

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

PRINTED: 02/27/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185457	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/21/2014
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NAME OF PROVIDER OR SUPPLIER WINDSOR GARDENS	STREET ADDRESS, CITY, STATE, ZIP CODE 101 ISAAC GREER COURT BARDSTOWN, KY 40004
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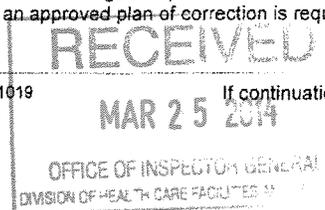
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F 000	INITIAL COMMENTS An Abbreviated Survey was initiated on 02/18/14 and concluded on 02/21/14 investigating complaint KY21283. The Division of Health Care found the allegation the facility failed to provide a proper discharge notice substantiated with a deficiency cited at a scope and severity of an "F". In addition, the facility impeded the survey by not allowing the State Survey Agency (SSA) to conduct the investigation on 02/18/14, the date of entry. The facility's attorney denied the SSA access to the facility which inhibited the SSA from completing the initial tour, interviewing staff and residents and/or reviewing the medical records. A second attempt, on 02/19/14 at 8:30 AM, was made to enter the facility; however, the Business Office Manager and Registered Nurse #1 denied the SSA access to the facility. After consultation with the Centers for Medicare and Medicaid Services Legal Counsel and the SSA's Office of Legal Services, and discussion with the facility's attorney, the SSA was granted access to the facility on 02/20/14. The SSA is recommending to the Centers for Medicare and Medicaid Services the facility's provider agreement to participate in the Medicare/Medicaid programs be terminated.	F 000		
F 203 SS=F	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	F 203		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Katie Simpson</i>	TITLE Administrator	(X6) DATE 3/25/14
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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 correction is requisite to continued program participation.

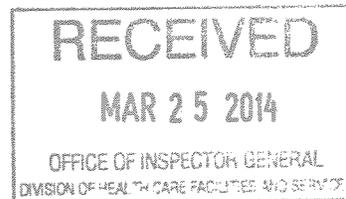
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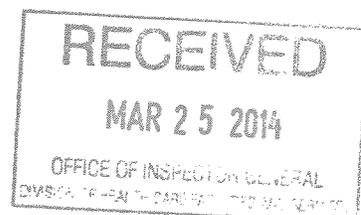
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F 203	<p>Continued From page 1</p> <p>the reasons in the resident's clinical record; and include in the notice the items described in paragraph (a)(6) of this section.</p> <p>Except as specified in paragraph (a)(5)(ii) and (a)(8) of this section, the 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.</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</p>	F 203	<p>483.12(a)(4)-(6) NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE</p> <p>1) What corrective action will be accomplished for those residents found to have been affected by the deficient A Notice of of Transfer or Discharge will be completed for each of the residents found to have been affected by the deficient practice. A letter explaining the reason for the form will be sent with the form to the resident or, if known/ applicable, to the family member or legal representative by certified mail with return receipt requested on 3/12/14. A letter of explanation and Notices of Transfer or Discharge will be sent as follows:</p> <p>Resident #1 –</p> <p>Notice of Transfer/Discharge from Personal Care to Skilled Care Effective Date 10/31/13 Mailed to POA on file</p> <p>Notice of Transfer/Discharge from facility to Lincoln Trail Behavioral Hospital Effective Date 10/31/13 Mailed to POA on file</p> <p>Notice of Transfer/Discharge from facility to Lincoln Trail Behavioral Hospital Effective Date 11/21/13 Mailed to POA on file</p> <p>Notice of Transfer/Discharge to Wellstone or other Psychiatric Hospital Date of Notice 1/16/14 Effective Date 2/14/14 Mailed to POA on file</p>	



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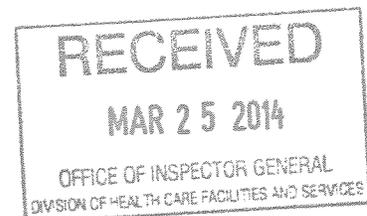
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F 203	<p>Continued From page 2</p> <p>who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, record review, and review of facility's policy, it was determined the facility failed to provide a complete discharge or transfer notice to six (6) of eight (8) sampled residents, (Resident #1, #4, #5, #6, #7, and #8). The facility sent a thirty (30) day discharge notice to the family of Resident #1 that did not include all the required components for a discharge notice. In addition, the facility failed to provide transfer notices for Residents #1, #4, #5, #6, #7, and #8 when residents transferred out of the facility or to a different level of care within the facility.</p> <p>The findings include:</p> <p>Review of the facility's policy regarding Transfer or Discharge from the Facility, revised January 2014, revealed a transfer and discharge included the movement of a resident outside of the certified facility; whether the bed was in the same facility or not. The policy defined a transfer as moving the resident from the facility to another legally responsible setting. Discharge was defined as moving the resident to a non-institutional setting where the facility ceases to be responsible for the resident's care. A change in level of care would constitute a transfer. Review of the procedure revealed for a transfer or discharge, the Administrator or designee must notify the resident and a family member or legal representative of the reason for the transfer and it must be given thirty (30) days</p>	F 203	<p>Notice of Transfer/Discharge to Wellstone or other Psychiatric Hospital Date of Second Notice (of 1/16/14 notice) 1/23/14</p> <p>Effective Date 2/14/14 Mailed to POA on file</p> <p>Resident #4 - Notice of Transfer/Discharge from Skilled Care to Personal Care Effective Date 8/11/13 Mailed to POA on file</p> <p>Resident #5 - Notice of Transfer/Discharge from Skilled Care to Personal Care Effective Date 9/12/13 Mailed to POA on file</p> <p>Resident #6 - Notice of Transfer/Discharge from Skilled Care to another facility Effective Date 9/6/13 Mailed to POA on file</p> <p>Resident #7 - Notice of Transfer/Discharge from Skilled Care to Assisted Living Effective Date 7/10/13 Mailed to POA on file</p> <p>Resident #8 - Notice of Transfer/Discharge from Personal Care to Skilled Care Effective Date 7/30/13 Mailed to POA on file</p> <p>Notice of Transfer/Discharge from Skilled Care to a Personal Care Home (per family request) Effective Date 8/29/13 Mailed to POA on file</p>



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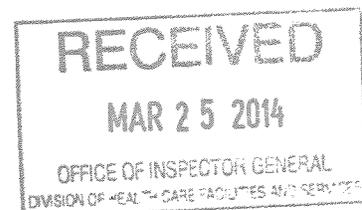
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F 203	Continued From page 3 in advance, in writing. Within thirty (30) days of transfer or discharge, a Notice of Transfer or Discharge letter stating the reason for transfer or discharge, and contact numbers for the State and Regional Ombudsman, Department of Public Advocacy and Cabinet for Health and Family Services would be provided to the resident. If unable to get Verification of Receipt of Notice, the notice would be delivered to the resident or responsible party with a receipt of delivery requested by the carrier. 1) Interview with the complainant, on 02/18/14 at 9:15 AM, revealed she was representing Resident #1 and family. She stated the facility gave a thirty (30) day discharge notice for Resident #1 and it did not follow the regulations. She stated the letter did not give specifics on the reason for discharge of Resident #1. She stated the discharge had been appealed for Resident #1 and the resident remained at the facility. Interview with the Attorney representing the facility, on 02/18/14 at 1:30 PM, revealed he was not going to allow State Survey Agency interviews with the staff, including the Administrator and the residents, or review of the medical records. The Attorney stated he was not aware a thirty (30) day Notice of Discharge was provided to Resident #1 or their representative until after it was sent. He stated the Discharge for Resident #1 was removed at the appeal hearing they just had via a phone conference. Interview with the facility Ombudsman, on 02/19/14 at 1:50 PM, revealed she had been in contact with the family of Resident #1 regarding a discharge notice. She stated the family called her because the family had a feeling the facility was	F 203	2) How will the facility identify other residents having the potential to be affected by the same deficient practice? Any resident being considered for transfer or discharge have the potential to be affected by this deficient practice. 3) What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur? The facility has replaced the Nursing Home Administrator on March 1, 2014 and the DON will be replaced on or after March 14, 2014. The Administrator and DON will be responsible for ensuring compliance with the following procedures: A Notice of Transfer or Discharge will be completed by Social Services or the Charge Nurse each time a resident is to be discharged or transferred. This written Notice of Transfer or Discharge (see attached), will be given to the resident and, if known, a family member or legal representative at least thirty (30) days in advance and will include the following: 1. Reason for transfer or discharge in an understandable language and manner 2. Effective date of transfer or discharge 3. Location to which the resident is being transferred or discharged 4. A statement that the resident has the right to appeal the action to the State 5. Name, address and telephone number of the State long term care ombudsman 6. For nursing facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and		



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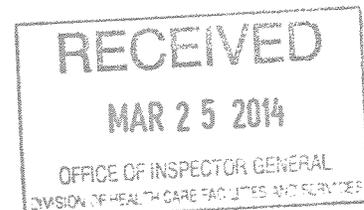
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F 203	<p>Continued From page 4</p> <p>going to give a discharge notice. The Ombudsman stated the family called when they received the discharge notice. The Ombudsman stated the discharge notice was sent by regular mail and did not contain the required information including the appeal notice, Ombudsman name and number or Protection and Advocacy groups. She stated, it looked like an Assisted Living Discharge notice, but the resident was residing on the Skilled Care Unit.</p> <p>Review of the medical record for Resident #1 revealed the facility admitted the resident from the Personal Care Unit to the Skilled Nursing Facility on 10/31/13 with Diagnoses of Alzheimer's Dementia, Anxiety and Depression. The resident was transferred out of the facility on 11/21/13 and returned on 12/03/13. There was no notice of transfer in the medical record when Resident #1 was transferred on 10/31/13 or 11/21/13. Continued review of the medical record for Resident #1 revealed a thirty (30) day notice of discharge letter was located and dated 01/16/14. The letter stated the intent was to exercise the termination clause of the lease/admission agreement. It went on to explain that Resident #1 was combative with staff, exit seeking and high risk for elopement. The letter did not contain the effective date of transfer or discharge, the location to which the resident would be transferred or discharged, a statement that the resident had the right to appeal the action to the State, or the name, address, and telephone number of the State Long Term Care Ombudsman.</p> <p>Interview with the Executive Director (ED), on 02/20/14 at 12:05 PM, revealed she had sent a thirty (30) day notice of intent to discharge, with</p>	F 203	<p>advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act; and</p> <p>7. 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>Reasons for the transfer or discharge will be recorded in the resident's clinical record.</p> <p>The Notice of Transfer or Discharge will be made by the facility at least thirty (30) days before the resident is to be transferred or discharged except in the following circumstances. Under these circumstances, the notice may be made as soon as practicable before transfer or discharge:</p> <ol style="list-style-type: none"> 1. The safety of the individuals in the facility would be endangered 2. The health of individuals in the facility would be endangered 3. The resident's health improves sufficiently to allow a more immediate transfer or discharge 4. An immediate transfer or discharge is required by the resident's urgent medical needs 5. A resident has not resided in the facility for 30 days <p>A receipt of Notice will be obtained from the resident or, if applicable, the family member or legal representative at the time the Notice is given. If unable to get Verification of Receipt of Notice, the Notice will be delivered via mail with receipt of delivery required.</p>		



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F 203	Continued From page 5 the intent to get in contact with the daughter. She stated the facility had called the daughter on six (6) different occasions regarding Resident #1's behaviors. She stated the family attended a care plan meeting and then she wrote the thirty (30) day notice letter after the meeting. She stated she sent a second letter to the family of Resident #1 a week later. Review of the second letter, dated 01/23/14 and provided by the ED, revealed it was sent to the Responsible Party (RP) for Resident #1. The letter specified it was in reference to Resident #1's thirty (30) day notice to discharge and stated the facility had not heard from the family. The letter stated the facility was willing to assist in finding a facility that could better care for the resident and that information had been provided to two (2) in-patient psychiatric facilities. The last paragraph stated the facility intended to discharge the resident on or before 02/14/14. The letter did not contain the location to which the resident would be transferred or discharged, a statement that the resident had the right to appeal the action to the State, or the name, address, and telephone number of the State Long Term Care Ombudsman. Continued interview with the ED, on 02/20/14 at 12:30 PM, revealed the facility had only referred the responsible party for Resident #1 to in-patient psychiatric care and no other long term care facilities. The ED stated she felt no other facility would take the resident due to the resident's behaviors. The ED stated she had looked at the law and felt she had covered everything in the thirty (30) day discharge notice. She stated she did not include the Ombudsman information because she had already spoken with the	F 203	The existing facility Transfer or Discharge from Facility Policy has been revised. (Revised Policy attached) The Administrator will in-service all nurses, DON, Social Services, Business Office Manager, MDS Coord., Assisted Living Coord., The Gardens' (Memory Loss/Personal care) Unit Coord., on the facility's policy regarding Transfer and Discharge from the facility by 3/14/14. 4) How does the facility plan to monitor its performance to ensure that solutions are sustained? The DON or Social Services will conduct a monthly audit of Notices of Transfer or Discharge (see attached audit form). The completed audit will be reviewed by the Administrator on a monthly basis. Audits will be conducted on a monthly basis for a period of six (6) months. If the audits show continued compliance for the six month period, the audits will then be completed quarterly for the next six month period. If the monthly audits show non-compliance, the audits will continue on a monthly basis for the next six months and in-service will be repeated for all nurses, DON, Social Services, Business Office Manager, MDS Coord., Assisted Living Coord., The Gardens' (Memory Loss/Personal care) Unit Coord., on the facility's policy regarding Transfer and Discharge from the facility. Social Services will be responsible for presenting the audit to the QA Committee at the regularly scheduled quarterly meetings. At the end of a one year period, results of the audits will be reviewed by the QA Committee and ongoing actions will be determined at that time by the QA Committee.	



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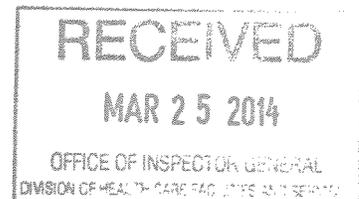
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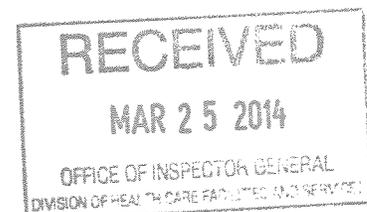
F 203	Continued From page 6 Ombudsman regarding the discharge notice. She acknowledged she did not include the right to appeal to the State in the letter. She stated she could not find the Receipt of Notice cards to validate the letter was sent certified mail. Observation, on 02/20/14 at 12:45 PM, revealed Resident #1 was sitting in a wheelchair in the dining room. The resident waved his/her hand and appeared pleasant, happy and smiling. Interview with the Responsible Party (RP) for Resident #1, on 02/21/14 at 1:35 PM, revealed she had received two (2) notices of a thirty (30) day discharge via regular mail, not certified. She stated when she was sent the second letter with the discharge date she requested a hearing to appeal the discharge. The RP for Resident #1 stated, she was told by the ED the resident was combative, wandering in other residents rooms and staff could not take care of the resident. In addition, the RP stated she did not receive a transfer notice when the resident was transferred out of the facility to an acute care facility, or when the resident was transferred from Personal Care to Skilled Care. 2) Review of the closed medical record for Resident #4 revealed the facility admitted the resident to the Skilled Care Unit on 06/24/13 with a diagnosis of Gallstone Pancreatitis. The resident transferred back to the Personal Care Unit at the facility on 08/11/13. There was no evidence of a transfer notice given to the resident or responsible party. Review of the Social Services notes revealed notes dated 06/25/13, 07/08/13, and 07/23/13 with no information on transfer or discharge. Review of the Nurse's Notes revealed no documentation of a transfer	F 203	Completion Date:	3/15/14
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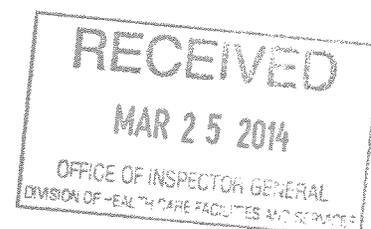
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F 203	Continued From page 7 from the Skilled Unit to the Personal Care Unit. 3) Review of the closed medical record for Resident #5 revealed the facility admitted the resident to the Skilled Care Unit on 05/22/13 with a diagnosis of Dementia. The resident was transferred to the Personal Care Unit on 09/12/13. There was no notice of transfer located in the medical record. Review of the Social Services notes revealed no documentation of the transfer from the Skilled Care Unit to the Personal Care Unit. 4) Review of the closed medical record for Resident #6 revealed the facility discharged the resident to another facility on 09/06/13. There was no notice of transfer or discharge located in the medical record. 5) Review of the closed medical record for Resident #7 revealed the facility admitted the resident to the Skilled Care Unit on 03/21/13 with diagnoses of Atrial Fibrillation and Spinal Stenosis. The facility discharged the resident to the facility's Assisted Living Unit on 07/10/13. No discharge or transfer notice was located in the medical record. 6) Review of the closed medical record for Resident #8 revealed the facility admitted the resident from the Personal Care Unit to the Skilled Care unit on 07/30/13 with diagnoses of Dementia and Urinary Tract Infection. No transfer notice was located in the medical record. The facility discharged the resident on 08/29/13. There was no transfer or discharge notice located in the medical record. Nurse's notes did indicate a family's request for the transfer.	F 203			



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F 203	<p>Continued From page 8</p> <p>Interview with the ED, on 02/21/14 at 10:45 AM, revealed residents at the facility transfer to different levels of care frequently. She stated she believed residents and/or RPs were given transfer notices when residents were transferred from one level of care to another. She stated she thought the Business Office Manager sent the notices.</p> <p>Interview with the ED and Human Resource Coordinator, on 02/21/14 at 1:55 PM, revealed after checking with the Business Office Manager that transfer notices were not provided when residents went from one level of care in the facility to another level of care in the facility. The ED stated if the residents were transferred or discharged out of the facility a medical transfer form or discharge form was completed and that was all. She stated when residents were admitted the resident or RP signed an Admission and Financial Agreement that included transfer of level of care.</p> <p>Review of the "Patient Transfer" form, revised 10/2013, revealed instructions that stated the purpose of the form was to ensure continuity of care during transfer from hospital to extended care or extended care to the hospital.</p> <p>Review of the Resident Discharge form, revised October 2013, revealed it addressed discharge instructions, medical equipment, and treatment instructions.</p> <p>Review of the Admission and Financial Agreement, revised 10/24/13, revealed no reference to a discharge notice. The Agreement only authorized the facility to transfer the resident within the facility to an appropriate level of care</p>	F 203	



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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185457	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/21/2014
NAME OF PROVIDER OR SUPPLIER WINDSOR GARDENS		STREET ADDRESS, CITY, STATE, ZIP CODE 101 ISAAC GREER COURT BARDSTOWN, KY 40004		
(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 9 should a change in condition warrant, with the facility providing proper notification as the situation allowed. The Duration of Agreement stated the facility may terminate this agreement in accordance with Federal and State laws and regulations, and in particular may terminate the agreement without notice if the resident becomes a danger to himself/herself or to the facility's staff, or requires care that exceeds the capabilities of the facility. Further review of the General Financial Agreement revealed the facility did not participate in Medicare or Medicaid. However, the facility was certified through the Centers for Medicare and Medicaid Services as a provider of these programs.	F 203		

