Based on interview and record review the facility failed to ensure a written Notice of Discharge (a notice informing the resident of their discharge date , and their rights to appeal the discharge) was provided to the resident and/or resident representative prior to the date of discharge from the facility, for two of three residents reviewed (Residents 1 and 2). In addition, the facility failed to ensure the State Long Term Care Ombudsman (Ombudsman) was provided a copy of the written Notice of Discharge for Residents 1 and 2.</p> <p>These failures could have resulted in Residents 1 and 2 not to be aware of their rights to appeal the discharge and the Ombudsman to not be able to inform the residents of their rights and options to appeal prior to the resident being discharged .</p> <p>Findings:</p> <p>On March 13, 2024, at 7:55 a.m., an unannounced visit was conducted with the facility to investigate a quality of care issue.</p> <p>1. On March 13, 2024, a review of Resident 1's face sheet, indicate the resident was admitted to the facility on [DATE], with a fracture (broken bone) of the right pubis (pelvis).</p> <p>A review of Resident 1's physician's orders, dated December 12, 2023, at 2:41 p.m., indicated, .LCD (Last Covered Day) 12/14 (December 14, 2023), DC (Discharge) 12/15 (December 15, 2023) .</p> <p>A review of Resident 1's Discharge Instruction, effective date December 12, 2023, indicated Resident 1 signed the discharge instructions on December 15, 2023.</p> <p>A review of Resident 1's Notice of Transfer/Discharge, dated December 15, 2023, indicated Resident 1 signed the notice of transfer on December 15, 2023.</p> <p>A review of Resident 1's Transmission Log, dated December 15, 2023, at 11:15 a.m., indicated, a confirmation of resident's notice of discharge was successfully faxed to the Ombudsman's office on December 15, 2023 (the day of the resident's her discharge).</p> <p>2. On March 13, 2024, a review of Resident 2's face sheet, indicated Resident 2 was admitted to the facility on [DATE], with a fracture of his left Ilium (upper pelvis).</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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NAME OF PROVIDER OR SUPPLIER Villa Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8965 Magnolia Avenue Riverside, CA 92503	
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(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>A review of Resident 2's physician's orders, dated February 28, 2024, indicated, .LCD 2/29 (February 29, 2024). May discharge 3/1 (March 01, 2024) .</p> <p>A review of Resident 2's Discharge Instructions, effective date February 29, 2024, indicated Resident 2 signed the discharge instructions on March 1, 2024 (date of discharge).</p> <p>A review of Resident 2's Notice of Discharge, dated February 29, 2024, indicated Resident 2 signed the notice of discharge on March 1, 2024.</p> <p>A review of Resident 2's, Transmission Log, dated, March 1, 2024, at 7:39 a.m., indicated a confirmation of Resident 2's notice of discharge was successfully faxed to the Ombudsman's office on March 1, 2024 (the day of resident's discharge).</p> <p>On March 13, 2024, at 3:27 p.m., an interview was conducted with the Social Services Discharge Planner (SSD). The SSD stated the process for facility-initiated discharges included the SSD presenting the resident with a NOMNC (Notification of Medicare Non-Coverage) informing them of their Last Day of Coverage (LCD), and their discharge date , three days prior to discharge. The SSD stated the resident would sign the discharge paperworks including the Notice of Transfer on the day of discharge. The SSD further stated the Ombudsman was being notified of the resident's discharge on the day of their discharge, after the resident leaves the facility.</p> <p>On March 13, 2024, at 4:19 p.m., an interview was conducted with the Nursing Supervisor (NS), who stated the process to discharge a resident included the NS filling out the notice of discharge, then having the resident sign the notice on the day, and at the time of their discharge. She stated a copy was then given to the resident, and an additional copy was to be faxed to the Ombudsman, after the resident discharges. The NS further stated the fax confirmation of the notice of discharge to the ombudsman would then be filed in the resident's medical records.</p> <p>On March 26, 2024, at 4:40 p.m., an interview was conducted with the Ombudsman, who verified, the facility has been faxing a copy of the resident's Notice of Discharge, on the day the resident was discharged , and not the day the residents were being notified of their discharge.</p> <p>On April 4, 2024, at 9:42 a.m., an interview was conducted with the Director of Nursing (DON). She stated the process for a facility-initiated discharge, included the resident signs, and was given a copy of their notice of discharge on the day they were notified of their pending discharge date by the SSD. The DON further stated a copy of the signed notice of discharge was then to be faxed to the Ombudsman's office that same day to notify the ombudsman.</p> <p>A review of the facility's undated policy and procedure titled, Transfer or Discharge Notice, indicated, .Except as specified below, the resident and his or her representative are given a thirty (30)-day advance written notice of an impending transfer or discharge from this facility. 4. Under the following circumstances, the notice is given as soon as it is practicable: e. The resident has not resided in the facility for thirty (30) days . 6. 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>		