| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 555492 | A. Building<br>B. Wing | 09/04/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Oak Glen Post Acute | 9246 Avenida Miravilla<br>Cherry Valley, CA 92223 |

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) |
|---|---|
| F 0623<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47202<br><br>Based on interview and record review, the facility failed to ensure a copy of the transfer/discharge notice was sent to the representative of the Office of the State Long-Term Care Ombudsman (LTC Ombudsman) for one of three sampled residents (Resident 1).<br><br>This failure has the potential for the Ombudsman not to be able to advocate for the resident in protecting his rights from inappropriate transfer and discharge.<br><br>Findings:<br><br>On September 4, 2024, Resident 1's record was reviewed. Resident 1 was admitted to the facility on [DATE], with diagnoses which included muscle wasting (loss of muscle strength) and atrophy (thinning of muscles).<br><br>A review of Resident 1 ' s History and Physical, dated April 4, 2024, indicated Resident 1 can make decisions.<br><br>A review of Resident 1's Minimum Data Set (MDS-an assessment tool), dated June 27, 2024, indicated, Resident 1 had Brief Interview of Mental Status (BIMS-a tool to measure cognitive function in older adults), score of 14 (cognitively intact).<br><br>A review of Resident 1 ' s SNF/NF to Hospital Transfer Form, dated July 15, 2024, indicated, .Sent to (name of hospital) .Reinsertion of dislodged suprapubic catheter (medical device that drains urine from bladder) .<br><br>There was no documented evidence indicating the facility mailed or faxed a copy of the transfer notice to the LTC Ombudsman.<br><br>On September 4, 2024, at 2:36 p.m., during a concurrent interview and review of Resident 1 ' s medical records with the Director of Nursing (DON), she stated the process for transfer or discharge was the resident would be given the notice upon transfer or discharge from the facility and the Social Service Director (SSD) will send the discharge notice to the LTC Ombudsman within 30 days. The DON stated Resident 1 was transferred to the hospital on July 15, 2024, and the discharge notice was not sent to the LTC Ombudsman. The DON further stated the SSD should have sent the notice to the Ombudsman.<br><br>(continued on next page) |



| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 555492 | A. Building<br>B. Wing | 09/04/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Oak Glen Post Acute | 9246 Avenida Miravilla<br>Cherry Valley, CA 92223 |

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) |
|---|---|
| F 0623<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On September 4, 2024, at 2:56 p.m., during a concurrent interview and review of Resident 1 ' s medical records with the SSD, she stated for residents who transferred or discharged from the facility, the LTC Ombudsman is sent a letter to notify of the resident discharge within 30 days. The SSD further stated notification is important for resident safety and continuity of care.<br><br>The SSD stated Resident 1 was transferred to the hospital on July 15, 2024, and was discharged from the facility. The SSD further stated she did not send the discharge notice to the LTC Ombudsman, she further stated I did not know I have to send it when a resident is transferred. The SSD stated she should have sent Resident 1 ' s transfer/discharge notice to the LTC Ombudsman.<br><br>A review of the facility policy and procedure titled, Transfer or Discharge Notice, dated March 2021, indicated, .Residents and/or representatives are notified in writing, and in a language and format they understand, at least thirty days (30) days prior to a transfer or discharge .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 .If the information in the notice changes prior to the transfer or discharge, the recipients of the notice are updated as soon as practicable . |