

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

PRINTED: 01/12/2015
FORM APPROVED
OMB NO. 0938-0391

Acceptable

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165470	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/23/2014
NAME OF PROVIDER OR SUPPLIER THE WILLOWS AT HAMBURG			STREET ADDRESS, CITY, STATE, ZIP CODE 2531 OLD ROSEBUD ROAD LEXINGTON, KY 40509	
(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		
F 202 SS=D	<p>483.12(a)(3) DOCUMENTATION FOR TRANSFER/DISCHARGE OF RES</p> <p>When the facility transfers or discharges a resident under any of the circumstances specified in paragraph (a)(2)(i) through (v) of this section, the resident's clinical record must be documented. The documentation must be made by the resident's physician when transfer or discharge is necessary under paragraph (a)(2)(i) or paragraph (a)(2)(ii) of this section; and a physician when transfer or discharge is necessary under paragraph (a)(2)(iv) of this section.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and closed record review, it was determined the facility failed to ensure the resident's Physician documented in the medical record upon discharge for one (1) of four (4) sampled residents (Resident #1) related to why the facility was unable to meet the resident's needs.</p> <p>The findings include: Interview with the facility's Executive Director revealed the facility had no Transfer/Discharge policy but the facility did follow Federal guidelines. Review of Resident #1's medical record revealed</p>	F 202	<p>Resident # 1 was discharged from the facility on 11-11-2014 and no further deficient practice affected this resident. Discharged residents that have the potential to be affected by the deficient practice were reviewed with no further residents affected by the deficient practice.</p> <p>Nurses will be educated on or before 1-26-2015 by the DHS/ADHS/Medical Records nurse regarding having the physician document in the clinical record when a discharge or transfer is deemed necessary due to unable to meet resident needs.</p> <p>100% of residents discharged or transferred due to unable to meet their needs will be audited to ensure that deficient practice did not occur.</p> <p>100% audits will be conducted for three months, if campus achieves 100% compliance, then the campus</p>	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Bea Blair</i>		TITLE <i>Executive</i>		(X6) DATE 1-16-15

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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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F 202 Continued From page 1
the resident was re-admitted to the facility from an inpatient behavioral hospital on 11/07/14 with diagnoses which included Dementia with Behavioral Disorder and Chronic Obstructive Pulmonary Disease (COPD). Continued review revealed the resident was transferred back to the behavioral hospital on 11/11/14 with a diagnosis of Dementia with Mood and Behavioral Disorder, with behaviors which included sexual acting out and aggressiveness. Further review revealed the facility discharged the resident on 11/11/14; however, no documentation by the resident's Physician related to the discharge or the reason for the discharge was found in the record.

Interview with the Social Worker, on 12/23/14 at 9:40 AM, revealed the facility did not have a transfer/discharge policy that she was aware of.

Interview with the Admission/Customer Services Specialist, on 12/23/14 at 1:30 PM, revealed the Interdisciplinary Team determined the facility could no longer meet the needs of Resident #1 and made the decision to discharge the resident. She stated she was not aware of a transfer/discharge policy.

Interview with the facility's Executive Director (ED), on 12/23/14 at 1:45 PM, revealed she acknowledged the facility failed to obtain the appropriate documentation from the Physician after the facility transferred or discharged Resident #1, which she now knew was necessary.

F 202 will begin conducting quarterly 10% audits. These audits will be conducted by ED/DHS/ADHS/Medical Records. Audit results will be presented and reviewed by QA committee which will determine need for further audits. 1-26-2015

F 203 483.12(a)(4)-(6) NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE
SS=D Before a facility transfers or discharges a

F 203

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F 203 Continued From page 2

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 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

F 203 Resident #1 was discharged from facility on 11-11-2014 and no further deficient practice affected this resident. Discharged residents have the potential to be affected by the deficient practice were audited and there were no residents identified as having been affected by the deficient practice. Nurses and SS director will be educated on or before 1-26-2015 by the DHS/ADHS/ Medical Records Nurse on the policy and procedure of family notification for discharge/transfers. 100% of residents discharged/transferred clinical records will be audited by DHS/ ADHS/Medical Records Nurse for 90 days, then 10% of discharges will be audited monthly x3 months to assure notification. Audit results will be presented and reviewed by QA committee which will determine need for further audits. 1-26-2015

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F 203	<p>Continued From page 3</p> <p>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:</p> <p>Based on interviews and record review, the facility failed to ensure a written notice was issued to the resident and the resident's family or legal representative when the resident was transferred or discharged from the facility, for one (1) of four (4) sampled residents (Resident #1). Resident #1 was transferred and admitted to a behavioral hospital on 11/11/14, and as a result was discharged from the facility on the same date; however, the facility failed to send written notice of the discharge to the resident's responsible party.</p> <p>The findings include:</p> <p>Interview with the facility's Executive Director revealed the facility had no Transfer/Discharge policy but did follow Federal guidelines.</p> <p>Review of Resident #1's medical record revealed the resident was re-admitted to the facility from a behavioral hospital on 11/07/14 with diagnoses which included Dementia with Behavioral Disorder and Chronic Obstructive Pulmonary Disease (COPD). Resident #1 was transferred back to the behavioral hospital on 11/11/14 after an incident with another resident. The resident</p>	F 203		
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F 203	<p>Continued From page 4</p> <p>was admitted to the behavioral hospital and diagnosed with Dementia with Mood and Behavioral Disorder. Behaviors exhibited by Resident #1 included sexual acting out and aggressiveness. Continued review revealed Resident #1 was officially discharged from the facility on 11/11/14; however, no evidence of a written notice having been provided to inform the Responsible Party of the discharge or the reason for the discharge was found in the record.</p> <p>Interview with Registered Nurse (RN) #1, on 12/23/14 at 10:00 AM, revealed when a resident was transferred to the hospital, a Notice of Transfer/ Discharge form was to be sent with the resident.</p> <p>Interview with the Social Services Director (SSD), on 12/23/14 at 9:40 AM, revealed Resident #1 was in a skilled bed (Medicare/Medicaid certified level of care). The SSD stated the resident's family was notified and agreed to the transfer; however, a written notice of discharge was not sent to the resident's responsible party.</p> <p>Interview with the facility's Executive Director, on 12/23/14 at 1:45 PM, revealed she and the Director of Health Services had spoken on the phone with Resident #1's son and explained the need for the transfer/discharge, but did not consider putting it in writing. She acknowledged the facility failed to follow Federal guidelines.</p>	F 203		
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