

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

PRINTED: 05/03/2013
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185343	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/19/2013
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NAME OF PROVIDER OR SUPPLIER COVINGTON'S CONVALESCENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 115 CAYCE ST HOPKINSVILLE, KY 42240
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F 000	INITIAL COMMENTS An abbreviated survey (KY #19893) was conducted on 04/18/13 through 04/19/13 to determine the facility's compliance with Federal requirements. KY #19893 was substantiated with a deficiency cited.	F 000	COVINGTON'S CONVALESCENT CENTER, INC. acknowledges receipt of the statement of deficiencies and proposes this plan of correction to the extent that the summary and findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of the resident.	
F 203 SS=D	483.12(a)(4)-(6) NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE 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 when specified in paragraph (a)(5)(ii) 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 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	F 203	COVINGTON'S CONVALESCENT CENTER, INC.'S response to the statement of deficiencies and plan of correction does not denote agreement with the statement of deficiencies nor does it constitute an admission that any deficiency is totally accurate. F 203 483.12(a)(4)-(6) NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE Corrective Action: It is entirely appropriate and required by regulations that a 30-day written notice be given to the resident, the resident's POA, and/or family member prior to discharge/transfer unless the transfer or discharge is necessary to meet the residents welfare or if the residents welfare cannot be met in the facility, and/or the safety of other individuals in the facility is endangered. Generally, this notice must be provided at least 30 days prior to the transfer. Exceptions to the 30-day requirement are appropriate when the transfer is affected because of endangerment to the health and/or safety of self or others in the facility, or when the	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Handwritten Signature]

Adm.

5-13-13

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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Page 2 of 5

F 203	<p>Continued From page 1</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review and facility policy review, it was determined the facility failed to ensure an appropriate discharge for one resident (#1), in the selected sample of three (3) residents. Resident #1 was not allowed re-entry to the facility after treatment at a psychiatric hospital.</p> <p>Findings include:</p> <p>A review of the facility policy, titled, "Pre-transfer / Discharge Notification", undated, revealed the purpose of the policy was to advise residents, family or legal representative of their rights in advance with respect to transfer or discharge</p>	F 203	<p>residents medical needs require a more immediate transfer.</p> <p>Face-to-face verbal conferences were conducted with the resident's family members by the Asst. Administrator and the DON regarding the crisis management of the current health issues of resident #1. Items discussed during the conference were as follows, but not limited to: the uncontrolled behaviors, self injury, ingestion of excrement, danger to others, and statements that she did not want to live.</p> <p>The management of the resident's health issues culminated in the crisis team at JSMC (Jennie Stuart Medical Center) referring resident #1 to WSH (Western State Hospital) for a treatment stay. During these verbal conferences the family was advised that even though the residents bed whole days had expired, the facility would certainly consider readmission assuming that her health issues could be managed by the facility staff and if the resident presented no danger to herself or others following successful treatment. The family commented that a psychiatric treatment center was more appropriate for resident #1 due to her behaviors and her self injury tendencies, accompanied by statements "I don't want to live" and/or efforts to injure herself or others. The family had witnessed all the behaviors documented within the resident's recent medical history record during her earlier post facility treatment.</p> <p>In an effort to correct an inadvertent oversight, the facility prepared a formal</p>	
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F 203	<p>Continued From page 2</p> <p>from this facility. The scope details that the policy relates only to facility or state requested transfers or discharges, and does not pertain to those at physician request due to a requirement for higher levels of care or family request. The policy states it is the policy of the facility to notify in advance those residents subject to discharge as follows: 1. upon admission, all residents or responsible parties shall be advised of said policy. 2. Thirty days written notice shall be given to family, resident or responsible party except in cases where: a. the safety and health of individuals in the facility may be endangered. b. More immediate transfer or discharge is possible due to a resident's improved health or urgent medical need. c. The resident has been in the facility less than 30 days. It is noted otherwise, notice shall be given as many days prior to transfer or discharge as is practical. 3. Written notice or transfer shall include: a. notification of said action and reason for same, b. indication of the resident's right of appeal.</p> <p>A record review revealed Resident #1 was admitted to the facility on 08/05/11 with diagnoses to include Diabetes, Hypertension, Hypokalemia, Hypercholesterolemia, Edema, Chronic Obstructive Pulmonary Disease, Anemia, Alzheimers and a history of polio.</p> <p>A review of the nurse's note, dated 03/04/13, revealed Resident #1 started having behavioral symptoms to include digging in the rectum and smearing feces over the bed. It was also noted the resident would place feces covered hands in his/her mouth and was causing self injury by banging his/her legs against the wheelchair. The resident had also struck himself/herself in the</p>	F 203	<p style="text-align: right;">Page 3 of 5</p> <p>written notice of discharge on 05/10/13 and documented the reasons for discharge that would replace the verbal conferences in the resident's medical record. This notice could be considered in-lieu of the face-to-face verbal conferences.</p> <p>Identify others:</p> <p>All residents residing in the facility have the potential to be affected by the same practice if the discharge and/or transfer is imminent and a written notice is not provided. Generally, 30-day notice prior to transfer is instituted by the facility, however, crisis management situations and management of urgent medical needs cause exceptions. It is during these exceptions that efforts by the social worker and/or administrative staff must follow the policy and procedure of the facility and conform to the rules and regulations of transfers and/or discharges.</p> <p>Systemic changes:</p> <p>Staff education and in-services were conducted by the Asst. Administrator and/or the Director of Nurses, RN. on 05/10/2013 and will be performed regularly, annually, periodically, and as needed to ensure that all staff members are advised of the facility policy and procedures regarding resident transfer and/or discharge. The policy and procedure will be updated, revised, and reviewed with all facility staff members periodically, and/or annually thereafter.</p>	
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F 203	<p>Continued From page 3</p> <p>face causing bleeding. Attempts to redirect the resident's behaviors were unsuccessful. The Medical Director was contacted and gave a new order to send the resident to the hospital emergency department for further evaluation by the Crisis Team. The residents primary care physician and the family were notified. The nurses notes further indicated the facility was contacted, on 03/04/13 at 9:30 PM, by the emergency department staff to let them know that the resident needed her braces/crutches as the resident was being admitted to the psychiatric hospital.</p> <p>Further review revealed there was no evidence and discharge notice was given to the resident or family.</p> <p>An interview with Licensed Practical Nurse (LPN) #1, on 04/18/13 at 4:32 PM, revealed Resident #1 had been exhibiting behaviors and had an altered mental status on 03/04/13 and an order was received from the facility's Medical Director to send the resident to the hospital for evaluation. At the hospital, the resident was evaluated by the local mental health staff and it was determined the resident would be admitted to the local psychiatric facility.</p> <p>An interview with the Director of Nursing (DON), on 04/19/13 at 10:41 AM, revealed Resident #1 started having an increase in behaviors on 03/04/13 such as wheeling down the hall way erratically and dangerously. At that time the resident was returned to the bed at his/her request. After returning to the bed, the resident started digging in feces and placing his/her hands in mouth. The resident made comments to the</p>	F 203	<p>Monitoring:</p> <p>The Continuous Quality Improvement CQI program will include documentation, as a portion of its Transfer and Discharge Education Section of the Continuous Quality Improvement Policy and Protocol records. This will ensure that regular monthly and periodic review of current transfers/discharges and of those anticipated reflecting the adherence to the policy of the facility are maintained. These minutes will reflect quarterly and periodic compliance reviews of the facility's policy and procedure for Transfers and Discharges. The facility may not transfer or discharge the resident unless:</p> <ol style="list-style-type: none"> 1. The transfer or discharges are necessary to meet to residents welfare and the residents welfare cannot be met in the facility; 2. the transfer or discharges are appropriate because of the residents health has improved sufficiently so that the resident no longer needs the services provided by the facility; 3. the safety of individuals in the facility is endangered; 4. the health of individuals in the facility would otherwise be endangered; 5. the resident has failed, after reasonable and appropriate notice, to pay for a stay at the facility; or, 	Page 4 of 5	

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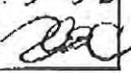


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Page 5 of 5

F 203	<p>Continued From page 4</p> <p>staff about not wanting to live. The mental health center was contacted to assess the resident and the DON was told that an order would have to be signed by a Judge to admit the resident to the local psychiatric hospital. At that point, the facility's Medical Director was contacted and the DON received orders to send the resident to the local hospital for an evaluation by the Crisis Team. The resident was transported to the hospital via ambulance. Later that evening, the facility was notified by the hospital's emergency department that the resident would be transferred for admission to the local psychiatric hospital.</p> <p>An interview with the nursing facility Administrator, on 04/19/13 at 11:30 AM, revealed the administrator received a call from a social worker at the psychiatric hospital on 03/05/13 stating that the resident would be returning to the facility the following day at 9:00 AM. The administrator reported he requested a copy of the judge's order and a copy of the physician's orders from the psychiatric facility stating that the resident was released to return to the facility which was not received. The administrator revealed that there was not a discharge notice given to the resident or their family.</p> <p>A record review of the psychiatric hospital's Placement Referral Information, dated 03/06/13, revealed a signature from the facility doctor for discharge.</p> <p>A review of the Social Services Discharge Planning Log, from the psychiatric hospital, dated 03/07/13, revealed Resident #1 was transported to the facility and was denied entry by the facility staff. The resident was subsequently returned to</p>	F 203	<p>6. the facility ceases to operate.</p> <p>The resident's physician may provide documentation in the resident's clinical record, as is practicable and appropriate, of the inability of the facility to meet the residents welfare needs, the lack of safety of other individuals in the facility, and/or the health and/or safety of other individuals.</p> <p>The facility must notify the resident, the family member, surrogate, or representative of transfer, and the reasons for transfer, and record these reasons in the clinical record. The notice must include an explanation of the right of appeal of the transfer to the State, as well as name, address, and phone number of the state long-term care ombudsman.</p> <p>The quarterly CQI meetings will be conducted by the Asst. Administrator and/or the Adm. Assistant RN, and the members will discuss any issues discovered during evaluations of previous and/or anticipated transfers and/or discharges. Any needed corrections, retraining, and reinforcement of the facility policy can be accomplished following the review.</p> <p>The CQI coordinator will identify and refer repetitive concerns to the Administrator for final resolution, should in-service and retraining not remedy the situation, concerns, and violations.</p>	<p>Completion Date: 5-13-13</p> 
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F 203	Continued From page 5 the psychiatric hospital . A telephone interview with the Psychiatric Hospital's Social Worker, on 04/18/13 at 8:43 AM, revealed Resident #1 was admitted on a 72 hour hold. When the physician had determined the resident was ready for discharge, the staff spoke with the nursing home Administrator who told them he didn't have to accept the resident back. When the resident was transported to the facility on 03/07/13, the facility refused to allow entry. The resident was then taken back to the psychiatric hospital.	F 203			