STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555718	A. Building B. Wing	02/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rowntree Gardens	12151 Dale Avenue Stanton, CA 90680

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 0622 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36872 Based on interview, medical record review, facility document review, and facility P&P review, the facility failed to send the required discharge referral documents to the HHA for one of three sampled residents (Resident 1). This failure resultedin Resident 1 not receiving the ongoing care needs. Findings: Review of the facility's P&P titled Discharge Summary and Plan revised October 2022 showed the post discharge plan is developed by the care planning team with the assistance of the resident and his or her family and includes: a. Where the individual plans to reside b. Arrangements that have been made for follow- up care and services On 1/30/25 at 1421 hours, CDPH, L&C Program received a complaint stating Resident 1 did not receive PT services until the PT order was faxed on 1/29/25. The complaint showed the discharge team had waited 12 days to do anything. On 2/6/25 at 1140 hours, a telephone call was conducted with Resident 1's family member. Resident 1's family member stated Resident 1's home health with PT services was not arranged. Closed medical record review for Resident 1 was initiated on 2/6/25. Resident 1 was admitted to the facility on [DATE], and discharged on [DATE]. Review of Resident 1's Physician Order dated 1/16/25, showed to discharge Resident 1 on 1/17/25, to Facility A with home health services, including to provide RN services for medication management and PT services for safety. Review of Resident 1's Discharge Summary/Comprehensive assessment dated [DATE], showed Resident 1 needed assistance with bathing, dressing, eating, personal hygiene, bed mobility, toilet use and was dependent on transfers. (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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0622 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident 1's Post Discharge Plan of Care dated 1/17/25, showed Resident 1 was transferred to Facility A. The section for the Post Discharge Plans/Community Agencies showed for home health services. Review of the facility's document of the fax confirmation dated 1/29/25, showed a 19-pages fax had been successfully delivered to the HHA's fax number on 1/29/25 at 1402 hours. The fax subject line showed Resident 1's home health referral. On 2/10/25 at 1115 hours, an interview and concurrent closed medical record review was conducted with the SSD. The SSD acknowledged he forgot to fax the required documents related to HHA services to the HHA until he received the call from Resident 1's family member on 1/29/25, 12 days later, to inquire about HHA services. On 2/10/25 at 1432 hours, an interview and concurrent closed medical record review was conducted with the DON. The DON was informed and acknowledged the above findings.