

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555838	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Camden Postacute Care, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  1331 Camden Avenue Campbell, CA 95008	

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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p>32398</p> <p>Based on interview and record review, the facility failed to assist one of three residents (Resident 1) with getting insurance when their insurance stopped. This failure had the potential to compromise Resident 1's ability to obtain quality of care and admission.</p> <p>Findings:</p> <p>Resident 1 was admitted to the facility with diagnoses which included heart failure, malnutrition, and pressure ulcers (injuries to the skin and the tissue below the skin that are due to pressure on the skin for a long time), and sepsis (a serious condition in which the body responds improperly to an infection).</p> <p>During an interview on 8/15/24 at 9:12 a.m. with the administrator (ADM), he stated Resident 1 had been taken off from MediCal (state insurance) on 7/31/24.</p> <p>During an interview on 8/15/24 at 11:44 a.m. with the ADM, he stated the facility did not discuss private pay with Resident 1.</p> <p>During an interview on 8/15/24 at 11:57 a.m. with the ADM, he stated the facility never applied for MediCal for Resident 1.</p> <p>During an interview on 8/21/24 at 2:24 p.m. with the social services (SS), she stated the previous business office manager (BOM) would fill out the MediCal redetermination, then contact her to get the bank statement from the family to send to MediCal.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Admission to the Facility, dated 01/2023, the P&amp;P indicated .5. b. The admission staff will refer the resident and/or responsible party to the Social Service Director or facility designee when Medicaid coverage is indicated . c. The Medicaid application can be completed during the admission process (in some states) with a copy to Social Services, or facility designee, for follow through with the local Medicaid office (refer to state regulations).</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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