STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555903	A. Building B. Wing	04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Gardens of El Monte	5044 Buffington Rd El Monte, CA 91732

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 0624 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prepare residents for a safe transfer or discharge from the nursing home. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37662 Based on interview and record review, the facility failed to provide a safe discharge for one of two sampled residents (Resident 1). This deficient practice resulted in Resident 1 being unsafely discharged with nowhere to stay, after being discharged 497 miles away from the facility. Findings: During a review of Resident 1's Face Sheet (FS), the FS indicated Resident 1 was readmitted on [DATE] with diagnoses that included other abnormalities of gait and mobility (unable to walk normally due to injuries, underlying conditions, or issues with the legs and feet), unspecified psychosis not due to a substance or known physiological condition (when an individual has a psychotic episode, but does not meet any other criteria for a more specific diagnosis), and Type 2 diabetes mellitus ([DM] adult-onset diabetes which is characterized by high levels of sugar in the blood). During a review of Resident 1's Quarterly Minimum Data Set ([MDS] a standardized assessment and care planning tool), dated 1/17/24, the MDS indicated Resident 1 had intact cognition (ability to think and process information). During a review of Resident 1's Discharge Care Plan (CP), dated 2/20/24, the CP indicated Resident 1 had a potential for discharge to home with assistance. The CP indicated Resident 1's goal was to move with FM 1 (Address). The CP indicated Social Services would schedule and communicate to resident and responsible party any needs and/or follow up appointment. The CP indicated the facility staff would identify any discharge barriers and assist in a safe discharge. During a review of Resident 1's IDT Meeting note ([Interdisciplinary Team] providers from various specialties with diverse knowledge to respond to the patient's physical and clinical needs while also considering the patient's emotional, social, intellectual, and spiritual needs), dated 4/3/24, the IDT Meeting note indicated the facility staff spoke to Family Member 1 (FM 1). The IDT Meeting note indicated when FM 1 was asked if Resident 1 was coming home to FM 1, FM 1 stated, She's (Resident 1) not coming to the house, that's a stupid question, take her (Resident 1) wherever she (Resident 1) wants to go. The IDT meeting indicated Resident 1 was self-responsible and indicated Resident 1 was going to Resident 1's home (Address). (continued on next page)

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:	(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 0624 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 1's Notice of Transfer/Discharge (NOTD), dated 4/15/24, the NOTD indicated Resident 1 would be transferred/discharged to FM 1's home (Address). During a review of Resident 1's Discharge Summary/Comprehensive Assessment (DSCA), dated 4/15/24, the DCSA indicated Resident 1 required assistance for bathing, dressing, eating, personal hygiene, transferring, bed mobility, toilet use, and ambulation (walking). During a phone interview on 4/16/24 at 2:32 pm, FM 1 stated Resident 1 was currently at the Social Services department. FM 1 stated FM 1 informed the facility Social Worker that FM 1 had no means to being able to take care of Resident 1. FM 1 stated Resident 1 could not come to FM 1's home. FM 1 stated that the facility's staff member dropped off Resident 1 and Resident 1's belongings which included four gigantic duffel bags and boxes. FM 1 stated Resident 1 required a lot of assistance. FM 1 stated FM 1 was not obligated to take care of Resident 1. FM 1 stated FM 1 cannot take care of Resident 1. During a phone interview on 4/16/24 at 2:42 pm with the Social Services Director (SSD), the SSD stated Resident 1 stated Resident 1 would be discharged home with Resident 1's family. The SSD stated when SSD reached out to Resident 1's family, no one was available. SSD stated Resident 1 was self-responsible and that Resident 1 stated that Resident 1 arranged everything. The SSD stated Resident 1 stated that Resident 1 had everything up there (location where Resident 1 was dropped off). The SSD stated Resident 1 stated Resident 1's family member was a nurse. The SSD stated SSD offered her everything, but Resident 1 had it handled. During a phone interview on 4/16/24 at 3:03 pm with Resident 1, Resident 1 stated that Resident 1 was in the welfare department and had nowhere to stay. During an interview on 4/16/24 at 3:35 pm with the DON and SSD, DON and SSD were informed that Resident 1 stated Resident 1 had nowhere to stay. The DON stated DON would call and see if they had any sister facilities (any company that has close affiliations with a company with a different name that is owned by the same parent company) in the area where Resident 1 would like to be. The DON stated DON believed Resident 1 was discharged safely because Resident 1 stated it was Resident 1's home. The SSD stated potential harm could occur to a resident if the facility does not ensure a safe discharge. During a phone interview on 4/17/24 at 11:34 am, Resident 1 stated Resident 1 was staying in a motel and did not have a place to stay after that night. During a review of the facility's Policy and Procedure (PP), titled, Discharge Planning Process, revised on 10/17, the PP indicated the discharge planning process should include re-evaluation to identify changes with residents that require modification of the discharge plan. The PP indicated the discharge plan should be updated as necessary, to reflect any changes. The PP indicated to consider caregiver/support person availability and the resident's or caregiver's support person(s) capacity and capability to perform the required care, as part of the identification of the resident's discharge plan.