

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555927	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2025
NAME OF PROVIDER OR SUPPLIER Pih Health Good Samaritan Hospital D/P Snf		STREET ADDRESS, CITY, STATE, ZIP CODE 1225 Wilshire Blvd Los Angeles, CA 90017	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure Resident 1 was included in the discharge planning process. This failure had the potential to result in Resident 1's preferences not being incorporated in his own discharge plan. During a review of Resident 1's History and Physical (H&P), dated 5/30/2025, the H&P indicated, Resident 1 admitted to the facility on [DATE] for a hypertensive (elevated blood pressure) emergency with a past medical history of end stage renal disease (ESRD - kidney failure) on hemodialysis (a medical procedure that cleans the blood of a person whose kidneys are not functioning properly), peripheral artery disease (PAD - a condition where blood vessels outside of the heart, particularly those supplying the limbs, become narrowed or blocked, reducing blood flow to the extremities), left below the knee amputation (the surgical removal of a body part) and right foot first and third digit amputation. During a concurrent interview and record review on 7/1/2025 at 11:47 AM with the Director of Case Management and Social Services (DCM), Resident 1's Care Management Progress Note, dated 6/6/2025 was reviewed. The note indicated a discharge planner had met with Resident 1 and received verbal confirmation from Resident 1 agreeing to be discharged to a specific skilled nursing facility. The DCM stated this note indicated the very first conversation that is documented between Resident 1 and a discharge planner. The DCM stated there are four previous care management progress notes being documented prior to this note on 6/6/2025, but they all have no indication of a conversation ever occurring with Resident 1 regarding his discharge plan. In the same interview on 7/1/2025 at 11:47 AM with the DCM, the DCM stated it is important for a discharge planner to meet and speak with a resident within one to two days of admission to ensure his or her preferences are known and are included throughout entirety of discharge planning process. During a review of the facility's policy and procedure titled (P&P), titled Discharge Planning - E.83600.601, dated 3/1/2021, indicated, The Care Management staff will engage the patient and/or patient representative in the discharge planning process, seeking to incorporate his/her preferences in the plan whenever possible. The Care Management team will arrange for implementation of the discharge plan taking into consideration the patient's preferences and available resources.</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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