

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555737</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/08/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SERENTO CASA</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1740 S SAN DIMAS AVE SAN DIMAS, CA 91773</b>	
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 0553  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Allow resident to participate in the development and implementation of his or her person-centered plan of care.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview and record review, the facility failed to inform one of two residents (Resident 1) in advance about her Medicare coverage end date. This deficient practice violated Resident 1's right to be informed in advance of changes to her plan of care. Findings: A review of Resident 1's Admission Record indicated the facility originally admitted the resident on [DATE], and was readmitted on [DATE], with [DIAGNOSES REDACTED]. A review of the Social Service Discharge Transition Data Collection dated [DATE], indicated Resident 1 will be returning home or an assisted living facility (system of housing and limited care designed for senior citizens who need some assistance with daily activities but do not require care in a nursing home) with home health to follow. A review of Resident 1's Minimum Data Set (MDS, a standardized assessment and care planning tool) dated [DATE], indicated Resident 1 was able to communicate and was cognitively intact. The MDS indicated Resident 1 required supervision with bed mobility, transfer, walking in room and corridor, locomotion on and off unit, dressing, toilet use and personal hygiene and was independent in eating and bathing. The MDS indicated an active discharge planning was already occurring for Resident 1 to return to the community. A review of an Activity Report Note from the facility's Billing Department dated [DATE], indicated the Business Office Coordinator indicated she spoke with Resident 1 regarding the resident's balance due. The note indicated that the Business Office Coordinator informed Resident 1 on [DATE], that she no longer fell under the Medicare qualifying guidelines and she would have to pay privately. However, the note did not indicate who informed the resident. The note indicated Resident 1 replied she did not remember and would give the invoice to her attorney. The note indicated Resident 1 thought her insurance was paying. During an interview on [DATE] at 9:30 a.m., Resident 1 stated that she was very upset at the Social Services Director (SSD) and the Billing Department. Resident 1 stated that on [DATE], she was presented with a \$25,000 bill. Resident 1 stated that she only found out that her Medicare benefits expired on [DATE], after she called Medicare when she received the bill from the facility. Resident 1 stated that the SSD did not inform her in advance about her Medicare coverage end date and that the resident would be responsible for charges for continued stay at the facility. Resident 1 stated that if she knew her coverage was going to end, she could have made other arrangements and would have not stayed in the facility. Resident 1 complained that the SSD had not visited her room since December. Resident 1 added that she was never invited to any care plan meeting to discuss her Medicare coverage and discharge plans. During an interview on [DATE] at 10:43 a.m., the Director of Financial Services (DFS) stated that Resident 1 exhausted her Medicare days at the end of December. The DFS stated that SSD and the Interdisciplinary Team (IDT, team members from different disciplines working collaboratively, with a common purpose, to set goals, make decisions and share resources and responsibilities) were responsible to inform Resident 1 about the resident's Medicare coverage end date during the care plan/IDT meeting. During an interview on [DATE] at 11:45 a.m., the SSD stated that she informed Resident 1 of her Medicare days running out in the beginning of December. However, the SSD was unable to provide documented evidence of this verbal notice. The SSD stated that they conducted a care plan meeting, but Resident 1 was not in attendance. The SSD stated that she could not remember when the care plan meeting was held and could not provide notes from the meeting. The SSD stated that she was out on leave at the end of December and did not return to work until [DATE]. During a follow-up interview on [DATE] at 12:45 p.m., Resident 1 stated that she toured the facility's Assisted Living building on [DATE], but no one informed her about her Medicare coverage ending. Resident 1 stated she wanted to be discharged home. During an interview and concurrent record review on [DATE] at 10:09 a.m., the Business Office Coordinator stated, she informed Resident 1 of her unpaid bill on [DATE] and delivered her invoice. The Business Office Coordinator stated that it was not her job to inform Resident 1 in advance of her Medicare days running out. The Business Office Coordinator stated that it was the SSD's responsibility to inform Resident 1 about the Medicare coverage. A review of the facility's policy and procedure titled Resident Rights dated 2019, indicated the resident has the right to participate in the development and implementation of her person-centered plan of care, including but not limited to, the right to participate in the planning process, including the right to identify individuals or roles to be included in the planning process, the right to request meetings and the right to request revisions to the person-centered plan of care. The resident has the right to be fully informed in advance about care and treatment and of any changes in that care or treatment that may affect the resident's well-being. The policy indicated the provider will provide the resident with needed social services including counseling, help solving problems with other residents, help in contacting legal and financial professionals and discharge planning.</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.