DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/02/2015
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 185473 | Renewed POC #2 | C 11/04/2015 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| THOMSON-HOOD VETERANS CENTER | 100 VETERANS DRIVE WILMORE, KY 40390 |

Approved 12/14/15 Lena Holloway, MA

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 000 | INITIAL COMMENTS | F 000 | Received 12/11/15 Renewed 12/14/15 | |
| | Amended: An Abbreviated Survey investigating Complaint KY00023977 was initiated on 11/02/15 and concluded on 11/04/15. Complaint KY00023977 was substantiated with deficiencies cited at the highest Scope and Severity of an "E". | | | |
| F 203 SS=E | 483.12(a)(4)-(6) NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE<br><br>Before a facility transfers or discharges a resident, the facility must notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand; record the reasons in the resident's clinical record; and include in the notice the items described in paragraph (a)(6) of this section.<br><br>Except as specified in paragraph (a)(5)(ii) and (a)(8) of this section, the notice of transfer or discharge required under paragraph (a)(4) of this section must be made by the facility at least 30 days before the resident is transferred or discharged.<br><br>Notice may be made as soon as practicable before transfer or discharge when the health of individuals in the facility would be endangered under (a)(2)(iv) of this section; the resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (a)(2)(i) of this section; an immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (a)(2)(ii) of this section; or a resident has not resided in the | F 203 | **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice**<br><br>"Letter of Intent to Discharge" for nonpayment issued on 9/28/15 to Resident #1 and Unsampled Residents A, B, and C were revoked by certified letter from the facility on 11/5/15 to Resident #1 and on 11/19/15 for Unsampled Residents A, B, and C. None of these residents were discharged as stated in the errant "Letter of Intent to Discharge" for nonpayment.<br><br>(continued on page 2) | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: ADMINISTRATOR | (X6) DATE: DEC 10 2015

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.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 185473 | | C 11/04/2015 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| THOMSON-HOOD VETERANS CENTER | 100 VETERANS DRIVE WILMORE, KY 40390 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|

F 203 Continued From page 1

facility for 30 days.

The written notice specified in paragraph (a)(4) of this section must include the reason for transfer or discharge; the effective date of transfer or discharge; the location to which the resident is transferred or discharged; a statement that the resident has the right to appeal the action to the State; the name, address and telephone number of the State long term care ombudsman; for nursing facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act; and for nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act.
This REQUIREMENT is not met as evidenced by:
Based on interview, record review, and review of facility policy, it was determined the facility failed to ensure the written notice of discharge included the resident's rights to appeal discharge actions to the State; and, failed to include the name, address and telephone number of the State Long Term Care Ombudsman for one (1) of five (5) sampled residents (Resident #1) and three (3) unsampled residents (Unsampled Residents A, B and C). This affected four (4) of eight (8) residents reviewed for improper discharge notification.

The findings include:

F 203 (continued from page 1)

**How you will identify other residents having the potential to be affected by the same deficient practice, and what corrective action will be taken**

All residents have the potential to be affected by the deficient practice. However, no other current residents received an errant "Intent to Discharge" for nonpayment letter as of 10/27/15. When a resident's financial account becomes in arrears by more than 90 days and no payments have been received during this period, the Financial Officer will prepare a "Letter of Intent to Discharge" for nonpayment which will include appeal rights and the name, address, and phone number of the State Ombudsman. In addition, the Financial Officer will complete the "Involuntary Discharge Checklist" which includes the requirement to use the Staff Attorney-approved letter and financial account status. This letter and checklist will be submitted to the Administrator or Administrative Services Branch Manager for verification of the delinquent account's status, letter format, and checklist accuracy. Next, the letter and checklist information will be forwarded to the Executive Director, Office of Kentucky Veteran Centers, for technical and legal review by the Kentucky Department of Veterans Affairs Staff Attorney, and final approval by the Executive Director to send by certified mail the discharge for nonpayment letter to the resident or legal representative.

(continued on page 3)

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION. A. BUILDING ____ B. WING ____ | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 185473 | | C 11/04/2015 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| THOMSON-HOOD VETERANS CENTER | 100 VETERANS DRIVE WILMORE, KY 40390 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 203 | Continued From page 2<br>Review of the facility's "Transfer, Discharge and Bed Hold" Policy, reviewed 07/01/14, revealed a resident shall be transferred or discharged if the resident failed after reasonable and appropriate notice, to pay for a stay at the facility. Further review revealed a notice of transfer or discharge would be provided to the resident and a copy sent, if known, to a family member or legal representative. The Notice would include the reason for the transfer or discharge, the effective date of transfer or discharge, the location of transfer and discharge if known, preparation and orientation to residents to ensure safe and orderly transfer or discharge, notice of bed hold policy and readmission, a statement of appeals rights, and the name and address and telephone number of the State Long Term Care Ombudsman.<br><br>1) Record review revealed, the facility admitted Resident #1 on 09/18/14 with diagnoses which included Hypertension, Urinary Tract Infection, Hyperlipidemia, Multiple sclerosis, Psychotic Disorder and Depression. Review of the facility's "Letter of Intent to Discharge" for Resident #1, dated 09/28/15, revealed no documented evidence the letter contained information including the right to appeal the discharge decision to the State, and the State Long Term Care Ombudsman's name, address, and telephone number.<br><br>2) Record review revealed, the facility admitted Unsampled Resident A on 07/16/14 with diagnoses which included Alzheimer's Disease, Dementia, Psychotic Disorder and Depression. Review of the facility's "Letter of Intent to Discharge" for Unsampled Resident A, dated 09/28/15, revealed no documented evidence the | F 203 | (continued from page 2)<br>**What measures will be put into place, or what systemic changes you will make to ensure that the deficient practice does not recur**<br><br>On 10/28/15, the Kentucky Department of Veterans Affairs Staff Attorney provided the Financial Officer and Administrator a legally sufficient "Intent to Discharge" for nonpayment letter template to use in all future nonpayment situations as well as an "Involuntary Discharge Checklist". The Executive Director of the Office of Kentucky Veteran Centers conducted a review of this letter and checklist with the Administrator and Financial Officer on 10/28/15.<br><br>On 11/20/15, the Administrator conducted an In-service for the Administrative Services Branch Manager and Financial Officer regarding: use of the revised "Intent to Discharge" for nonpayment letter which contains appeal rights and name, address, and telephone number of the state's Ombudsman; use of the involuntary discharge checklist; and, requirement to obtain concurrence for this action from the Executive Director, Office of Kentucky Veterans Centers.<br><br>On 12/9/15, a post test was administered by the Regional Nurse Consultant to the Administrator, Administrative Services Branch Manager, and the Financial Officer with 100% correct answers by all.<br><br>(continued on page 4) | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 185473 | | C 11/04/2015 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| THOMSON-HOOD VETERANS CENTER | 100 VETERANS DRIVE WILMORE, KY 40390 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|

F 203 Continued From page 3

letter contained information including the right to appeal the discharge decision to the State, and the State Long Term Care Ombudsman's name, address, and telephone number.

3) Record review revealed, the facility admitted Unsampled Resident B on 04/14/14 with diagnoses which included Hypertension, Peripheral Vascular Disease, Anxiety and Depression. Review of the facility's "Letter of Intent to Discharge" for Unsampled Resident B, dated 09/28/15, revealed no documented evidence the letter contained information including the right to appeal the discharge decision to the State, and the State Long Term Care Ombudsman's name, address, and telephone number.

4) Record review revealed, the facility admitted Unsampled Resident B on 04/23/15 with diagnoses which included Anemia, Urinary Tract Infection, Hyperlipidemia, Anxiety, Depression and Post Traumatic Stress Disorder. Review of the facility's "Letter of Intent to Discharge" for Unsampled Resident C, dated 09/28/15, revealed no documented evidence the letter contained information including the right to appeal the discharge decision to the State, and the State Long Term Care Ombudsman's name, address, and telephone number.

Interview on 11/04/15 at 3:57 PM, with the facility's Financial Officer, revealed he was recently made aware of the omission of the required provisions of appeal rights; and, that the Ombudsman's contact information should be included in the resident's legal representative's written notice of discharge letter. The Financial Officer stated, due to the omission of the required

F 203 (continued from page 3)

Any new Financial Officer or Administrative Services Branch Manager will be inserviced and administered a post test regarding use of the required "Intent to Discharge" for nonpayment letter and "Involuntary Discharge Checklist".

Any "Intent to Discharge" for nonpayment letter will be reviewed by the Administrator for the appropriate content. The letter will then be forwarded to the Executive Director and Staff Attorney for review and approval before being issued.

**How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance will be put into place**

All "Intent to Discharge" for nonpayment letters and the "Involuntary Discharge Checklist" prepared by the Financial Officer will be audited by the Administrative Services Branch Manager or Administrator prior to submitting these documents to the Executive Director, Office of Kentucky Veterans Centers. This will be an ongoing auditing requirement and process. The results of these audits will be presented to the Quality Assurance Committee during the Committee's monthly meeting.

Additionally, the Executive Director and Kentucky Department of Veterans Affairs Staff Attorney will further ensure the letter contains the appeal rights and the name, address and telephone number of the State Long Term Care Ombudsman. This will be an ongoing auditing and monitoring, respectively, for all prepared "Intent to Discharge" for nonpayment letters. 12/10/15

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 185473 | | C 11/04/2015 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| THOMSON-HOOD VETERANS CENTER | 100 VETERANS DRIVE WILMORE, KY 40390 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 203 | Continued From page 4 provisions in the letters, the facility had decided to drop all pending discharge actions against all current residents who had failed to pay for their stay at the facility.<br><br>Interview on 11/04/15 at 5:10 PM, with the facility's Administrator, revealed he was aware all four (4) written notice of discharge letters sent to the legal representatives for Resident #1, and Unsampled Residents A, B and C on 09/28/15, failed to contain all the required provisions within the written notice. The Administrator stated, upon being made aware of the omission of the required provisions within the letters, the facility made the decision not to pursue actions to discharge any current residents for failure to pay for his/her stay. | F 203 | | |