

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555775	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2024
NAME OF PROVIDER OR SUPPLIER Bayshire Rancho Mirage		STREET ADDRESS, CITY, STATE, ZIP CODE 72-201 Country Club Drive Rancho Mirage, CA 92270	

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 - Some</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 the Notice of Discharge (a notice informing the resident of their pending discharge date , and their rights to appeal the discharge) was provided to the Long Term Care (LTC) Ombudsman, following resident being notified of their pending discharge date for 5 out of 5 residents' (Residents 1, 2, 3, 4 & 5).</p> <p>This failures could have resulted in Residents 1, 2, 3, 4 & 5 not to be aware of their rights to appeal the discharge and the Ombudsman to not to 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 15, 2024, at 10:00 a.m., an unannounced visit was made to the facility to investigate a Quality-of-Care issue.</p> <p>1. A review of Resident 1's face sheet, indicated the resident was admitted to the facility on [DATE], with a diagnosis of a cerebral infarction (Brain tissue death due to blood vessel blockage), with a BIMS (Brief Interview for Mental Status- an interview used to assess cognitive intactness) score of 0 (severe cognitive impairment).</p> <p>A review of Resident 1's Doctor's (Drs) orders, dated, March 19, 2024, untimed, indicated, . LCD (Last Cover Date for insurance) DC (Discharge) (March 19, 2024) .</p> <p>A review of Resident 1's Notice of Transfer/Discharge, dated, March 11, 2024, untimed, indicated the resident was notified of his discharge date , and signed the notice of discharge on the same date, March 11, 2024, with a pending date of discharge March 13, 2024.</p> <p>A review of Resident 1's, Discharge Summary, dated, March 19, 2024, at 8:53 a.m., indicated the resident discharged from the facility on March 18, 2024, at 10:00 a.m.</p> <p>2. A review of Resident 2's face sheet, indicated the resident was admitted to the facility on [DATE], with a diagnosis of a fractured left femur (upper leg bone), and a BIMS score of 12 (cognitively intact).</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555775	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2024
NAME OF PROVIDER OR SUPPLIER Bayshire Rancho Mirage		STREET ADDRESS, CITY, STATE, ZIP CODE 72-201 Country Club Drive Rancho Mirage, CA 92270	
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 - Some</p>	<p>A review of Resident 2's Drs orders, dated, March 15, 2024, untimed, indicated, . LCD (March 18, 2024) DC (Discharge) to . (Assisted living facility) .</p> <p>A review of Resident 2's, Notice of Transfer/Discharge, dated, March 13, 2024, untimed, indicated the resident was notified of his discharge date and signed the notice of discharge on the same date, March 13, 2024, with a pending date of discharge on March 18, 2024.</p> <p>A review of Resident 2's, Discharge Summary, dated, March 17, 2024, at 5:32 p.m., indicated the resident discharged from the facility on March 18, 2024, at 1:30 p.m.</p> <p>3. A review of Resident 3's face sheet, indicated the resident was admitted to the facility on [DATE], with a diagnosis of fracture to the left femur (upper leg bone), and a BIMS score of 0 (severe cognitive impairment).</p> <p>A review of Resident 3's Drs orders, dated, February 13, 2024, untimed, indicated, . LCD (March 14, 2024), DC (March 15, 2024) .</p> <p>A review of Resident 3's, Notice of Transfer/Discharge, dated, March 11, 2024, untimed, indicated the resident's representative was notified via telephone call of the resident's discharge date on March 11, 2024, with a pending discharge date of [DATE].</p> <p>A review of Resident 3's, Discharge Summary, dated, March 15, 2024, at 3:49 p.m., indicated the resident discharged from the facility on March 15, 2024, at 2:00 p.m.</p> <p>4. A review of Resident 4's face sheet indicated the resident was admitted to the facility on [DATE], with a diagnosis of a urinary tract infection, and a BIMS score of 3 (Severe cognitive impairment).</p> <p>A review of Resident 4's Drs orders, dated, February 8, 2024, untimed, indicated, . Discharge to home with wife . no date given.</p> <p>A review of Resident 4's, Notice of Transfer/Discharge, dated, March 8, 2024, untimed, indicated the resident was notified of his discharge date , and signed the notice of discharge on the same date, March 8, 2024, with a pending discharge date of [DATE].</p> <p>A review of Resident 4's, Discharge Summary, dated, March 11, 2024, at 3:27 p.m., indicated the resident discharged from the facility on March 12, 2024, at 12:00 p.m.</p> <p>5. A review of Resident 5's face sheet, indicated, resident was admitted to the facility on [DATE], with a diagnosis of depression, and a BIMS score of 15 (cognitive intactness).</p> <p>A review of Resident 5's Drs orders, dated, February 23, 2024, untimed, indicated, .LCD (February 25, 2024) DC home .</p> <p>A review of Resident 5's, Notice of Transfer/Discharge, dated, February 22, 2024, untimed, indicated the resident was notified of her discharge date , and signed the notice of discharge on the same date, February 22, 2024, with a pending discharge date of [DATE].</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555775	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2024
NAME OF PROVIDER OR SUPPLIER Bayshire Rancho Mirage		STREET ADDRESS, CITY, STATE, ZIP CODE 72-201 Country Club Drive Rancho Mirage, CA 92270	
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 - Some</p>	<p>A review of Resident 5's, Discharge Summary, dated, February 25, 2024, at 5:24 a.m., indicated the resident discharged from the facility on February 25, 2024, at 12:00 p.m.</p> <p>A review of Resident 5's, Discharge Notifications to the Ombudsman, dated, March 01, 2024, indicated, the Ombudsman was notified of Resident 5's discharge on February 25, 2024, on March 01, 2024.</p> <p>On March 15, 2024, at 10:51 a.m., an interview was conducted with the Social Services Director (SSD), who stated the resident &/or resident's representative are notified of their pending discharge, via a Notice of transfer/discharge, form, they sign and are given a copy at the time of their notification. The SSD further stated, once a month, at the end of the month, a copy of all the notice of transfer/discharges are faxed to the LTC Ombudsman for notification.</p> <p>On March 15, 2024, at 3:57 p.m., an interview was conducted with LVN 1 who stated, at the time of discharge, the resident is provided with a copy of their notice of discharge, then a copy is put in the Social Services box, to be faxed to the LTC Ombudsman for notification.</p> <p>On April 3, 2024, at 9:15 a.m., an interview was conducted with the Administrator who stated, Social Services was notifying the LTC Ombudsman of facility-initiated discharges all together once a month, not at the time the resident was notified of their pending discharge date .</p> <p>On April 9, 2024, at 3:50 p.m., an interview was conducted with the SSD, who stated she notified the LTC Ombudsman of all the March facility-initiated discharges in one fax (facsimile - electronic transmission) on April 1, 2024, but did not keep the fax confirmation.</p> <p>A facility policy and procedure titled, Notification to Ombudsman of Transfer and Discharge, revised April 2017, indicated, .Resident discharge to home or other entity .Social Services .will provide notice of discharge .Social services .will ensure receipt of signed notice of discharge .Social Services .will fax notification to Ombudsman .Social Services .to ensure delivery of notice to Ombudsman .Resident transfer to hospital . Social services .will send notification rept to Ombudsman at a routine interval established by facility (monthly) .</p> <p>A facility Policy and Procedure, titled, Transfer or Discharge Notice, revised, December 2016, indicated, .A copy of the notice (of discharge) will be sent to the Office of the State Long-Term Ombudsman on monthly basis .</p>		