

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056316	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2020
NAME OF PROVIDER OF SUPPLIER CAMELIA GARDENS CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1920 N. FAIR OAKS AVENUE PASADENA, CA 91103	
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 0745 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to arrange alternative transportation services to and from the [MEDICAL TREATMENT] center for one of three sampled residents (Resident 1) during [MEDICAL TREATMENT] (a process in which a machine helps filter your blood to rid your body of harmful wastes, extra salt, and water) days when transportation did not show up. This deficient practice resulted in Resident 1 transferring to a General Acute Care Hospital (GACH) on 2/9/20 after missing three (3) scheduled [MEDICAL TREATMENT] days. This deficient practice also had the potential to compromise Resident 1's health when excess fluid and electrolytes in the body are not removed by [MEDICAL TREATMENT]. Finding: A review of Resident 1's Admission Record indicated the resident initially admitted to the facility on [DATE] with multiple [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS, a standardized assessment and care planning tool), dated 12/6/19, indicated Resident 1 had intact cognition (mental process involved in knowing, learning, and understanding things) and totally dependent with two-person physical assist on transferring. A review of Resident 1's Order Summary Report from 2/1/20-2/28/20, indicated Resident 1 had a [MEDICAL TREATMENT] schedule every Tuesday, Thursday and Saturday. A review of Resident 1's Nurses Note, dated 2/4/20 at 1:25 p.m., indicated Resident 1 missed [MEDICAL TREATMENT] because of a transportation problem. The [MEDICAL TREATMENT] center rescheduled Resident 1 to have [MEDICAL TREATMENT] on 2/5/20. A review of Resident 1's Social Services Note, dated 2/4/20 at 1:28 p.m., indicated the Social Services Designee (SSD) followed up with the transportation company and arranged a transportation pick up for 2/5/20 at 1:30 p.m. A review of Resident 1's Social Services Note, dated 2/5/20 at 1:32 p.m., indicated transportation did not pick up Resident 1 as arranged. A review of Resident 1's Nurses Note, dated 2/5/20 at 7:47 p.m., indicated the facility was monitoring Resident 1 because of his missed [MEDICAL TREATMENT] days due to transportation problems. A review of Resident 1's Social Services Note, dated [DATE] at 1:40 p.m., indicated transportation did not come and pick up Resident 1 for his re-scheduled [MEDICAL TREATMENT]. The SSD indicated that the facility arranged for transportation pick up for [DATE]. A review of Resident 1's Nurses Notes, dated [DATE] to [DATE], indicated the facility was monitoring Resident 1 because of missed [MEDICAL TREATMENT] appointments due to transportation problems. A review of Resident 1's Nurses Note, dated 2/9/20 at 7:15 a.m., indicated Resident 1 had a change of condition. Resident 1 had an elevated blood pressure (force of a person's blood pushing against the artery walls). A review of Resident 1's Nurses Note, dated 2/9/20 at 11:40 a.m., indicated the facility transferred Resident 1 to a GACH. During an interview on 2/28/20 at 1:55 p.m., a Licensed Vocational Nurse 1 (LVN 1) stated Resident 1 missed scheduled [MEDICAL TREATMENT] days because transportation did not show up. During an interview on 2/28/20 at 2:49 p.m., the SSD stated the transportation company did not send transportation services to pick up Resident 1 on his scheduled [MEDICAL TREATMENT] days as arranged. During an interview on 2/28/20 at 3:30 p.m., the Director of Nursing (DON) stated the SSD arranges Resident 1's transportation for [MEDICAL TREATMENT] appointments. During a telephone interview on 4/9/20 at 11:01 a.m., the SSD stated the facility did not provide Resident 1 with an alternative transportation because other transportation companies' are expensive. A review of the facility's policy and procedures, titled Transportation to Doctors Appointment and other Ancillary Services, with a revised date of 8/28/19, indicated the facility will coordinate the necessary transportation arrangement for any outside services to ensure resident's safety at all times. It is the facility's policy that residents are provided with sufficient and appropriate medically related social services that help them to attain/maintain their mental and psychological health. This means that facilities need to identify the required services needed by a resident and ensure that these services are provided. If needed services are not covered by Medicaid, the facility still must attempt to obtain these services on behalf of the residents, such as arranging for transportation services.</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.