

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555859	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/05/2026
NAME OF PROVIDER OR SUPPLIER  Kindred Hospital Brea D/P Snf		STREET ADDRESS, CITY, STATE, ZIP CODE  875 N Brea Blvd Brea, CA 92821	

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 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and medical record review, the facility failed to ensure the appropriate bed hold process was followed for one of one sampled resident (Resident 42) reviewed for bed hold. * Resident 42's bed hold was cancelled prior to the end of the seven-day bed hold. This failure resulted in Resident 42 not being allowed to return to the facility when Resident 42 was transferred to the acute care hospital. Findings: On 1/23/26, CDPH received a complaint regarding Resident 42's bed hold being cancelled prior to the end of the seven-day bed hold. Review of the facility's P&amp;P titled SAU (Subacute Unit) Transfer, Discharge, Bed-hold Procedure reviewed 9/2025 showed at the time of transfer/discharge, the patient and family member or legal representative are given a written notice of the bed-hold policy that specifies the duration of the bed hold and readmission criteria after the bed-hold period ends. In addition, the policy showed the SAU allows a patient whose hospitalization or therapeutic leave exceeds the bed-hold period under the State plan to return to the SAU immediately upon the first availability of a bed in a semi-private room even if the patient has an outstanding Medicaid balance, if the patient requires the services provided by the SAU and is eligible for Medicaid nursing SAU services. Furthermore, the policy showed if the SAU determines a patient who was transferred with an expectation of returning to the SAU, cannot return to the SAU, the SAU complies with the requirements to notify the patient and the patient's representative of the transfer or discharge and the reasons for the move in writing and in language and manner they understand; the SAU sends a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman; the written notice of transfer/discharge includes: reason for transfer/discharge, effective date of transfer/discharge, location to which the patient is transferred/discharge, statement that the patient has the right to appeal the action to the state, including the name, address (mailing and email), and telephone number of the entity which resolves such requests and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; name, address, and telephone number of the state long term care ombudsman, and for patients with intellectual and developmental disabilities or related disabilities, mailing address and email address and telephone number of the agency responsible for protection and advocacy of developmentally disabled. On 1/28/2026 at 1544 hours, a telephone interview was conducted with Hospital Case Manager 1. Hospital Case Manager 1 stated their staff informed the facility on 1/18/26, that Resident 42 was ready to return to the facility. Hospital Case Manager 1 stated Resident 42 was transferred to the hospital on 1/12/26. Hospital Case Manager 1 stated the facility's Administrator told Hospital Case Manager 1 Resident 42 could not return to the facility unit where he previously resided and there was no available bed for Resident 42. Closed medical record review for Resident 42 was initiated on 1/28/26. Resident 42 was admitted to the facility on [DATE], and was transferred to the acute care hospital on 1/12/26. Review of Resident 42's Notice of Transfer/Discharge Form dated 1/12/26 showed Resident</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  555859	Facility ID:  555859  If continuation sheet Page 1 of 6

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<p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview, medical record review, and facility P&amp;P review, the facility failed to ensure the resident or resident's representative was provided with the required information when the resident was transferred and/or discharged for two of three sampled residents (Residents 39 and 42) reviewed for transfer and discharge. * The facility failed to ensure Resident 39 and/or their representative were notified of the transfer and reasons for the transfer in writing when the resident was discharged to an Assisted Living Facility. * The facility failed to provide facility's bed hold policy and notice of transfer when Resident 42 was transferred to the acute care hospital and was not permitted to readmit to the facility. These failures resulted in the interested parties not having the complete information related to the discharge and transfer process. In addition, this failure had the potential for the resident and/or their representative of not knowing about the appeals process and the circumstances of the resident's transfer/discharge should the resident and/or their representative believe the transfer or discharge was inappropriate or involuntary. Findings:</p> <p>Review of the Facility's P&amp;P titled Transfer Discharge Bed-Hold Procedure dated 9/2025 showed the patient, if known, the family member, surrogate or legal representative, are notified at least 30 days prior to the transfer, unless the transfer is affected when patient has not resided in the facility for 30 days. The Content of the Written Notice included the following:</p> <p>Reason for transfer/discharge;</p> <p>Effective date of transfer discharge;</p> <p>Location to which the patient is transferred discharged ;</p> <p>Statement that the patient has the right to appeal the action to the state;</p> <p>Name, address, and telephone number of the state long term care ombudsman; and,</p> <p>As applicable, mailing address and telephone number of the agency responsible for protection and advocacy of developmentally disabled or mentally ill individuals.</p> <p>Medical record review for Resident 39 was initiated on 1/30/26. Resident 39 was admitted to the facility on [DATE].</p> <p>Review of Resident 39's H&amp;P examination dated 10/10/25, showed Resident 39 had the capacity to understand choices and make health care decisions.</p> <p>Review of Resident 39's Physician Order Sheet showed a physician's order dated 11/11/25, for Discharge to an Assisted Living.</p> <p>Review of Resident 39' s Progress Notes dated 11/11/25 at 1629 hours, showed Resident 39 was transferred to an assisted living facility.</p> <p>Review of Resident 39's Notice of Transfer/discharge date d 11/11/25, showed transfer location as an assisted living facility and the reason for transfer was because Resident 39's health was improved</p> <p>(continued on next page)</p>		

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<p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>room even if the patient has an outstanding Medicaid balance, if the patient requires the services provided by the SAU and is eligible for Medicaid nursing SAU services. Furthermore, the policy showed if the SAU determines a patient who was transferred with an expectation of returning to the SAU, cannot return to the SAU, the SAU complies with the requirements to notify the patient and the patient's representative of the transfer or discharge and the reasons for the move in writing and in language and manner they understand; the SAU sends a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman; the written notice of transfer/discharge includes: reason for transfer/discharge, effective date of transfer/discharge, location to which the patient is transferred/discharge, statement that the patient has the right to appeal the action to the state, including the name, address (mailing and email), and telephone number of the entity which resolves such requests and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; name, address, and telephone number of the state long term care ombudsman, and for patients with intellectual and developmental disabilities or related disabilities, mailing address and email address and telephone number of the agency responsible for protection and advocacy of developmentally disabled.</p> <p>Closed medical record review for Resident was initiated on 1/23/26. Resident 42 was admitted to the facility on [DATE].</p> <p>Review of Resident 42's Notice of Transfer/Discharge Form dated 1/12/26 showed Resident 42 was transferred to the acute care hospital, and the transfer or discharge was necessary for the resident's welfare and the needs cannot be met in the facility.</p> <p>Review of Resident 42's SAU Form-Notice of Bedhold dated 1/12/26, showed Resident 42 has left the SAU for a hospitalization or therapeutic leave on 1/12/26, and elected to hold his bed from 1/12 to 1/18/26.</p> <p>Review of Resident 42's Progress Notes dated 1/12/26, showed Resident 42's Family Member 2 was called to inform Resident 42 was transferred to the acute care hospital.</p> <p>Review of Resident 42's Notice of Transfer/Discharge with effective date of 1/12/26, showed on the line for Resident/Resident Representative Signature that Family Member 2 was informed via telephone regarding Resident 42's transfer to the acute care hospital. Further review of Resident 42's Notice of Transfer/Discharge showed the content of this notice included reason for the transfer to the acute care hospital and the appeal process in case the resident/resident representative believed the discharge was inappropriate or involuntary.</p> <p>On 1/30/26, at 1504 hours, a telephone interview was conducted with Family Member 2. When asked if she had received a copy of the Notice of Transfer/Discharge for Resident 42's transfer to the hospital on 1/12/26, Family Member 2 stated, no. When asked if she knew about the contents of the notice of Transfer/Discharge, Family Member 2 stated no.</p> <p>On 1/30/26, at 1533 hours, an interview was conducted with RN 3. When asked about providing Resident 42's Notice of Transfer/Discharge, RN 3 stated the notice was given to the medical records staff. When asked if a copy of Resident 42's Notice of Transfer/Discharge was mailed to Resident 42's Responsible Party, RN 3 stated the nursing staff did not mail the notices.</p> <p>On 1/30/26, at 1543 hours, an interview was conducted with the Medical Records Director. When asked if medical records staff had mailed the notice of transfer/discharge to Resident 42's Responsible</p> <p>(continued on next page)</p>		

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<p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Party, the Medical Records Director stated she did not mail a copy of the notice and she thought nursing staff mailed the copy of the notice of transfer/discharge to Resident 42's Responsible Party.</p>