Printed: 06/02/2024 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  NAME OF PROVIDER OR SUPPLIE The Ellison John Transitional Care		(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing  STREET ADDRESS, CITY, STATE, ZI 43830 10th Street West Lancaster, CA 93534	(X3) DATE SURVEY COMPLETED 07/16/2022 P CODE	
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 0600  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Few	me's plan to correct this deficiency, please contact the nursing home or the state survey agency.  SUMMARY STATEMENT OF DEFICIENCIES		ONFIDENTIALITY** 40537  five sampled residents (Resident 1), bowel and bladder functions, and obility, transfers, dressing, toilet use, acility, its employees or service to avoid physical harm, pain, mental to the facility from conducting ut prior notice and preparation, esident left with a friend to the DMV urlier the same day to go out on the part of the DMV and the part of the day to go out on the da	

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

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 555904

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555904	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 07/16/2022
NAME OF PROVIDER OR SUPPLIER  The Ellison John Transitional Care Center		STREET ADDRESS, CITY, STATE, ZI 43830 10th Street West Lancaster, CA 93534	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0600  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Few	2. The SSD, ADM, and ADON revicompliance with regulatory required  3. The SSD provided training to the procedures pertaining to discharger  4. The facility created a discharger ensure all discharge planning is consumed to the program, discharge planning is consumed to the program, discharge procedures, resulting to all social services and program, discharge procedures, resulting to all social services and program, discharge procedures, resulting to the legs and lower body, (a disorder in which a person has consumed to accidental discharge from unspecification to the middle second to the program of the legs and 2/26/22, indicated the program of the legs and the program of the middle second to the program of the legs and lower body, (a disorder in which a person has conscidental discharge from unspecification to the middle second to the program of th	ewed all residents ' records with plannements.  ADM, the ADON, and three physician ag residents, resident rights, and resident procedure checklist and discharge documpleted before a resident is discharged unursing staff regarding the facility 's asident rights, and resident neglect.	ed discharge/transfer to ensure as on the facility 's policies and ent neglect.  umentation auditing program to d from the facility.  discharge documentation auditing  i, indicated the facility admitted brandlegia (paralysis [inability to brase), post-traumatic stress disorder or witnessing a terrifying event), jaw), fracture of the first rib and scle weakness.  sment and care-screening tool), brate, remember, comprehend, and of bowel and bladder functions, boilet use, personal hygiene, briting a wheelchair for mobility.  the resident may go OOP with brontinued.  and Nurse 9 (LVN 9), dated 4/27/22, brith him for AMA discharge. The dit to obtain authorization to give the the Resident 1 AMA with all

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555904	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 07/16/2022
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
The Ellison John Transitional Care Center		43830 10th Street West Lancaster, CA 93534	. 6052
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)
F 0600  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Few	2 stated that originally Resident 1 h discontinued hours later the same Resident 1 's order to go OOP on to leave the facility, and he and the or deny such order if they think a re suspected Resident 1 was doing di Resident 1 's OOP order. MD 2 state the suspected drug-related activitie MD 2 stated he did not give a disch Resident 1.  On 7/12/22 at 10:40 am, during an went to the DMV and returned to the staff told him he had to leave the factive physician. Resident 1 stated FF 1 with knew I wasn't ready to leave the factive what was going to happen to hand another friend brought him to thim in bed because the hospital be stayed alone. Resident 1 stated he because they were in high cabinets Resident 1 stated his cellphone was helpless. There was no food or air evening of 4/27/22 and spent the eresident 2 informed Family Membra friend came to rescue him. Resider traumatized.  On 7/12/22, at 11:35 am, during an after the facility did not allow Resident 1 should not allow Resident 1 should not have any modern mod	terview with MD 2 and concurrent reviet and an order to go OOP to the DMV on day (4/27/22). MD 2 stated he did not put/27/22 to the DMV. MD 2 stated a resist other physicians in his physician's grospident would not be safe outside the farug-related activities and that was the related that to his knowledge, Resident 1 designed and did not have documented safety harge order. MD 2 stated there was no interview, Resident 1 stated that on 4/2 and facility around 4 pm. After the staff as accility immediately because he went to the wheeled him out at 5 pm. Resident 1 stated littly for good. They knew I had nowher the apartment, located on a second flood in the apartment was too high. The frequency of the partment was too high. The partment was too high. The frequency of the partment was too high. The partment was too high. The partment was too high. The	a/27/22 but the order was bersonally give or discontinue ident must have a physician's order up (MDs 1 and 3) give OOP order acility. MD 2 stated MDs 1 and 3 eason the why they canceled did not have a drug test confirming concerns for Resident 1 go OOP. immediate plan to discharge  27/22, he and a family friend (FF 1) esisted him with incontinent care, a the DMV without permission from a lated he felt messed up, it's like I are to go at the time, but they didn't end him to stay at his place and FF 1 or. Thefriends were not able to put riends left to go to work, and he form the faucet to drink from he bathroom using his hand. If y for help, he was scared and to 1 said he had nothing to eat the wet. Resident 1 stated that g day, 4/28/22, at 1 pm, FM 1 and id, hungry, thirsty, in pain, and commate) stated that on 4/27/22, in to stay in his vacant apartment at Resident 1 by phone, he called the stated she did not provide Resident end and notified the st

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NAME OF PROVIDER OR SUPPLIER  The Ellison John Transitional Care Center		STREET ADDRESS, CITY, STATE, ZI 43830 10th Street West	P CODE
		Lancaster, CA 93534	
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 DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)
F 0600  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Few	discharging Resident 1 on 4/27/22. Resident 1 after she called the facil he went. FM 1 stated she felt upset called her and informed her Reside asked a friend of hers to go check a apartment but Resident 1 could not friend went to pick her up and both crying, wet with urine and soiled wi and with feces all over his back. FM (Resident 1) won 't even go to a ho (the facility) and he 's (Resident 1)  On 7/13/22, at 5 pm, during an inte facility. MD 1 stated discharge AM/ was a justification for immediate dis On 7/15/22, at 12:30 pm, during an Resident 1.  On 7/15/22, at 1 pm, during an inte Discharge AMA as per policy. SSD Resident 1 went to the DMV and w  On 7/15/22, at 2:50 pm, during an in Discharge AMA, the ADM stated R Advice for him to sign.  A review of the facility 's policy title Purpose to establish, operationalize ensure . the prevention . of . neglect Policy I. Each resident abuse and neglect potential resident abuse and neglect.	interview, FM 1 stated the facility did r FM 1 learned the following day (4/28/2 lity, and the nurse told her Resident 1 of the tand scared not knowing where Resident 1 was in his apartment. FM 1 stated on Resident 1. FM 1 stated the friend for the told to the door because he had fallen returned to Resident 2 's apartment with feces. FM 1 crying stated she felt aw M 1 stated Resident 1 was too traumatic pospital because he thinks they'll make the too scared.  Tryiew, MD 1 stated residents require a chapplied to residents leaving OOP with scharge from the facility. MD 1 stated M 1 interview, the SSD stated the facility did not as stated Resident 1 did not request to be hen he returned to the facility staff told not review with the ADM and concurrent esident 1 was not provided with the Foreigh, Abuse Prevention and Prohibition President 1 was not provided with the Foreigh, and maintain an Abuse Prevention and ct, mistreatment in accordance with fet to be free from mistreatment, neglect to enable the identification of the follow ct: .f. inadequate provision of care g. Congress of the control of the follow of the control of the follow o	2022) about the discharge of was gone and did not know where ent 1 was, and then Resident 2 she did not have a car and so she bund Resident 1 in Resident 2 's and was crying. FM 1 stated the there Resident 1 was on the floor, wful seeing Resident 1 soaking wet zed to go back to a facility. He nim go to another place like that  physician's permission to leave the nout a physician's permission and MD 2 ordered the discharge AMA.  Idid not provide a safe discharge to sk Resident 1 to sign the form for e discharged AMA. On 4/27/22, him he had to leave immediately.  review of the facility 's policy on rm A - Discharge Against Medical rogram, dated 6/1/21, indicated, and Prohibition Program designed to deral and state requirements .  V. Identification A. The Facility ring signs and symptoms of aregiver indifference to resident 's

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The Ellison John Transitional Care	Center	43830 10th Street West Lancaster, CA 93534	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES  (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0622  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Few	Not transfer or discharge a resident convey specific information when a **NOTE- TERMS IN BRACKETS IN Based on interview and record review in the facility, and not transfer or dient and appropriate (needs could not be longer needs the services provided documented in Resident 1 's clinic Discharge. On 4/27/22, around 5 p Department of Motor Vehicles (DM advice (AMA) because the resident (discontinued) the order given earlies the facility).  As a result, Resident 1 spent then telephone to call for help, sitting in and was found by a friend and Fancrying, hungry, thirsty, soiled, in part on 7/15/22 at 12:06 pm, the State which the facility's non-compliance cause, serious injury, harm, impair and discharge. The Administrator (Director (SSD) were notified of the to remain in the facility.  On 7/16/22 at 12:00 pm, the IJ situ verifying the implementation of the The IJ removal plan included the formation of the serious in the facility attempted to contact to assist Resident 1 with being admitted to a situation of the regulatory requires 3. The SSD provided training to the	t without an adequate reason; and must a resident is transferred or discharged. MAVE BEEN EDITED TO PROTECT Computer that the facility failed to permit one of five scharge the resident from the facility under the met at the facility, for safety of the real by the facility, or lack of payment) and all record the basis of the transfer as perm, after returning to the facility from converted to the part of the payment of the payment of the same day to go out on pass (OC dight alone at an empty apartment without his wheelchair soaked in urine and fecting the same day to go out on pass (OC dight alone at an empty apartment without his wheelchair soaked in urine and fecting the same day to go out on pass (OC dight alone at an empty apartment without his wheelchair soaked in urine and fecting the same day to go dut on pass (OC dight alone at an empty apartment without his wheelchair soaked in urine and fecting the same day to go dut on pass (OC dight alone at an empty apartment without his wheelchair soaked in urine and fecting the same day to go dut on pass (OC dight alone at an empty apartment without his wheelchair soaked in urine and fecting the same day to go dut on pass (OC dight alone at an empty apartment without his wheelchair soaked in urine and fecting the same day to go dut on pass (OC dight alone at an empty apartment without his wheelchair soaked in urine and fecting the same day to go dut on pass (OC dight alone at an empty apartment without his wheelchair soaked in urine and fecting the same day to go dut on pass (OC dight alone) and the presence of the facility of the facility is submitted and accepted IJ Resident 1 and their representative to differ the facility.	on the facility's policies and
	<ul> <li>4. The facility created a discharge procedure checklist and discharge documentation auditing program to ensure all discharge planning is completed before a resident is discharged from the facility.</li> <li>5. Training to all social services and nursing staff regarding the facility's discharge documentation auditing</li> </ul>		
	program, discharge procedures, re (continued on next page)	sident rights, and resident neglect.	

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The Ellison John Transitional Care Center		43830 10th Street West Lancaster, CA 93534	r cost	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES  (Each deficiency must be preceded by full regulatory or LSC identifying information)			
F 0622	Cross-reference F600, F623, and F	F624.		
Level of Harm - Immediate jeopardy to resident health or	Findings:			
Residents Affected - Few	A review of Resident 1 's Admission Record (Face Sheet), dated 6/24/22, indicated the facility admitte Resident 1, a [AGE] year-old male, on 11/19/21 with diagnoses includingparaplegia (paralysis [inability move] of the legs and lower body, typically caused by spinal injury or disease), post-traumatic stress d (a disorder in which a person has difficulty recovering after experiencing or witnessing a terrifying even accidental discharge from unspecified firearms or gun, broken mandible (jaw), broken first rib and brok thoracic vertebra (the middle section of the spine), and generalized muscle weakness.			
	A review of Resident 1's Minimum Data Set (MDS, a standardized assessment and care-screening tool), dated 11/26/21 and 2/26/22, indicated the resident was able to communicate, remember, comprehend, and make decisions. Resident 1 was incontinent (unable to voluntarily control) of bowel and bladder functions, was totally dependent on staff for transferring in and out of his bed, with toilet use, personal hygiene, dressing, and bathing/showering. Resident 1 was unable to walk and required a wheelchair for mobility.			
		Resident 1, dated 4/27/22, indicated thess. The same day the order was disc		
	A review of Resident 1's Health Status Note, written by Licensed Vocational Nurse 9 (LVN 9), dated 4/27/22, indicated Resident 1 returned to facility (form OOP) asking for medication to be sent with him for AMA discharge. The physician (MD 3) was contacted to notify of resident's discharge AMA and to obtain authorization to give the resident his medications upon discharge. MD 3 gave the okay to discharge Resident 1 AMA with all remaining medication. Resident 1 was discharged AMA, via wheelchair, accompanied by family, and with all remaining medications.			
	On 7/8/22, at 2:37 pm, during an interview with MD 2 and concurrent review of the Physician 's Orders, MD 2 stated that originally Resident 1 had an order to go OOP to the DMV on 4/27/22 but the order was discontinued hours later the same day (4/27/22). MD 2 stated he did not personally give or discontinue Resident 1 's order to go OOP on 4/27/22 to the DMV. MD 2 stated a resident must have a physician's order to leave the facility, and he and the other physicians in his physician's group (MDs 1 and 3) give OOP orders or deny such orders if they think a resident would not be safe outside the facility. MD 2 stated MDs 1 and 3 suspected Resident 1 was doing drug-related activities and that was the reason the why they canceled Resident 1 's OOP order. MD 2 stated that to his knowledge, Resident 1 did not have a drug test confirming the suspected drug-related activities and did not have documented safety concerns for Resident 1 go OOP. MD 2 stated he did not give a discharge order, did not conduct a physician 's discharge medical evaluation, did not do a medication reconciliation, did not complete a discharge summary, and did not provide a written 30-day discharge notice of impending discharge. MD 2 stated there was no immediate plan to discharge Resident 1.			
	(continued on next page)			

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AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND FLAN OF CORRECTION	555904	A. Building	07/16/2022
	555904	B. Wing	01/10/2022
NAME OF PROVIDER OR SUPPLIER	NAME OF PROVIDER OR SUPPLIER		P CODE
The Ellison John Transitional Care Co	The Ellison John Transitional Care Center		
Lancaster, CA 93534			
For information on the nursing home's pla	an to correct this deficiency, please cont	act the nursing home or the state survey a	agency.
` '	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Few	On 7/12/22 at 10:40 am, during an imment to the DMV and returned to the staff told him he had to leave the faphysician. Resident 1 stated FF 1 with knew I wasn't ready to leave the factor what was going to happen to not and another friend brought him to the him in bed because the hospital bed stayed alone. Resident 1 stated he because they were in high cabinets Resident 1 stated his cellphone was helpless. There was no food or air of evening of 4/27/22 and spent the error Resident 2 informed Family Member a friend came to rescue him. Resident raumatized.  On 7/12/22, at 11:35 am, during an after the facility did not allow Reside which had a hospital bed. Resident called FM 1.  On 7/12/22, at 3:30 pm, during an in Resident 1 had a physician's order Resident 1 had a physician's order Resident 1 should not have any mo MD 3 to clarify Resident 1's OOP ADM. CM stated she did not know that a discharge assessment, an on 7/12/22, at 3:40 pm, during an inhad canceled Resident 1's order to On 7/12/22, at 4 pm, during an intersident and the resident discharge; a physician's discharge assessment; a 30-day written notice to Resident 1 with the necessary expression in the control of the resident 1 with the necessary expression in the control of the resident 1 with the necessary expression in the control of the resident 1 with the necessary expression in the control of the resident 1 with the necessary expression in the control of the resident 1 with the necessary expression in the control of the resident 1 with the necessary expression in the control of the resident 1 with the necessary expression in the control of the resident 1 with the necessary expression in the control of the resident 1 with the necessary expression in the control of the resident 1 with the necessary expression in the control of the resident 1 with the necessary expression in the control of the resident 1 with the necessary expression in the control of the resident 1 with the necessary expression in the control of the resident 1 with the necessary expre	interview, Resident 1 stated that on 4/2 e facility around 4 pm. After the staff as colity immediately because he went to theeled him out at 5 pm. Resident 1 stability for good. They knew I had nowher ne. Resident 1 stated Resident 2 offere he apartment, located on a second flood in the apartment was too high. The frequency of the factor of f	27/22, he and a family friend (FF 1) assisted him with incontinent care, a he DMV without permission from a atted he felt messed up, it's like I te to go at the time, but they didn't ad him to stay at his place and FF 1 r. Thefriends were not able to put itends left to go to work, and he om the faucet to drink from the bathroom using his hand. If or help, he was scared and it is aid he had nothing to eat the wet. Resident 1 stated that gray day, 4/28/22, at 1 pm, FM 1 and id, hungry, thirsty, in pain, and was boommate) stated that on 4/27/22, it to stay in his vacant apartment contact Resident 1 by phone, he in 4/27/22 she became aware that 27/22, MD 3 had told her that cerns and on 4/27/22, she called resident which she did and notified the tated she did not provide Resident plan.  CM informed him that a physician incerns.  (DMR), after reviewing Resident 1 'i's documentation of the basis of summary; a nurse 's discharge the plan; a medication list provided inventory list of belongings and

Facility ID:

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F 0622 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	discharging Resident 1 on 4/27/22. Resident 1 after she called the faci he went. FM 1 stated she felt upset called her and informed her Reside asked a friend of hers to go check apartment but Resident 1 could not friend went to pick her up and both crying, wet with urine and soiled wi and with feces all over his back. FM (Resident 1) won 't even go to a he (the facility) and he 's (Resident 1)  On 7/13/22, at 5 pm, during an inte facility. MD 1 stated discharge AM/ was a justification for immediate dis discharge Resident 1 AMA. MD 1 of the basis for discharging Resident  On 7/15/22, at 12:30 pm, during an inte Discharge AMA as per policy. SSD Resident 1 went to the DMV and w  On 7/15/22, at 2:45 pm, during an invas not implemented when Reside  On 7/15/22, at 3:10 pm, during an invas not implemented when Reside  On 7/15/22, at 3:10 pm, during an invas not implemented when Reside  The facility closes;  - The resident fails to pay for their and the properties of the facility is policy titled will only transfer or discharge resident.  - A physician determines and docu	erview, MD 1 stated residents require a A applied to residents leaving OOP with scharge from the facility. MD 1 stated Nonfirmed there was no planned dischart 1 and there was no discharge summar in interview, the SSD stated the facility of erview, SSD stated the facility did not as a stated Resident 1 did not request to be then he returned to the facility staff told interview, the ADM acknowledged the pent 1 was discharged on [DATE]. Interview, the ADON stated Resident 1 policy on Transfer and Discharge, dated 6/1/2 lents if:	2022) about the discharge of was gone and did not know where ent 1 was, and then Resident 2 I she did not have a car and so she bund Resident 1 in Resident 2 's and was crying. FM 1 stated the where Resident 1 was on the floor, wful seeing Resident 1 soaking wet zed to go back to a facility. He name go to another place like that  physician's permission to leave the nout a physician's permission and MD 2 ordered the facility to rge, physician 's documentation of your did not provide a safe discharge to like the service of the safe and Discharge  's discharge was not planned or  1. The policy indicated, the facility  the met by the facility,  s the services of the facility; and

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THE EIIISON JOHN TRANSILIONAL CARE	e Cerilei	Lancaster, CA 93534	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
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F 0622	The facility will provide and document the following discharge services:		
Level of Harm - Immediate jeopardy to resident health or	- A 30-day-written-notice of dischar	rge;	
safety	- A physician's evaluation of the res	sident 's medical needs;	
Residents Affected - Few	- A physician 's medication reconc	iliation;	
	- A physician's discharge summary		
	- A nursing discharge assessment;		
	- A nursing discharge nursing care		
	- A list of the resident 's medication		
	- Education regarding how a reside		
	- A safe location to go the resident		4 6 99
	- Arrange for another physician to take over the resident's care after they leave the facility.  A review of the facility's policy titled, Discharge Against Medical Advice, dated 6/1/21, indicated the purpose of the policy was to respect the right of a resident or resident 's representative to make informed decisions that are against medical advice and to inform them of the potential risks and consequences of their actions. a resident desires to leave the facility against medical advice, a licensed nurse will ask the resident or the resident 's representative to sign (the form) AD - 05 - Form A - Discharge Against Medical Advice . VIII. Nursing staff will document in the progress notes all pertinent information concerning the resident 's actions including the resident 's stated reasons for his/her desire to leave the facility.		

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F 0623  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Few			e representative and ombudsman,  ONFIDENTIALITY** 40537  e sampled (Resident 1) with a r the discharge, the effective date of mation about the resident 's appeal 4/27/22, around 5 pm, after or notice, Resident 1 was ne physician (MD 2) had cancelled DP, being temporarily absent from  out food, air conditioning, and es (bowel movements or stool), and ring day (4/28/22) around 1 pm, d was traumatized.  mediate Jeopardy (IJ-a situation in icipation has caused, or is likely to under 42CFR S483.15(c)(3) Notice g (ADON), and the Social Services to ensure Resident 1 was afforded a  the ADM, while onsite, after temoval Plan.  invite him to return to the facility or ed discharge/transfer to ensure as on the facility 's policies and ent neglect.  umentation auditing program to d from the facility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555904	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 07/16/2022	
NAME OF PROVIDER OR SUPPLIE	ID.	STREET ADDRESS CITY STATE 71	D CODE	
The Ellison John Transitional Care		STREET ADDRESS, CITY, STATE, ZI 43830 10th Street West	PCODE	
THE EIIISON JOHN TRANSILIONAL CARE	Center	Lancaster, CA 93534		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0623	Cross-reference F600, F622, and F	-624.		
Level of Harm - Immediate jeopardy to resident health or	Findings:			
safety		on Record (Face Sheet), dated 6/24/22		
Residents Affected - Few	Resident 1, a [AGE] year-old male, on 11/19/21 with diagnoses includingparaplegia (paralysis [ina			
		Resident 1, dated 4/27/22, indicated the ness. The same day the order was disc		
	A review of Resident 1's Health Status Note, written by Licensed Vocational Nurse 9 (LVN 9), dated 4/27/22 indicated Resident 1 returned to facility (from OOP) asking for medication to be sent with him for AMA discharge. The physician (MD 3) was contacted about Resident 1's discharge AMA and to obtain authorization to give the resident his medications upon discharge. MD 3 gave the okay to discharge Resider 1 AMA with all remaining medication. Resident 1 was discharged AMA, via wheelchair, accompanied by family, and with all remaining medications.			
	2 stated that originally Resident 1 h 4/27/22 but the order was discontin personally give or discontinue Resi must have a physician's order to le (MDs 1 and 3) give OOP order or of facility. MD 2 stated MDs 1 and 3 s reason the why they canceled Resi not have a drug test confirming the concerns for Resident 1 go OOP. N 's discharge medical evaluation, di summary, and did not provide a wr	2, at 2:37 pm, during an interview with MD 2 and concurrent review of the Physician 's Orders, MI that originally Resident 1 had an order to go OOP to the Department of Motor Vehicles (DMV) on out the order was discontinued hours later the same day (4/27/22). MD 2 stated he did not ly give or discontinue Resident 1 's order to go OOP on 4/27/22 to the DMV. MD 2 stated a reside ve a physician's order to leave the facility, and he and the other physicians in his physician's group and 3) give OOP order or do not give such order if they think a resident would not be safe outside the MD 2 stated MDs 1 and 3 suspected Resident 1 was doing drug-related activities and that was the new hy they canceled Resident 1 's OOP order. MD 2 stated that to his knowledge, Resident 1 did a drug test confirming the suspected drug-related activities and did not have documented safety of or Resident 1 go OOP. MD 2 stated he did not give a discharge order, did not conduct a physicial arge medical evaluation, did not do a medication reconciliation, did not complete a discharge y, and did not provide a written 30-day discharge notice of impending discharge. MD 2 stated there mediate plan to discharge Resident 1.		

			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555904	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 07/16/2022
NAME OF PROVIDER OR SUPPLIER  The Ellison John Transitional Care Center		STREET ADDRESS, CITY, STATE, ZI 43830 10th Street West Lancaster, CA 93534	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0623  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Few	On 7/12/22 at 10:40 am, during an went to the DMV and returned to the staff told him he had to leave the far physician. Resident 1 stated FF 1 knew I wasn't ready to leave the far care what was going to happen to and another friend brought him to thim in bed because the hospital bestayed alone. Resident 1 stated he because they were in high cabinets Resident 1 stated his cellphone was helpless. There was no food or air evening of 4/27/22 and spent the educated traumatized.  On 7/12/22, Resident 2 informed Fami friend came to rescue him. Resident traumatized.  On 7/12/22, at 11:35 am, during an after the facility did not allow Resident Maland told her where Resident Maland told her where Resident On 7/12/22, at 3:30 pm, during an Resident 1 should not have any moderate Maland to Canada	interview, Resident 1 stated that on 4// ne facility around 4 pm. After the staff a acility immediately because he went to wheeled him out at 5 pm. Resident 1 st cility for good. They knew I had nowher me. Resident 1 stated Resident 2 offer he apartment, located on a second floo d in the apartment was too high. The fr could not reach cups to serve water fr s, and he had to drink from a faucet in t s broken and he could not call anybod conditioning in the apartment. Residen tire night in his wheelchair soiled and ly Member 1 (FM 1) where he was. On nt 1 stated he was embarrassed, afraid a interview, Resident 2 (Resident 1 's re ent 1 to return, he gave him permission t 2 stated since he was unable to conta	27/22, he and a family friend (FF 1) ssisted him with incontinent care, a the DMV without permission from a atted he felt messed up, it's like I are to go at the time, but they didn't ed him to stay at his place and FF 1 or. Thefriends were not able to put riends left to go to work, and he form the faucet to drink from the bathroom using his hand. If you help, he was scared and to 1 said he had nothing to eat the wet. Resident 1 stated that on 4/28/22, at 1 pm, FM 1 and a promised, his vacant apartment and to the stated that on 4/27/22, and to stay in his vacant apartment are transported by phone, he called the which she did and notified the stated she did not provide Resident 1 plan.  CM informed him that a physician noterns.  (DMR), after reviewing Resident 1 in some and in the basis of summary; a nurse is discharge to plan; a medication list provided in inventory list of belongings and

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY
AND PLAN OF CORRECTION	555904	A. Building B. Wing	07/16/2022
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE	
The Ellison John Transitional Care Center		43830 10th Street West Lancaster, CA 93534	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0623  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Few			2022) about the discharge of was gone and did not know where ent 1 was, and then Resident 2 I she did not have a car and so she bound Resident 1 in Resident 2 's and was crying. FM 1 stated the where Resident 1 was on the floor, which was a facility. He had to go back to a facility. He name go to another place like that physician's permission to leave the nout a physician's permission and MD 2 ordered the facility to rge, physician 's documentation of y.  Itid not provide a safe discharge to so not given a written notice of effective date and the appeals  Sek Resident 1 to sign the form for the discharged AMA. On 4/27/22, him he had to leave immediately.  Was not given a written notice of 's discharge was not planned, and ance.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555904	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 07/16/2022	
NAME OF PROVIDER OR SUPPLIER  The Ellison John Transitional Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 43830 10th Street West		
The Ellison John Transitional Care Center		Lancaster, CA 93534		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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	Prepare residents for a safe transfer or discharge from the nursing home.			
Level of Harm - Immediate jeopardy to resident health or	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40537			
safety		ew the facility failed to provide sufficier		
Residents Affected - Few	discharge for one of five sampled residents (Resident 1). On 4/27/22, around 5 pm, after returning to the facility from conducting personal business at the Department of Motor Vehicles (DMV) and without prior notice, preparation and orientation, Resident 1 was discharged against medical advice (AMA) because the resident left with a friend to the DMV and the physician (MD 2) had cancelled (discontinued) the order given earlier, on the same day, to go out on pass (OOP, being temporarily absent from the facility). Resident 1 did not have a place where to go and was not given time to make living arrangements.  As a result, Resident 1 spent the night alone at an empty apartment without food, air conditioning, and telephone to call for help, sitting in his wheelchair soaked in urine and feces (bowel movements or stool), and was found by a friend and Family Member 1 (FM 1) on the floor the following day (4/28/22) around 1 pm, crying, hungry, thirsty, soiled, scared, in pain, embarrassed, helpless, and was traumatized.  On 7/15/22 at 12:06 pm, the State Survey Agency (SSA) identified an Immediate Jeopardy (IJ-a situation in which the facility's non-compliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death of a resident) situation under 42CFR S483.15(c)(7) Orientation for transfer or discharge. The Administrator (ADM), the Assistant Director of Nursing (ADON), and the Social Services Director (SSD) were notified of the IJ situation from the facility's failure to ensure Resident 1 was provided sufficient preparation and orientation to ensure safe and orderly discharge from the facility.			
		/22 at 12:00 pm, the IJ situation was removed in the presence of the ADM, while onsite, and after the implementation of the facility 's submitted and accepted IJ Removal Plan.		
	The IJ removal plan included the fo			
	The facility attempted to contact to assist Resident 1 with being adn	ntact Resident 1 and their representative to invite him to return to the facility or g admitted to another facility.		
	The SSD, ADM, and ADON revious compliance with regulatory requires	and ADON reviewed all residents ' records with planned discharge/transfer to ensure gulatory requirements.		
	3. The SSD provided training to the ADM, the ADON, and three physicians on the facility 's policies ar procedures pertaining to discharging residents, resident rights, and resident neglect.			
	,	discharge procedure checklist and discharge documentation auditing program to anning is completed before a resident is discharged from the facility.  services and nursing staff regarding the facility 's discharge documentation auditing cedures, resident rights, and resident neglect.		
	1			
	Cross-reference F600, F622, and F	€ F600, F622, and F623.		
	(continued on next page)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION	555904	A. Building	07/16/2022	
	555904	B. Wing	01/10/2022	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE		
The Ellison John Transitional Care Center		43830 10th Street West		
		Lancaster, CA 93534		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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	Findings:			
Level of Harm - Immediate		on Record (Face Sheet), dated 6/24/22		
jeopardy to resident health or safety	move] of the legs and lower body,	on 11/19/21 with diagnoses including typically caused by spinal injury or dise	ase), post-traumatic stress disorder	
Residents Affected - Few	accidental discharge from unspecif	lifficulty recovering after experiencing c ied firearms or gun, broken mandible (j	aw), broken first rib and broken	
	,	on of the spine), and generalized muscl		
		Data Set (MDS, a standardized assess ted the resident was able to communic		
	I .	continent (unable to voluntarily control)	· · · · · · · · · · · · · · · · · · ·	
	was totally dependent on staff for transferring in and out of his bed, with toilet use, personal hygiene, dressing, and bathing/showering. Resident 1 was unable to walk and required a wheelchair for mobility.			
	A review of Physician 's Orders for Resident 1, dated 4/27/22, indicated the resident may go OOP with			
	responsible party for personal business. The same day the order was discontinued.			
	A review of Resident 1's Health Status Note, written by Licensed Vocational Nurse 9 (LVN 9), dated 4/27/22, indicated Resident 1 returned to facility asking for medication to be sent with him for AMA discharge. The			
	physician (MD 3) was contacted about Resident 1's discharge AMA and to obtain authorization to give the resident his medications upon discharge. MD 3 gave the okay to discharge Resident 1 AMA with all			
	remaining medication. Resident 1 was discharged AMA, via wheelchair, accompanied by family, and with all			
	remaining medications.  On 7/8/22, at 2:37 pm, during an interview with MD 2 and concurrent review of the Physician 's Orders, MD			
	2 stated that originally Resident 1 h	nad an order to go OOP to the DMV on	4/27/22 but the order was	
		ontinued hours later the same day (4/27/22). MD 2 stated he did not personally give or discontinue dent 1 's order to go OOP on 4/27/22 to the DMV. MD 2 stated a resident must have a physician's order ave the facility, and he and the other physicians in his physician's group (MDs 1 and 3) give OOP order onto give such orders if they think a resident would not be safe outside the facility. MD 2 stated MDs 1		
	and 3 suspected Resident 1 was d	oing drug-related activities and that wa ated that to his knowledge, Resident 1	s the reason the why they canceled	
	the suspected drug-related activitie	s and did not have documented safety	concerns for Resident 1 go OOP.	
		narge order, did not conduct a physician on, did not complete a discharge sumn		
		ing discharge. MD 2 stated there was r		
	(continued on next page)			
	(			

			No. 0930-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555904	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/16/2022
NAME OF PROVIDER OR SUPPLIER  The Ellison John Transitional Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  43830 10th Street West Lancaster, CA 93534	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informat	ion)
F 0624 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	went to the DMV and returned to the staff told him he had to leave the far physician. Resident 1 stated FF 1 with knew I wasn't ready to leave the far care what was going to happen to and another friend brought him to thim in bed because the hospital be stayed alone. Resident 1 stated he because they were in high cabinets Resident 1 stated his cellphone was helpless. There was no food or air evening of 4/27/22 and spent the efollowing day, 4/28/22, Resident 2 1 and a friend came to rescue him. and was traumatized.  On 7/12/22, at 11:35 am, during an after the facility did not allow Resident 1 had a physician 's order Resident 1 should not have any modern MD 3 to clarify Resident 1 's OOP ADM. CM stated she did not know 1 with a discharge assessment, a redical record, stated the reside discharge; a physician 's discharge assessment; a 30-day written notice to Resident 1 with the necessary experience.	interview, Resident 1 stated that on 4/ ne facility around 4 pm. After the staff a acility immediately because he went to wheeled him out at 5 pm. Resident 1 st cility for good. They knew I had nowhe me. Resident 1 stated Resident 2 offer he apartment, located on a second flood in the apartment was too high. The f could not reach cups to serve water fr s, and he had to drink from a faucet in is broken and he could not call anybod conditioning in the apartment. Residen ntire night in his wheelchair soiled and informed Family Member 1 (FM 1) whe Resident 1 stated he was embarrasse interview, Resident 2 (Resident 1 's r ent 1 to return, he gave him permission interview, Case Manager (CM) stated of er to go OOP to the DMV, but prior to 4 ore orders to go OOP due to safety cor order. MD 3 told her to cancel the orde what the safety concerns were. CM 1 shotice of discharge, or a discharge care interview, the ADM stated on 4/27/22, to go OOP to the DMV due to safety contributed in the prior of Medical Records in triview, the Director of Medical Records in triview, the Director of Medical Records in triview, a physician 's discharge can ducation about the medications; and a metal of the staff of the physician of the ph	ssisted him with incontinent care, a the DMV without permission from a rated he felt messed up, it's like I are to go at the time, but they didn't ed him to stay at his place and FF 1 or. The friends were not able to put riends left to go to work, and he om the faucet to drink from the bathroom using his hand, by for help, he was scared and to 1 said he had nothing to eat the wet. Resident 1 stated that the eare he was. On 4/28/22 at 1 pm, FM and, afraid, hungry, thirsty, in pain, and to stay in his vacant apartment on 4/27/22, he to stay in his vacant apartment on 4/27/22, she called are which she did and notified the stated she did not provide Resident aplan.  CM informed him that a physician oncerns.  (DMR), after reviewing Resident 1 on 1 s documentation of the basis of summary; a nurse s discharge re plan; a medication list provided in inventory list of belongings and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555904	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 07/16/2022
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS CITY STATE ZID CODE	
The Ellison John Transitional Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  43830 10th Street West Lancaster, CA 93534	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 - Immediate jeopardy to resident health or safety  Residents Affected - Few			

Printed: 06/02/2024 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555904	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/16/2022	
NAME OF PROVIDED OF SUPPLIED		STREET ADDRESS CITY STATE 71	CTREET ARRESTS SITE OF CORE	
NAME OF PROVIDER OR SUPPLIER  The Ellison John Transitional Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 43830 10th Street West		
The Emedia contrational data contain		Lancaster, CA 93534		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)	
F 0624	The facility will provide and docume	ent the following discharge services:		
Level of Harm - Immediate	- A 30-day-written-notice of dischar	rge;		
jeopardy to resident health or safety	- A physician's evaluation of the re-	sident 's medical needs;		
Residents Affected - Few	- A physician 's medication reconc	iliation;		
	- A physician's discharge summary			
	- A nursing discharge assessment;			
	- A nursing discharge nursing care plan;			
	- A list of the resident 's medications upon discharge;			
	- Education regarding how a resident should take their medications;			
	- A safe location to go the resident to go to; and			
	- Arrange for another physician to take over the resident's care after they leave the facility.			
	of the policy was to respect the right that are against medical advice and a resident desires to leave the facil resident's representative to sign (i Nursing staff will document in the p	re facility's policy titled, Discharge Against Medical Advice, dated 6/1/21, indicated the purposs was to respect the right of a resident or resident 's representative to make informed decisions ast medical advice and to inform them of the potential risks and consequences of their actions sires to leave the facility against medical advice, a licensed nurse will ask the resident or the presentative to sign (the form) AD - 05 - Form A - Discharge Against Medical Advice . VIII. will document in the progress notes all pertinent information concerning the resident 's action resident 's stated reasons for his/her desire to leave the facility.		

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 555904

If continuation sheet Page 18 of 18