| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 175441 | A. BUILDING _____ B. WING _____ | C 11/26/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| F 000 | INITIAL COMMENTS<br><br>The following citations represent the findings of complaint investigations #KS00147811, KS00147387, KS00148028 and KS00147663.<br><br>The 2567 was sent electronically to the facility on 12/4/19. | F 000 | | |
| F 622 SS=D | Transfer and Discharge Requirements<br>CFR(s): 483.15(c)(1)(i)(ii)(2)(i)-(iii)<br><br>§483.15(c) Transfer and discharge-<br>§483.15(c)(1) Facility requirements-<br>(i) The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless-<br>(A) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility;<br>(B) The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility;<br>(C) The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident;<br>(D) The health of individuals in the facility would otherwise be endangered;<br>(E) The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. Nonpayment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for his or her stay. For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge a resident only allowable charges under Medicaid; | F 622 | | |

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.

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or
(F) The facility ceases to operate.
(ii) The facility may not transfer or discharge the resident while the appeal is pending, pursuant to § 431.230 of this chapter, when a resident exercises his or her right to appeal a transfer or discharge notice from the facility pursuant to § 431.220(a)(3) of this chapter, unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the facility. The facility must document the danger that failure to transfer or discharge would pose.

§483.15(c)(2) Documentation.
When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider.
(i) Documentation in the resident's medical record must include:
(A) The basis for the transfer per paragraph (c)(1)(i) of this section.
(B) In the case of paragraph (c)(1)(i)(A) of this section, the specific resident need(s) that cannot be met, facility attempts to meet the resident needs, and the service available at the receiving facility to meet the need(s).
(ii) The documentation required by paragraph (c)(2)(i) of this section must be made by-
(A) The resident's physician when transfer or discharge is necessary under paragraph (c) (1) (A) or (B) of this section; and
(B) A physician when transfer or discharge is necessary under paragraph (c)(1)(i)(C) or (D) of

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this section.
(iii) Information provided to the receiving provider must include a minimum of the following:
(A) Contact information of the practitioner responsible for the care of the resident.
(B) Resident representative information including contact information
(C) Advance Directive information
(D) All special instructions or precautions for ongoing care, as appropriate.
(E) Comprehensive care plan goals;
(F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care.
This REQUIREMENT is not met as evidenced by:
The facility identified a census of 47 residents. The sample included two residents. Based on record review, observation, and interview, the facility inappropriately issued an involuntary discharge notice to Resident (R) 1 though R1's clinical record did not validate the reason for the involuntary discharge.

Findings included:

- R1's 2019 "Electronic Medical Record" (EMR), under the "Diagnoses" tab, recorded diagnoses of Parkinson's disease (slowly progressive neurologic disorder characterized by resting tremor, rolling of the fingers, masklike faces, shuffling gait, muscle rigidity and weakness) and anxiety (mental or emotional reaction characterized by apprehensions, uncertainty and irrational fear).

The Annual "Minimum Data Set" (MDS) dated

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12/15/18 documented a "Brief Interview for Mental Status" (BIMS) score of 13 which indicated intact cognition. The MDS recorded R1 had no behaviors.

The Quarterly MDS dated 9/17/19 documented a BIMS score of 15 which indicated intact cognition. The MDS documented R1 had no behaviors.

The "Care Area Assessment" (CAA) dated 12/15/18 did not trigger for behaviors.

A Review of the "30 Day Notice of Involuntary Discharge" letter to R1 from the facility, dated 11/05/19, documented the facility was unable to meet R1's needs and that R1 placed "other individuals" in danger. The notice further recorded that R1 had inappropriate sexual conduct.

The EMR lacked documentation that R1 had engaged in inappropriate sexual conduct, put the safety of others a risk, or that R1s' needs could not be met at the facility.

R1's clinical record lacked documentation from a physician that R1's needs could not be met at the facility, that R1 had placed other residents in danger, or that R1 had inappropriate sexual behaviors.

The facility was unable to provide evidence from investigative reports or incident reports regarding the alleged inappropriate behaviors of R1 towards other residents.

On 11/26/19 at 11:31 AM, R1 was noted to be in bed, well-groomed, dressed appropriately, and clean. R1 was noted to have a somber look on his face. R1 stated his discharge had to do with

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staff and things that he had said, but have nothing to do with another resident.

On 11/26/19 at 10:22 AM, Administrative Staff A stated that R1's discharge had to do with his actions towards staff members and not any other resident. Administrative Staff A stated R1 would touch staff inappropriately and try to get staff to come into his room. He further stated the incidents had occurred over a long amount of time and the staff had tried to manage R1's behaviors. Administrative Staff A revealed R1's behaviors had gotten untenable and the facility was not able to find a resolution.

On 11/26/19 at 10:52 AM, Administrative Staff B stated that R1's discharge was issued at the direction of Administrative Staff A and had nothing to do with R1's interactions with residents in the facility. She stated it was based solely on "inappropriate" actions with staff.

On 11/26/19 at 2:27 PM, Certified Nurse Aide (CNA) M stated she had never seen R1 do anything inappropriate with other residents. CNA M stated that R1 had never been inappropriate with her, nor had she ever seen R1 be inappropriate with staff either.

On 11/26/19 at 3:12 PM, Administrative Nurse D stated the Interdisciplinary Team (IDT) had reviewed R1s' behaviors and revealed the behaviors were not seen as an intentional interaction. She further revealed that there was not documentation in R1s' chart because the "staff need to remain anonymous." Administrative Nurse D stated that a physician was notified on each event with staff, but it was not documented in the clinical chart.

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| F 622 | Continued From page 5<br><br>The facility's policy "Transfer (Internal and External) and Discharge Policy" revised 05/07/19 directed staff that the facility must permit each resident to remain in the facility, and not transfer or discharge from the facility unless one of the following situations occur: The safety of individuals at the facility would be endangered due to the clinical or behavioral status of the resident. Documentation by the resident's physician is required if resident is transferred or discharge for this situation.<br><br>The facility inappropriately issued a 30-Day discharge notice to R1 on November 5, 2019. The facility failed to have supporting documentation which indicated R1 had endangered the safety of others at the facility, or that R1's needs could not be meet at the facility. This action placed R1 at risk for involuntary discharge from the facility. | F 622 | | |