

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

PRINTED: 04/01/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185389	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/19/2014
NAME OF PROVIDER OR SUPPLIER EDGEMONT HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 323 WEBSTER AVENUE CYNTHIANA, KY 41031		
(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 An Abbreviated Survey investigating KY00021458, was initiated on 03/18/14, and concluded on 03/19/14. KY00021458 was substantiated and deficiencies were cited with the highest Scope and Severity of a "D",	F 000	See attached 3/24/14		
F 157 SS=D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update the address and phone number of the resident's	F 157	See attached 3/24/14		
DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Deborah Zeel</i>		TITLE Administrator		(X6) DATE 4/19/14	



Deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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 participation.

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F 157	Continued From page 1 legal representative or interested family member. This REQUIREMENT is not met as evidenced by: Based on interview, record review and review of the facility's policy, it was determined the facility failed to ensure the Physicians and residents' legal representatives were notified for two (2) of six (6) sampled residents (Resident #1 and #6) of the decision to discharge the residents from the facility. The findings include: Review of the facility's policy titled, "Physician Notification Policy/Procedure", revised date August 2007, revealed it was the policy of the facility to notify a resident's Physician of significant changes in the resident's condition and or status in a timely manner. Further review of the procedures revealed the resident's Physician was to be notified of a resident's discharge. 1. Review of Resident #1's medical record revealed the facility admitted the resident on 11/12/12, with diagnoses which included Dementia with Mood and Behavioral Disorders, Schizophrenia, Mental Retardation and Depression. Continued review revealed a Physician's Order dated 03/11/14, to transfer the resident to the hospital for a psychiatric evaluation. Further review of the record revealed no documented evidence was identified pertaining to the reason for the resident's discharge from the facility. 2. Review of Resident #6's medical record revealed the facility admitted the resident on	F 157	<i>See attached 3/21/14</i>		

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F 157	<p>Continued From page 2</p> <p>04/01/13, with diagnoses which include Depression, Dementia with Mood and Behavioral disorders with Agitated Behavior. Continued review of the record revealed a Physician's Order dated 03/11/14, to transfer the resident to the hospital for a psychiatric evaluation. Additional review of the record revealed no documented evidence related to the reason for the resident's discharge from the facility.</p> <p>Interview with the Social Services (SS) Director on 03/19/14 at 01:20 PM, revealed she had received a call from a SS representative of the hospital and she had informed them Resident #1 and Resident #6 were discharged from the facility due to not being able to meet the residents' needs related to their behavioral issues.</p> <p>Interview with the Director of Nursing (DON) on 03/19/14 at 02:44 PM, revealed that it was the administrative staff's responsibility to notify the resident's legal representative of the resident's discharge. She further stated the administrative staff were inexperienced in handling those types of discharges; and indicated Resident #6 and Resident #1's legal representatives had not been notified of the discharges.</p> <p>Interview with the Administrator on 03/19/14 at 10:45 AM, revealed she was not certain of the exact date of the decision to discharge Resident #1 and Resident #6. An additional interview with the Administrator on 03/19/14 at 02:44 PM, revealed the facility had not followed regulations in regards to the Physicians and legal representatives being notified of Resident #1's and Resident #6's discharges.</p> <p>Interview with Resident #1's Primary Care</p>	F 157	<i>See Attached 3/12/14</i>		

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F 157	Continued From page 3 Physician on 03/19/14 at 11:20 AM, revealed he had not been notified of Resident #1's discharge from the facility.	F 157	<i>See Attached 3/15/14</i>	
F 203 SS=D	483.12(a)(4)-(6) NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE Interview with the Advanced Practice Registered Nurse (APRN), primary healthcare provider for Resident #6, on 03/19/14 at 05:18 PM, revealed she had not been notified of Resident #6's discharge; and was therefore not aware Resident #6 had been discharged from the facility. 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. 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. 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	F 203		

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F 203	Continued From page 4 medical needs, under paragraph (a)(2)(ii) of this section; or a resident has not resided in the 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 and record review it was determined the facility failed to ensure residents and their legal representatives were notified of the decision to discharge the residents and document the notifications for two (2) of six (6) sampled residents (Residents #1 and #6). Additionally the facility failed to ensure documentation of the reason for the residents' discharge, the effective date of the discharge, the residents' appeal rights, the name, phone number and address of the Ombudsman, the mailing address and telephone number of the agency responsible for the protection and advocacy for	F 203	<i>See Attached 3/21/14</i>		

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F 203	Continued From page 5 nursing facility residents who were mentally ill for Resident #1 and Resident #6. The findings include: 1. Review of Resident #1's medical record revealed the facility admitted the resident on 11/12/12, with diagnoses which include Dementia, Schizophrenia and Mental Retardation. Review of a Physician's Order dated 03/11/14 to transfer Resident #1 to the hospital for a psychiatric evaluation. Continued record review revealed no documented evidence of the resident and/or legal representative being notified of the facility's decision to discharge Resident #1. Further record review revealed no documented evidence Resident #1 and/or his/her legal representative were notified of the reason for the resident's discharge, the effective date of the discharge, the resident's appeal rights, the name, phone number and address of the Ombudsman and the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill nursing facility residents. 2. Review of Resident #6's medical record revealed the facility admitted the resident on 04/01/13, with diagnoses which include Dementia with Mood and Behavioral Disorders with Agitated Behavior. Review of a Physician's Order dated 03/11/14, to transfer the resident to the hospital for a psychiatric evaluation. Continued record review revealed no documented evidence of the resident and/or legal representative being notified of the facility's decision to discharge Resident #6. Further record review revealed no documented evidence Resident #6 and/or his/her legal representative were notified of the reason for the resident's discharge, the effective date of the	F 203	<i>See attached 3/2/14</i>		

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F 203	<p>Continued From page 6</p> <p>discharge, the resident's appeal rights, the name, phone number and address of the Ombudsman and the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill nursing facility residents.</p> <p>Interview with Resident #1's Power of Attorney (POA) on 03/18/14 at 08:35 AM, revealed that she was contacted by the facility on the morning of 03/11/14 in regards to the resident being transferred to the hospital due to her behaviors. The POA stated that the hospital, to which Resident #1 had been transferred to on 03/11/14, contacted her on 03/12/14 and informed her the facility had told the hospital Resident #1 had no bed hold days and was being discharged from the facility. The POA further stated no one from the facility had contacted her in regards to Resident #1's discharge from the facility. The POA indicated she had not received any written correspondence from the facility in regards to Resident #1's discharge.</p> <p>Interview with the Social Services (SS) Director on 03/19/14 at 1:20 PM, revealed she had received a call, from a SS representative of the hospital to where Resident #1 had been transferred on 03/11/14, and she had informed the hospital SS representative Resident #1 and Resident #6 had no bed hold days due to their psychiatric admission. However, the SS Director stated the facility's reason for discharging Resident #1 and Resident #6 had been based on the facility not being able to meet the residents' needs due to their behavioral issues. The SS Director further stated she was not familiar with the regulation requiring the facility to provide the discharge notice in writing; however would be familiarizing herself with the regulation.</p>	F 203	<i>See Attached 3/19/14</i>	

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F 203	Continued From page 7 Interview with the Administrator on 03/19/14 at 10:45 AM, revealed she was not certain of the exact date of the facility's decision to discharge Resident #1 and Resident #6. The Administrator indicated in an additional interview on 03/19/14 at 02:44 PM, the administrative staff, who were responsible for Resident #1's and Resident #6's discharges, had no written documentation pertaining to the discharges in regards to the residents' legal representatives being notified of the discharges, of the reason for the residents' discharge, the effective date of the discharge, the residents' appeal rights, the name, phone number and address of the Ombudsman and the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill nursing facility residents. She stated the SS Director had attempted to contact Resident #1's POA who had not returned her call. However, the Administrator stated she was unsure if the SS Director had documented the attempts to reach Resident #1's POA. The Administrator further stated she had been focused more on the "criteria for discharging" residents and not as much on the documentation which was required for the discharges.	F 203	<i>See Attached 3/21/14</i>	

**Plan of Correction/Allegation of Compliance for FI57 Notify of Changes
Sampled Residents: R1 and R6**

The following Dept. Managers serve as QI Members and Managers on Duty during weekends and holidays: Activity Director, Dietary Manager, Social Services Director, Maintenance/housekeeping Director, Medical Records Director, Human Resources Director, Business Office Director, and Nurse Managers/MDS coordinators. The Medical Director, Director of Nursing, Chief Executive Director, and the Administrator also serve as QI Members.

#1- R1 and R6 no longer reside at the facility as of March 12, 2014, both resident's POA's and MD's were notified of their transfer to the hospital for psych. evaluations on 3/11/14. R1 and R6 Medical Doctor's were notified of their discharge on 3/19/14 and the Social Services Director mailed both resident's POA's official transfer/discharge notices on 3/20/14.

The Administrator in-serviced/re-in-serviced Department Managers/QI Members/Managers on Duty on the discharge policy/regulations and notified/reviewed the policies/regulations with the Medical Director (who is R6 MD and co-treats with the Advanced Practice Registered Nurse) by conference call on 3/19/14 (at 6:30 pm) to ensure all other issues/concerns for residents R1 and R6 were addressed. The Administrator also in-serviced/re-in-serviced Department Managers/QI Members/Managers on Duty and the Medical Director (including the Social Services Director) on 3/19/14 regarding the Bed Hold Policy to ensure compliance with regulations on bed holds.

#2- All residents have potential to be affected by said practice of not notifying resident, POA, MD of transfer/discharge per policy. But no other residents discharged because the facility was not able to meet their needs. No other residents identified had any adverse effects based on alleged deficient practice. This has been assured by Medical Records Director reviewing/auditing/chart review of the two other discharges from facility on 3/20/14. The other two were discharged at the families request and proper notifications made.

#3/4 Administrator in-serviced/re-in-serviced Department Managers/QI members/Managers on duty (Including Activities Manager, Social Services, Medical Records, Dietary, Housekeeping/Maintenance, Human Resources Manager, and Nurse Managers) regarding notification of changes policy including requirements for notification of resident, MD, POA, or interested family member when there is a transfer or discharge, an accident that results in the resident requiring medical attention, a significant change in the resident's mental, or psychosocial status in either life threatening conditions or clinical complications, need to alter medical treatment significantly, a change in room or roommate assignment, or a change in resident rights under Federal or State law or regulations on 3/19/14. Administrator also updated/reviewed policy/regulations on notification by conference call to Medical Director on 3/19/14.

On 3/19/14 nurses in-serviced/re-in-serviced by DON regarding above policies/procedures. Physician, resident and POA must be notified of significant change in status and decision to discharge immediately. Staff voiced understanding of policy/procedures and voiced no concerns or issues, and ensured that they were competent on policy and procedures. Charge Nurse to phone respective physicians/family/POA after noting significant change in condition/transfer/discharge/new acute conditions requiring order changes per policy.

DON/Nurse Managers shall review MD orders and compare to 24 hour report sheets that list resident condition changes/concerns/transfers/discharges at least 2 times weekly to ensure compliance with policy/procedures as stated above and documented on 3/20/14 and ongoing times 60 days. Any noted issues shall be addressed by DON/Nurse Managers with nursing staff and physician as needed and recorded on audit report form/checklist and note concerns for Administrator to identify any additional in-service/re-in-services needed.

Administrator/Corporate Executive Director reviewed audits, in-services, monitoring for noted deficiencies as well as discharges and planned discharges on 3/20/14 and will continue to be reviewed for 60 days. Medical Director, (during scheduled QA meetings) given information to review to assure compliance, effectiveness of interventions and follow through.

QI members/Department Managers/Managers on Duty on weekends responsible for additional oversight and to ensure compliance, to review MD orders/24 hour report sheets that list resident condition changes/concerns/transfers/discharges at least two times weekly times 60 days during daily Stand Up meetings, document in Stand Up notebook and document on audit report form/checklist any concerns for Administrator/Director of Nursing to address times 60 days for quality assurance.

QA meeting with Medical Director/QA members scheduled for 4/2/14 which includes all noted deficiencies, reviewing policies, monitoring progress on plan of correction, any needed in-services/re-in-services, new interventions/corrections, and concerns/issues.

Date of Compliance: 3/21/14

Responsible: Administrator/Director of Nursing

Plan of Correction/Allegation of Compliance for F203 Notice Requirements Before Transfer/Discharge

#1- R1 and R6 no longer reside at the facility as of March 12, 2014, both resident's POA's and MD's were notified of their transfer to the hospital for psych. evaluations on 3/11/14. R1 and R6 Medical Doctor's were notified of their discharge on 3/19/14 and the Social Services Director mailed both resident's POA's official transfer/discharge notices on 3/20/14. The official transfer/discharge form was updated to include reasons for the transfer/discharge, the effective date of the transfer/discharge, the location where the transfer or discharge is to occur, a statement of right to appeal the transfer/discharge, and the name, address, and telephone numbers of the appropriate agencies in which to appeal the transfer/discharge.

#2- All residents have potential to be affected by said practice of not notifying resident, POA, MD of transfer/discharge per policy but no other residents discharged because the facility was not able to meet their needs. No other residents identified had any adverse effects based on alleged deficient practice. This has been assured by Medical Records Director reviewing/auditing/chart review of the two other discharges from facility on 3/20/14. The other two were discharged at the families request and proper notifications made.

#3/4- The Administrator in-serviced/re-in-serviced Department Managers/QI Members/Managers on Duty on the discharge policy/regulations and notified/reviewed the policies/regulations with Medical Director (who is R6 MD and co-treats with the Advanced Practice Registered Nurse) by conference call on 3/19/14 (at 6:30 pm) to ensure all other issues/concerns for residents R1 and R6 were addressed. The Administrator also in-serviced/re-in-serviced Department Managers/QI Members/Managers on Duty and the Medical Director (including the Social Services Director) on 3/19/14 regarding the Bed Hold Policy to ensure compliance with regulations on bed holds.

The Administrator in-serviced/re-in-serviced the Social Services Director as well as the Interdisciplinary/Care plan team on 3/20/14 regarding notification of resident, family/POA policy/procedures for transfer/discharge when the transfer/discharge is due to the resident's welfare and the resident's needs can not be met in the facility, including: Notification must be in writing and must contain the reason for the transfer/discharge, effective date of the transfer/discharge, location of transfer/discharge, right to appeal transfer/discharge and the appropriate authorities name, address, telephone numbers. Social Services Director and interdisciplinary/care plan team voiced understanding of regulation and ensured that she was competent on policy/procedures.

DON/Nurse Managers shall review MD orders and compare to 24 hour report sheets that list resident condition changes/concerns/transfers/discharges at least 2 times weekly to ensure compliance with policy/procedures as stated above and documented on 3/20/14 and ongoing times 60 days. Any noted issues

shall be addressed by DON/Nurse Managers with nursing staff and physician as needed and recorded on audit report form/checklist and note concerns for Administrator to identify any additional in-service/re-in-services needed.

Medical Records Director responsible to audit clinical records (Social Services notes, nursing notes, and MD orders) at least two times weekly for 60 days beginning 3/20/14, residents who are discharged or residents who are about to be discharged, to ensure compliance with documentation requirements as stated above regarding notification to resident, POA/family members. Any issues/concerns documented on audit report form for Administrator/DON follow up and to identify any additional needed in-services/re-in-services.

QI members/Department Managers/Managers on Duty on weekends responsible for additional oversight and to ensure compliance, to review MD orders/24 hour report sheets that list resident condition changes/concerns/transfers/discharges at least two times weekly times 60 days during daily Stand Up meetings, document in Stand Up notebook and document on audit report form/checklist any concerns for Administrator/Director of Nursing to address times 60 days for quality assurance.

Administrator/Chief Executive Director reviewed audits, in-services, monitoring for noted deficiencies as well as discharges and planned discharges on 3/20/14 and will continue to be reviewed for 60 days. Medical Director, (during scheduled QA meetings) given information to review to assure compliance, effectiveness of interventions and follow through.

QA meeting with Medical Director/QA members held on 4/2/14 which included all noted deficiencies, reviewing policies, monitoring progress on plan of correction, any needed in-services/re-in-services, new interventions/corrections, and concerns/issues.

Date of Compliance: 3/21/14

Responsible: Administrator/Director of Nursing