

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 185253	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	DATE SURVEY COMPLETE: 2/15/2013
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NAME OF PROVIDER OR SUPPLIER CARTER NURSING & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 250 MCDAVID BLVD GRAYSON, KY
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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F 203	<p>483.12(a)(4)-(6) NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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 provide a documented location to which the resident was to be transferred or discharged as required in the Notice Before Transfer for one (1) of five (5) sampled residents (Resident #1).</p> <p>The findings include: Review of the facility's Policy Notification of Transfer/Discharge revealed transfer and discharge of residents shall occur in compliance with state and federal regulations. Review of the clinical record revealed the facility admitted Resident #1 on 03/13/12 with diagnoses which included Anxiety, Hypotension, Hypertension, Chronic Pain, Peripheral Vascular Disease, Hepatitis C, and Chronic Airway Obstruction. Interview with the Administrator, on 02/14/13 at 2:00 PM, revealed Resident #1 was transferred into Police Custody on 01/10/13 and taken to the detention center. Further interview revealed the Notice of</p>
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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

The above isolated deficiencies pose no actual harm to the residents

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

AH
"A" FORM

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F 203	<p>Continued From Page 1</p> <p>Transfer/Discharge was written on 01/10/13 and a copy was given to Resident #1's daughter when she came to collect Resident#1's personal items. At that time, the location of where Resident #1 would be transferred, as well as a date when he/she was to be released from the detention center was not known.</p> <p>Review of the facility's Notification of Discharge revealed the reason for the discharge, as well as the effective date of discharge were included in the Notice. Continued review revealed the Statement also included information regarding appeals; and, the name, address, and phone number of the State Long Term Care Ombudsman. However, the address of the location Resident #1 was to be transferred/discharged was not included.</p>
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