

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056164	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/30/2020
NAME OF PROVIDER OF SUPPLIER PACIFIC PALMS HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP 1020 TERMINO AVENUE LONG BEACH, CA 90804	
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	<p>Prepare residents for a safe transfer or discharge from the nursing home. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a smooth and efficient facility to facility transfer for one sampled resident (Resident A). Resident A was transferred to a facility prior to the insurance being verified. This deficient practice resulted in the receiving facility refusing to admit the resident to the facility due to insurance coverage. Findings: On 2/27/2020 at 4:32 p.m., during a telephone interview, the Complainant stated Resident A was transferred to skilled nursing facility (SNF 1) following a stroke. The Complainant stated Resident A's family wanted Resident A transferred to a facility closer to the family's home. The Complainant stated SNF 1's social service designee (SSD) found a facility, SNF 2, that was closer and faxed Resident A's information to SNF 2 on 2/21/2020. The Complainant stated Resident A was covered under a Health Maintenance Organization (HMO) and SNF 2 did not take that insurance so Resident A was disenrolled from the HMO. The Complainant stated on 2/25/2020 SNF 1's SSD called to inform her Resident A's transfer to SNF 2 was approved and the resident would be transferred to SNF 2 on 2/26/2020. The Complainant stated she then made arrangements with a transportation service (at a cost of \$170.00) to transfer the resident to SNF 2 on 2/26/2020. On 2/26/ at approximately 10:30 a.m., the Complainant stated she was informed the resident was in route to SNF 2. At approximately 11:30 a.m., on 2/26/2020, the director of nursing (DON) at SNF 2 informed the complainant that Resident A was still covered under the HMO plan until 3/1/2020 and they could not accept Resident A until then. The DON at SNF 2 wanted an answer as to where to transfer the resident so the Complainant stated she instructed the transportation company to take the Resident A to the Complainant's home. The Complainant stated she was under the impression when she was told Resident A was accepted at SNF 2 that Resident A's insurance had been reviewed and approved. The Complainant stated because of this mistake she paid \$170.00 to transport Resident A to SNF 2 and because Resident A was taken to her (the Complainant's) home she (the Complainant) had to take a day off from work. The Complainant stated she had not yet received a bill from the transportation company for the cost of transferring Resident A to her home and was not sure of the charge for that. On 2/28/2020 at 8:55 a.m., during an interview, the SSD stated Resident A's Responsible Party (RP) wanted the resident transferred to a facility closer to the RP's home and requested to have Resident A's medical information faxed to SNF 2. The DON at SNF 2 stated the facility had a bed available. On 2/28/2020 at 9:05 a.m., during an interview, the Administrator at SNF 1 stated Resident A's RP wanted the resident closer to the RP's home. The facility had been working for months to accommodate the RP. The Administrator stated the resident was accepted at SNF 2 and they assumed the clinical as well as the financial process had been reviewed by SNF 2 prior to the approving the resident for transfer. The Administrator stated on 2/26/2020, after Resident A had already left the facility, they (SNF 1) received a call from the DON at SNF 2 saying they could not accept the resident because of an insurance issue. The Administrator stated he did further research and found the RP disenrolled Resident A from her HMO and her Medical/Medicare would not pick up until 3/1/2020. The Administrator stated SNF 2 stated the facility had no physician to assign to Resident A until 3/1/2020 and they could not accept the resident until then. On 2/28/2020 at 9:21 a.m., during an interview, RN 1 stated the day Resident A was transferred to SNF 2 (2/26/2020) she called the facility and gave a report to the staff at SNF 2 and the discharge summary, and medication was given to the transportation company. RN 1 stated approximately 15 minutes after Resident A left the facility, she received a call from the DON at SNF 2 saying they (SNF 2) could not accept Resident A. RN 1 stated the department managers were in a meeting and she did not know what to do so she called Resident A's RP and left a message for her to call the facility (SNF 1). RN 1 stated Resident A's RP called back but the SSD who was familiar with the situation was in a meeting. On 2/28/2020 at 9:31 a.m., during an interview, SNF 1's SSD stated she was in a meeting the day Resident A was transferred to SNF 2 (2/26/2020). The SSD stated the admission staff came to the meeting room and informed her there was a problem with Resident A's admission to SNF 2 and the RP needed to speak with her. The SSD stated she left a message asking the RP to call her back. However, the RP never called back, and she did not try to contact the RP again. The SSD stated a couple of days later Resident A was readmitted to the facility (SNF 1). On 2/28/2020, at 1:20 p.m., during an interview, the DON at SNF 2 stated Resident A's RP was interested in transferring Resident A to their facility because it was closer to her (the RPs) home. The DON stated Resident A's information was faxed to their facility, it was reviewed and everything seemed ok. The DON stated the day Resident A was to be transferred to their facility (2/26/20) they realized Resident A was still under an HMO until 3/1/2020, and the facility did not take HMO insurance. The DON stated a call was made immediately to SNF 1 and she was told the Resident A had already left the facility (SNF1), shortly thereafter the resident showed up at their facility (SNF 3). The DON stated she called Resident A's RP and left a message to call them. The DON stated when Resident A's RP returned the call, the DON explained the insurance situation and that the facility could not admit the resident until 3/1/2020. The DON then asked where the RP wanted to have the resident transferred. The DON overheard the RP talking to the transportation company and assumed Resident A was being transferred back to SNF 1. A review of Resident A's Admission Records indicated Resident A was admitted to the facility on [DATE], and readmitted on [DATE], with [DIAGNOSES REDACTED]. A Minimum Data Set (MDS) Assessment, dated 12/18/19, indicated Resident A's cognitive skills for daily decision-making was severely impaired. Resident A required extensive assistance to complete her activities of daily living ((ADLs) eating, bathing, dressing, grooming and toileting) and was occasionally incontinent (involuntary voiding of urine and stool) of bowel and bladder functions. According to Progress Notes (Psychosocial) dated 2/21/2020 at 11:28 a.m., the Social Service Designee (SSD) at SNF 1 faxed Resident A's history and physical to SNF 2. According to Progress Notes (Psychosocial) dated 2/24/2020 at 12:30 p.m., the SSD at SNF 1 refaxed a referral to SNF 2, per Resident A's RP's request. According to Progress Notes (Psychosocial) dated 2/25/2020 at 12:37 p.m., a representative from SNF 2 accepted Resident A at SNF 2. The SSD from SNF 1 informed Resident A's RP as well as Resident A's physician that Resident A would be to be transferred to SNF 2 on 2/26/2020. According to Progress Notes (Discharge Summary) dated 2/26/2020 at 10:41 a.m., Resident A left SNF 1 at approximately 10:41 a.m. According to Progress Notes dated 2/26/2020 at 11:12 a.m., a call was received from the DON at SNF 2 saying the facility was unable to take Resident A because the resident was understood to be a Medical/Medicare resident, but Resident A was still under her HMO insurance until 3/1/2020.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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.