STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555838	A. Building B. Wing	05/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Camden Postacute Care, Inc	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)
F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility improperly transferred Resident 20 to board and care facility (a smaller, more intimate living option for residents who need assistance but not 24/7 nursing care), failed to notify responsible party (RP, a person empowered to make decisions for the resident/ person legally responsible and liable for a decision or action) in writing at least 30 days prior to the transfer, and failed to advise the RP of Resident 20's of their rights to appeal. The transfer/discharge was improper and violated Resident 20's resident rights. Findings: During a concurrent interview and record review on 5/15/25 at 2 p.m., with Registered Nurse (RN) A, she reviewed Resident 20's clinical records and stated Resident 20 was admitted to the facility on [DATE] with diagnosis of Alzheimer's disease (a progressive disease that destroys memory and mental functions), unspecified dementia (decline in mental capacity affecting thinking and social abilities interfering with daily functioning), unsteadiness on feet, history of falling, type 2 diabetes mellitus (a chronic condition that affects the way the body processes blood sugar (glucose), hearing loss , left ear, Psychotic disturbance, mood disturbance and anxiety (medical condition includes symptoms of intense anxiety or panic that are directly caused by a physical health problem.). Resident 20's RP was his granddaughter as indicated in the Resident 20's face sheet. Minimum Data Set (MDS, an assessment tool) dated 2/14/25 indicated Resident 20's cognition was severely impaired, minimal difficulty of hearing impaired vision, usually understood other and usually understands. Resident 20's physician order, dated 4/24/25, indicated may discharge to board and care on Monday 4/28/25 with home health (a type of medical care provided in a resident's home to function independently) follow up, RN (registered nurse: a healthcare provider who works with medical doctor and others to give the best possible care), Physical therapist (PT: a healthcare discipline that uses movement and physical thechniques to treat illnesses), Occupational Therapist (OT: a healthcare discipline that helps individuals with participate in everyday activities). There was no documentation indicating Resident 20's the RP had been notified of resident's rights to appeal. Resident 20 had resided in the facility for more than 30 days. (continued on next page)

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

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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 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 5/15/25 at 9:06 a.m., with RP, she stated that the Social Services Director (SSD) called her on 4/24/25 to inform her that Resident 20 needs to be transferred/discharge due to an alleged abuse at the facility and will keep her in the loop of Resident 20's transfer/discharge in the coming days. The RP stated that she tried to reach out to the SSD because she did not give consent for Resident 20's discharge but did not receive any call back. The RP further stated she received a call back from the SSD on 4/28/25 the day Resident 20 was transferred/discharged in the board and care facility and that was the time the SSD told the RP the address and phone number of the receiving board care where Resident 20 was being transferred. The RP further stated that she was not given anything in writing prior to Resident 20's discharge on [DATE] and was not informed of her rights to appeal. During an interview with the SSD, on 5/15/25, at 3:31 p.m., the SSD stated that she was not the one who initially initiated the discharge plan for Resident 20 and she did not notify Resident 20's RP in writing prior to transfer/discharge on [DATE]. The SSD stated she did not provide Resident 20's RP any advice that she could appeal. The SSD stated she called the RP on 4/24/25 to inform her that Resident 20 needs to be transferred/discharged due to an alleged abuse at the facility and will keep the RP in the loop in the coming days. During a concurrent interview and record review on 5/16/25 at 1:08 p.m., with Certified Nursing Assistant/Activity Assistant (CNA/AA) M, she acknowledged that she was the one who initiated the transfer and discharge of Resident 20 and completed the notice of transfer/discharge date d 4/24/25 using her previous title as Social Service (SS). CNA/ AA M stated that there was no MD (medical doctor)and IDT discussion and documentation that Resident 20 was danger (danger or harm) to others that needs to be transferred or discharged . She further stated that it was her own opinion that the Resident 20 was a danger to other residents. During an interview on 5/16/25 at 1:50 p.m., with the ADMN, he stated CNA/ AA M was working as SSD on 5/2024 when he started working in the facility as ADMN. The ADMN further stated CNA/AA M status was changed on 2/2025 as CNA/ AA M until now. The ADMN stated CNA/ AA M should not have initiated and completed Resident 20's notice of transfer/discharge date d 4/24/25. The ADMN further stated that Resident 20's transfer and discharge was not safe because the SSD should be the one responsible for the transfer/discharge process in coordination with the IDT. During an interview on 5/16/25, at 2 p.m., with the administrator (ADMN), he stated that the SSD was responsible for initiating the process of residents transfer and discharge, and giving 30 day written notice of transfer or discharge. Review of the facility's policy and procedure (P&P) dated 1/2018, titled Transfer or Discharge Notice indicated facility shall provide a resident and /or the resident's representative (sponsor) with a thirty (30) day written notice of an impending transfer or discharge Process 1. A resident, and/or his or her representative, will be given a thirty (30) day advance notice of an impending transfer or discharge from our facility . 3. The residents and or representative will be notified in writing of the following information l. The reason for the transfer or discharge j. the effective date of the transfer or discharge k. The location to which the resident is being transferred or discharged l. A statement of the resident's rights to appeal the transfer or discharge . information about how to obtain, complete and submit an appeal form; and how to get assistance completing the appeal process.

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F 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Administer the facility in a manner that enables it to use its resources effectively and efficiently. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility Administrator (ADMN) failed to provide consistent administrative oversight to ensure that the Social Services Department and interdisciplinary team (IDT, facility staff members from different departments who coordinate care provided to residents) implemented the facility's policy and procedure (P&P) for safe transfer and discharge for one of three residents (Resident 20) when Resident 20 was discharged to a board and care facility (smaller more intimate living option for residents who need assistance with daily activities but not nursing care 24/7). This failure had resulted in Resident 20's having eloped (run away secretly) from the board and care facility. Findings: During a concurrent interview and record review on 5/15/25 at 2 p.m., with Registered Nurse (RN) A, she reviewed Resident 20's clinical records and stated Resident 20 was admitted to the facility on [DATE] with diagnosis of Alzheimer's disease (a progressive disease that destroys memory and mental functions), unspecified dementia (decline in mental capacity affecting thinking and social abilities interfering with daily functioning), unsteadiness on feet, history of falling, type 2 diabetes mellitus (a chronic condition that affects the way the body processes blood sugar), hearing loss , left ear, psychotic disturbance, mood disturbance and anxiety (feeling of worry and fear). Resident 20's responsible party (RP, a person empowered to make decisions for the resident/ person legally responsible and liable for a decision or an action) was his granddaughter as indicated in the Resident 20's face sheet. Minimum Data Set (MDS, an assessment tool) dated 2/14/25 indicated Resident 20's cognition was severely impaired, minimal difficulty of hearing-impaired vision, usually understood by others and usually understands. During a concurrent interview and record review on 5/15/25 at 2:21 p.m., with RN A, she reviewed Resident 20's clinical records and stated Resident 20's physician order, dated 4/24/25, indicated may discharge to board and care on Monday 4/28/25 with home health (medical care and services provided in a patient's residence rather than in a hospital or other healthcare facility) follow up, RN, (registered nurse: a healthcare provider who works with medical doctor and others to give the best possible care), Physical therapist (PT: a healthcare discipline that uses movement and physical techniques to treat illnesses), Occupational Therapist (OT: a healthcare discipline that helps individuals with participate in everyday activities). RN A stated the facility IDT did not meet with Resident 20's RP to evaluate the resident needs prior to discharge. RN A could not provide IDT documentation that IDT had a discharge meeting prior to Resident 20's transfer and discharge to a board and care facility on 4/28/25. (continued on next page)

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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 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 5/15/25 at 9:06 a.m., with the RP, she stated that the Social Services Director (SSD) called her on 4/24/25 to inform that Resident 20 needs to be discharge due to an alleged abuse at the facility and that the SSD will keep her in the loop of Resident 20's discharge in the coming days. The RP stated that she tried to reach out to the SSD because she did not give consent for Resident 20's discharge but did not receive any call back until the day Resident 20's discharge to the board and care on 4/28/25. The SSD told the RP on 4/28/25 the day Resident 20 was discharged , the new address and phone number of the board and care facility where Resident 20 will be transferred. The RP further stated that she was not notified about Resident 20's discharge orders, medication instructions and RP did not pick-up Resident 20's personal belongings from the facility. During a concurrent interview and record review on 5/15/25 at 12:03 p.m., with the RP, she stated she came to the facility to get the medical records of Resident 20 especially the POLST (physician orders for life-sustaining treatment, legally valid form allow residents to specify what medical treatments they want or don't want during a medical emergency) as instructed by the board and care facility administrator because the facility did not send the POLST to the board and care. The RP further stated that the facility did not send the POLST to the board and care facility staff on 4/28/25 when they picked up Resident 20 in the facility. The RP stated that she was not notified when the board and care staff came to assess Resident 20, was not given a chance to go and check the board and care prior to Resident 20's discharge on [DATE]. The RP further stated that she received a call from the board and care facility that Resident 20 had eloped three times since his transfer to the board and care facility. During a concurrent interview and record review on 5/15/25, at 3:16 p.m., with the SSD, she reviewed Resident 20's psychosocial notes dated 4/24/25, the notes indicated the SSD was informed that Resident 20 will need to move to a board and care facility due to an alleged abuse at the facility and the previous SSD who was the current Activity Assistant (AA) M /certified nursing assistant (CNA) informed the administrator and the SSD of a home that will accept the resident with 24 hours care and was aware of Resident 20's situation. During a concurrent interview and record review on 5/15/25, at 3:28 p.m., with the SSD, she reviewed Resident 20's psychosocial note dated 4/29/25 at 13:55, indicated SSD was notified that Resident 20 eloped from the new home and went across the street, board and care homeowner changed Resident 20's house with a gated fence. During an interview with the SSD, on 5/15/25, at 3:31 p.m., the SSD stated that she was not the one who initially initiated the discharge plan for Resident 20. She further stated that she started working in the facility full time as SSD on 1/20/25. During a concurrent interview and record review on 5/16/25 at 1:08 p.m., with CNA/AA M, she acknowledged that she was the one who initiated the transfer and discharge of Resident 20 and completed the notice of transfer/discharge date d 4/24/25 using her previous title as Social Service (SS). CNA/ AA M stated that there was no MD (medical doctor)and IDT discussion and documentation that Resident 20 was danger (danger or harm) to others that needs to be transferred or discharged . She further stated that it was her own opinion that the Resident 20 was a danger to other residents. (continued on next page)

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F 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 5/16/25 at 1:50 p.m., with the ADMN, he stated CNA/ AA M was working as SSD on 5/2024 when he started working in the facility as ADMN. The ADMN further stated CNA/AA M status was changed on 2/2025 as CNA/ AA M until now. The ADMN stated CNA/ AA M should not have initiated and completed Resident 20's notice of transfer/discharge date d 4/24/25. The ADMN further stated that Resident 20's transfer and discharge was not safe because the SSD should be the one who was responsible for the transfer/discharge process in coordination with the IDT. Review of the Social Service Supervisor job description revised 10/19/2018 indicated, SS reports to Administrator, performs highly responsible professional work in the administration and supervision of social services programs including the interpretation and assessment of policies and the supervision of professional and office support personnel within the social services division; supervises a unit providing services in one or more of the following program areas; adult- protective services, mental health case management, developmental- disabilities case management, family- based services, and social services; performs related work as assigned .Responsibilities /Accountabilities:3. Holds individual conferences with staff and interprets agency/state policies , rules and regulations. 4. Reviews case records to ensure that agency and state policies, rules and regulations are adhered to ensure that agency and state policies, rules and regulations are adhered to, and proper social work practices are observed 5. Monitors and evaluates the provision of client services in the program area. Review of the facility's policy, Transfer or Discharge Notice, release date January 2018, indicated, the facility shall provide a resident or the RP with a 30 day written notice of an impending transfer or discharge. The resident or RP will be notified in writing the reason for the transfer or discharge. the effect date, the location to which the resident will be transferred/discharged . The policy and procedure further indicated the resident or the RP will be notified on how to appeal the discharge