

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555875	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2020
NAME OF PROVIDER OF SUPPLIER CHANNEL ISLANDS POST ACUTE		STREET ADDRESS, CITY, STATE, ZIP 3880 VIA LUCERO SANTA BARBARA, CA 93110	
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 0660 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Plan the resident's discharge to meet the resident's goals and needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to develop and implement a safe discharge plan for one of two sampled residents (Resident 1). Resident 1 was discharged home without a caregiver, or a home environment assessment being done prior to his discharge to ensure Resident 1 would be safe at home. This failure resulted in Resident 1 being readmitted to the facility, after he was determined not to be safe in his home environment. Findings: The clinical record for Resident 1 was reviewed on 2/12/20. The record indicated Resident 1, was admitted to facility on 12/12/19 for physical rehabilitation and right leg [MEDICAL CONDITION] treatment. Resident 1's [DIAGNOSES REDACTED]. A physician's orders [REDACTED]. A, Daily Skilled Note, dated 2/4/2020 at 13:38 (1:38 p.m.), indicated Resident 1, Uses 4WW and wheelchair to move around facility .unsteady balance/gait. The Discharge Summary and Post-Discharge Plan of Care, dated 2/4/20, indicated Resident 1 required assistance with activities of daily living (ADLs) and assistive device (front wheel walker FWW) to walk. The, Nurse Note, dated 2/5/20, indicated Resident 1 was, discharged to home today. During an interview with Resident 1, on 2/12/20, at 2:41 p.m., Resident 1 reported that he walked to his apartment after he was discharged from the facility. When he got into his apartment, he had back pain. Resident 1 stated, I could not even sit on a chair or lay down for 10 minutes without having severe back pain. I need a front wheel walker (FWW) to get around. The walker did not fit in the bathroom. I needed help with getting in and out of the bed and to put on my leg brace. I cannot put on my leg (compression) stocking by myself. I need to have the stocking on my right leg daily for the swelling. There were a lot of things I needed help with in my apartment that I could not do by myself. That's why the home health person said it was not safe for me to stay alone in my apartment. During an interview with the home health case manager (HHCM), on 2/13/20, at 3:05 p.m., the HHCM, s/he arrived at Resident 1's apartment building on 2/5/20. Resident 1 was accompanied by two [MEDICAL CONDITION] organization (CPO) members who were not caregivers. The HHCM indicated her assessment revealed,</p> <p>Right lower extremity skin breakdown and discoloration had developed from the right leg AFO brace (provided by the facility) because the AFO brace was not properly fitted. The main concern was there was no caregiver to help him at home. Resident 1 uses a walker to ambulate. The walker could not fit inside his bathroom or his bedroom. The resident could not get to his bedroom. Resident could not get on and out of his bed without moderate assistance. Resident had poor safety awareness. Mobility, medication management and poor management of home environment were the main issues right away. Resident 1 could not be left alone in his apartment because of these safety issues. During an interview with the operations manager (OM), on 2/12/20, at 5:10 p.m., the OM confirmed Resident 1 walked to his apartment. The OM explained that once they (Resident 1 and HHS) enter into his apartment, the home health staff (HHS) said, It was too clutter for him to get around his apartment by himself. That it was not safe. The home was not safe. The OM was asked if there was a home assessment performed by anyone to determine if Resident 1's apartment was safe for him to go back to and to ensure all the equipment e.g. bed, properly fitted AFO brace ., were available before he was discharge on 2/5/20. The OM stated, No, there was no home assessment done prior to his discharge. I now it's a standard of practice .But I agree we should have done a home assessment of his apartment to make sure it was safe for him to be discharge home. During an interview with the social worker (SW), on 2/12/20, at 5:15 p.m., the SW confirmed no one coordinated the discharge for Resident 1. The facility was not able to provide any documentation supporting someone had developed and implemented a safe discharge plan to ensure Resident 1's apartment was safe, the necessary equipment and staff were available prior to discharging resident home. The facility's policy and procedure titled, Discharge or Transfer, dated 11/19, indicated, It is the policy of this facility to provide the Resident with a safe organized structured .discharge from the facility to include but not limited to .home that will meet their highest practical level of medical, physical and psychosocial well being.</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.