

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155803	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/18/2016
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NAME OF PROVIDER OR SUPPLIER HAMILTON POINTE HEALTH AND REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 3800 ELI PLACE NEWBURGH, IN 47630
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00197204, Complaint IN00197584, Complaint IN00198104, and Complaint IN00199407.</p> <p>Complaint IN00197204 - Substantiated. Federal/State deficiencies are cited at F203 and F205.</p> <p>Complaint IN00197584 - Unsubstantiated, due to lack of evidence.</p> <p>Complaint IN00198104 - Unsubstantiated, due to lack of evidence.</p> <p>Complaint IN00199407 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: May 12, 13, 18, 2016</p> <p>Facility number: 012966 Provider number: 155803 AIM number: 201110390</p> <p>Census bed type: SNF: 46 SNF/NF: 56 Residential: 50 Total: 152</p>	F 0000	<p>This Plan of Correction is the center's credible allegation of compliance.</p> <p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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 0203 SS=D Bldg. 00	<p>Census payor type: Medicare: 27 Medicaid: 49 Total: 76</p> <p>Sample: 6</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by #02748 on May 24, 2016.</p> <p>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.</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>			

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	<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>Based on interview and record review, the facility failed to ensure a Notice of Transfer or Discharge, which included the reason for discharge, appeal rights, and ombudsman information, was given</p>	F 0203	F203 All licensed nursing staff and Department Heads will be educated on Discharge and Transfer Expectations as per regulation. 1. Residents A & E were sent to	05/23/2016

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	<p>to 2 of 4 residents reviewed for transfers/discharges, in a sample of 6. Resident A, Resident E</p> <p>Findings include:</p> <p>1. On 5/12/16 at 11:10 A.M., the closed clinical record of Resident A was reviewed.</p> <p>Documentation indicated the resident was transferred to the hospital on 3/20/16.</p> <p>Documentation of a Transfer/Discharge notice was not found in the clinical record.</p> <p>On 5/12/16 at 9:35 A.M., during an interview with the family member of Resident A, she indicated neither she nor the resident received any information regarding transfer or discharge, or appeal rights. She indicated the family had planned for the resident to return to the facility when she was discharged from the hospital, but were told the facility "gave her bed to someone else."</p> <p>On 5/12/16 at 2:25 P.M., during an interview with the Director of Nursing (DON), she indicated a notice of transfer/discharge should have been given to the resident. She indicated it should have been a copy should have</p>		<p>thehospital without information regarding transfer or discharge, or appeal rights. All residents' records that were out tohospital or who were discharged were immediately audited. Any who had notreceived proper information regarding transfer or discharge, or appeal rightswere immediately given said information.</p> <p>2.All residents who are transferred ordischarged have the potential to be affected by this alleged deficient practice</p> <p>3.At discharge all residents will begiven proper information regarding transfer or discharge rights and the rightto appeal. The nurse on the hall will give theinformation to the resident/responsible party at the time of discharge. Thebusiness office/designee will call the responsible person the next business dayto explain the information given. The signed information will then be given tomedical records department to be scanned into the resident's medical record.</p> <p>4.An audit of transfers/discharge willbe monitored daily for 1 week. Then 3 times per week for 3 weeks and thenweekly for 4 weeks. Then biweekly for 2 months. Then monthly for 2 months. Results willbe monitored by QAPI for 6 months</p>	

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	<p>been scanned into the electronic record.</p> <p>2. On 5/13/16 at 10:45 A.M., the clinical record of Resident E was reviewed.</p> <p>Documentation indicated the resident was transferred to the hospital on 4/21/16.</p> <p>Documentation of a Transfer/Discharge notice was not found in the clinical record.</p> <p>On 5/12/16 at 2:25 P.M., the DON indicated the facility did not have a specific policy regarding transfers/discharges, but that the nursing staff had a checklist that they were to follow. The DON indicated there was a transfer/discharge packet that the staff were to complete, and that it should then be scanned into the electronic record.</p> <p>At that time, the DON provided a packet of documents, which included an "Acute Transfer to Hospital Checklist," undated. The document included: "Complete Transfer/Discharge record (with Ombudsman information) to send with resident (Give copy to EMR [electronic medical records] coordinator to scan)..."</p> <p>The packet also included a state form "Notice of Transfer or Discharge," which included, "Reason for Transfer or</p>			

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F 0205 SS=D Bldg. 00	<p>Discharge...Appeal Rights...Your Local Ombudsman...."</p> <p>On 5/13/16 at 12:30 P.M., during an interview with the DON and Administrator, they indicated they had each been at the facility for approximately 4 weeks. The DON indicated she had identified that the transfer/discharge forms were not being completed.</p> <p>This Federal tag relates to Complaint IN00197204.</p> <p>3.1-12(a)(6)</p> <p>483.12(b)(1)&(2) NOTICE OF BED-HOLD POLICY BEFORE/UPON TRANSFR Before a nursing facility transfers a resident to a hospital or allows a resident to go on therapeutic leave, the nursing facility must provide written information to the resident and a family member or legal representative that specifies the duration of the bed-hold policy under the State plan, if any, during which the resident is permitted to return and resume residence in the nursing facility, and the nursing facility's policies regarding bed-hold periods, which must be consistent</p>			

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	<p>with paragraph (b)(3) of this section, permitting a resident to return.</p> <p>At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and a family member or legal representative written notice which specifies the duration of the bed-hold policy described in paragraph (b)(1) of this section.</p> <p>Based on interview and record review, the facility failed to ensure information regarding holding a resident's bed upon transfer/discharge, was given to 2 of 4 residents reviewed for transfers/discharges, in a sample of 6. Resident A, Resident E</p> <p>Findings include:</p> <p>1. On 5/12/16 at 11:10 A.M., the closed clinical record of Resident A was reviewed.</p> <p>Documentation indicated the resident was transferred to the hospital on 3/20/16.</p> <p>Documentation of a Bed Hold notice was not found in the clinical record.</p> <p>On 5/12/16 at 9:35 A.M., during an interview with the family member of Resident A, she indicated neither she nor the resident received any information</p>	F 0205	<p>F205</p> <p>All licensed nursing staff and Department Heads will be educated on Discharge and Transfer Expectations as per regulation.</p> <p>1. Residents A & E were sent to the hospital without the complete bedhold policy. All residents' records that were transferred or who were discharged were immediately audited. Any who had not received the complete bedhold policy specifying duration of the bedhold were immediately given said information.</p> <p>2. All residents who are transferred or discharged have the potential to be affected by this alleged deficient practice</p> <p>3. At discharge/transfer all residents will be given the complete bedhold policy which specifies the duration of the bedhold. The nurse on the hall will give the information to the resident/responsible party at the time of discharge/transfer. The business office will call the responsible person the next business day to explain the</p>	05/23/2016	

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	<p>regarding holding the resident's bed. She indicated the family had planned for the resident to return to the facility when she was discharged from the hospital, but were told the facility "gave her bed to someone else."</p> <p>On 5/12/16 at 2:25 P.M., during an interview with the Director of Nursing (DON), she indicated bed hold information should have been given to the resident. She indicated it should have been a copy should have been scanned into the electronic record.</p> <p>2. On 5/13/16 at 10:45 A.M., the clinical record of Resident E was reviewed.</p> <p>Documentation indicated the resident was transferred to the hospital on 4/21/16.</p> <p>Documentation of a Bed Hold notice was not found in the clinical record.</p> <p>On 5/12/16 at 2:25 P.M., the DON indicated the facility did not have a specific policy regarding transfers/discharges/bed holds, but that the nursing staff had a checklist that they were to follow. The DON indicated there was a transfer/discharge packet that the staff were to complete, and that it should then be scanned into the electronic record.</p>		<p>information given. The signed information will then be given to medical records to be scanned into the resident's medical record.</p> <p>4. An audit of transfers/discharge will be monitored daily for 1 week. Then 3 times per week for 3 weeks and then weekly for 4 weeks. Then biweekly for 2 months. Then monthly for 2 months.</p> <p>Results to be monitored by QA for 6 months</p>	

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	<p>At that time, the DON provided a packet of documents, which included an "Acute Transfer to Hospital Checklist." The document included: "Complete Bed hold policy to send with resident (Give copy to EMR [electronic medical record] coordinator to scan)...."</p> <p>The packet also included a "Bed-Hold Policy," dated 7/1/12. The policy included: "...If the occupancy is below 90 percent (90 %) on day of leave, then the bed will be held for 5 days at no charge. The Resident will be discharged on the 6th day...You may extend the number of days at any time by signing another authorization or by making arrangements with the facility Business Office...."</p> <p>On 5/13/16 at 12:30 P.M., during an interview with the DON and Administrator, they indicated they had each been at the facility for approximately 4 weeks. The DON indicated she had identified that the bed hold forms were not being completed.</p> <p>This Federal tag relates to Complaint IN00197204.</p> <p>3.1-25(a)(A)(B)</p>			

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

PRINTED: 06/14/2016

FORM APPROVED

OMB NO. 0938-0391

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