STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155426	A. BUILDING 00 B. WING	11/19/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIGNATURE HEALTHCARE OF TERRE HAUTE	3500 MAPLE AVE TERRE HAUTE, IN 47804

(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 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00341593. This visit included a COVID-19 Focused Infection Control Survey. Complaint IN00341593 - Substantiated. Federal/State deficiencies related to the allegations are cited at F622, F623, F625, F626, and F660. Survey dates: November 17, 18 and 19, 2020 Facility number: 000513 Provider number: 155426 AIM number: 100275360 Census Bed Type: SNF/NF: 121 Total: 121 Census Payor Type: Medicare: 47 Medicaid: 59 Other: 12 Total: 121 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on November 25, 2020.	F 0000	POC Respectfully submitted	
F 0622 SS=D Bldg. 00	483.15(c)(1)(i)(ii)(2)(i)-(iii) Transfer and Discharge Requirements §483.15(c) Transfer and discharge- §483.15(c)(1) Facility requirements- (i) The facility must permit each resident to remain in the facility, and not transfer or			

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

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	discharge the resident from the facility unless- (A) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility; (B) The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility; (C) The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident; (D) The health of individuals in the facility would otherwise be endangered; (E) The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. Nonpayment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for his or her stay. For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge a resident only allowable charges under Medicaid; or (F) The facility ceases to operate. (ii) The facility may not transfer or discharge the resident while the appeal is pending, pursuant to § 431.230 of this chapter, when a resident exercises his or her right to appeal a transfer or discharge notice from the facility pursuant to § 431.220(a)(3) of this chapter, unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the facility. The facility must document the danger that failure to transfer or discharge would pose.			

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	§483.15(c)(2) Documentation. When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider. (i) Documentation in the resident's medical record must include: (A) The basis for the transfer per paragraph (c)(1)(i) of this section. (B) In the case of paragraph (c)(1)(i)(A) of this section, the specific resident need(s) that cannot be met, facility attempts to meet the resident needs, and the service available at the receiving facility to meet the need(s). (ii) The documentation required by paragraph (c)(2)(i) of this section must be made by- (A) The resident's physician when transfer or discharge is necessary under paragraph (c)(1) (A) or (B) of this section; and (B) A physician when transfer or discharge is necessary under paragraph (c)(1)(i)(C) or (D) of this section. (iii) Information provided to the receiving provider must include a minimum of the following: (A) Contact information of the practitioner responsible for the care of the resident. (B) Resident representative information including contact information (C) Advance Directive information (D) All special instructions or precautions for ongoing care, as appropriate. (E) Comprehensive care plan goals;			

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	(F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care. Based on record review and interview, the facility failed to ensure resident care information was communicated to the hospital when residents were transferred for 2 of 3 residents reviewed for hospitalizations (Resident B, and Resident C). Findings include: 1. Resident B's record was reviewed, on 11/17/20 at 9:43 a.m. A quarterly Minimum Data Set (MDS) assessment, dated 7/2/20, indicated the resident was cognitively intact. Diagnoses on the resident's profile included, but were not limited to, early onset Alzheimer disease (a progressive disease that destroys memory and other important functions), and bipolar (a disorder associated with episodes of mood swings ranging from depressive lows to manic highs). A fall incident report, dated 8/11/20 at 1:40 p.m., indicated the resident had a fall. The report indicated the resident's physician and family were notified on 8/12/20. An untitled document, dated 8/11/20 and untimed, indicated the resident had a fall and 911 was called for emergency medical service assistance due to the resident's complaints of pain in her lower back and hip area. The resident was sent to the emergency department (ER) for assessments and treatment.	F 0622	- what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; · Residents B and C were not adversely affected by the deficient practice. - how other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; · After a full review of documentation for all discharged residents from 11/14/2020 to 12/14/2020, no other residents were adversely affected by the deficient practice. - what measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur; On or before 12/18/2020, all staff, including nursing administration and SSD were in-serviced regarding bed hold policies and procedures. The inservices will include but limited to,	12/18/2020

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	A review of nurse's notes, dated 8/11/20, lacked documented evidence that indicated a report of the transfer had been called to the hospital. A review of the resident's clinical record, that included but were not limited to, observation and events lacked documented evidence that indicated a report of the transfer had been called to the hospital and documentation of the residents discharge by the physician or physician extender. A hospital history and physical document, dated 8/11/20, indicated the resident had been transferred to ER with complaint of back and head pain. The document indicated the resident was unable to be transferred back to the long-term nursing home facility due to an immediate termination and was placed on a hold in the emergency department due to the resident trying to leave. Active scheduled inpatient medications indicated none reported. During an interview, on 11/19/20 at 2:50 p.m., Resident B's son indicated he was the resident's POA. His mother had been transferred to a hospital after a fall on 8/11/20. He indicated the resident had not received her medications during her stay at the hospital. 2. Resident C's record was reviewed, on 11/18/20 at 2:02 p.m. Diagnoses on the resident's profile included, but were not limited to, edema (puffiness caused excess fluid trapped in the body's tissues). A nursing progress note, dated 10/24/20 at 2:15 p.m., indicated the resident was noted to have		· The Federal requirements at 42 C.F.R. § 483.15(c)(1)(i)(A)-(F) prohibiting a facility from transferring or discharging a resident unless: · The facility cannot meet the resident's needs; The resident no longer requires nursing home services; The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident; The health of individuals in the facility would otherwise be endangered; The resident fails to pay after reasonable and appropriate notice; or The facility closes. · The Federal requirements at 42 C.F.R. § 483.15(c)(2) mandating that when a facility transfers or discharges a resident, the transfer or discharge is properly documented in the medical record and *appropriate information is communicated to the receiving health care institution or provider to ensure continuity of care.* This includes, but is not limited to, documentation of the basis for transfer, a copy of the resident's discharge summary, any information necessary to ensure a safe and effective transition of care.	

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	changes in level of consciousness (loc). Resident noted to be gray in color and was only able to answer name. The resident was put on 4 liters of oxygen due pulse oxygen saturations of 88%, resident continued to be confused. Physician was notified and resident was sent to the emergency room (ER) for evaluation. A review of nurse's notes, dated 10/24/20, lacked documented evidence that indicated a report of the transfer had been called to the hospital. A review of the resident's clinical record, that included but was not limited to, observation and events lacked documented evidence that indicated a report of the transfer had been called to the hospital. During an interview, on 11/19/20 at 8:49 a.m., the Corporate Care Consultant indicated she was unable to find where report had been called to the ER for Resident B and Resident C. She indicated when a resident was sent to the hospital report should be called and documented in the resident's clinical record. On 11/18/20 at 10:53 a.m., the Corporate Care Consultant provided a document titled, "Transfer/Discharge Notice," and indicated it was the policy currently being used by the facility. The policy indicated, "Policy: Statement: The appropriate notice will be provided if it is necessary to transfer or discharge a resident(s) from a facility...1. Documentation of transfers includes: a. The reason for transfer or discharge...2. documentation of resident transfers or discharges in the medical record will be made by the following: a. The resident's physician when transfer or discharge is necessary; and b. A physician when transfer or		· The Federal requirements at 42 C.F.R. § 483.15(e)(1) regarding establishing and following a written policy on permitting residents to return to the facility after they are hospitalized or placed on therapeutic leave. Additionally, the requirement that if the facility determines that a resident who was transferred with an expectation of returning to the facility, cannot return to the facility, the facility must comply with the transfer and discharge requirements at 42 C.F.R. § 483.15(c). · The Federal requirements at 42 C.F.R. § 483.15(c)(3) regarding providing advance, written notice to the resident and resident's representative(s) of the transfer/discharge and the reason for the move in a manner they'll understand. This includes *appropriate timing of the notice in accordance with 42 C.F.R. § 483.15(c)(4)* as well as the required contents of the notice as described in 42 C.F.R. § 483.15(c)(5). · The Federal requirements at 42 C.F.R. § 483.15(d) regarding providing written notice to a resident and resident's representative(s) of the bed-hold policy. The contents of the notice	

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	discharge is necessary. 3. Information provided to the receiving facility should include: a. Contact information of the practitioner responsible for the care of the resident. b. Representative information including contact information. c. Advanced directive information. d. Special instructions for ongoing care. e. Comprehensive Care Plan goals. f. Any other applicable information, including discharge summary, as applicable, to ensure a safe and effective transfer...7. Documentation of the transfer/discharge may be completed by a physician extender...." This Federal tag relates to Complaint IN00341593. 3.1-12(a)(3)		must include: · the duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; the reserve bed payment policy in the state plan; the nursing facility's policies regarding bed-hold periods, which must be consistent with 42 C.F.R. § 483.15(e)(1); and information explaining that a facility must establish and follow a written policy permitting residents to return after they are hospitalized or placed on therapeutic leave. - how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; Nurse management will review each resident chart(s) (post discharge) to ensure that all documentation and notifications have been satisfied per policy and procedure (per occurrence) weekly for 4 weeks, then monthly for two months until 3/1/2020. Results will be submitted to QAPI for review to ensure increased compliance goals. QAPI committee reserves the right to modify or extend monitoring times according to outcomes.	

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F 0623 SS=D Bldg. 00	483.15(c)(3)-(6)(8) Notice Requirements Before Transfer/Discharge §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section. §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. (ii) Notice must be made as soon as practicable before transfer or discharge when- (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section; (B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section; (C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;			

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	(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or (E) A resident has not resided in the facility for 30 days. §483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following: (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a			

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	mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act. §483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available. §483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l). Based on record review and interview, the facility failed to ensure a resident and resident representative were notified of a discharge in writing at least 30 days in advance of the discharge for 1 of 3 residents reviewed for discharges (Resident B). Findings include: 1. Resident B's record was reviewed, on 11/17/20 at 9:43 a.m. A quarterly Minimum Data Set (MDS) assessment, dated 7/2/20, indicated the resident was cognitively intact. Diagnoses on the resident's profile included, but were not limited to, early onset Alzheimer disease (a progressive disease that destroys memory and	F 0623	- what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; · Residents B was not adversely affected by the deficient practice. - how other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; · After a full review of documentation for all discharged	12/18/2020

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	other important functions), and bipolar (a disorder associated with episodes of mood swings ranging from depressive lows to manic highs). A fall incident report, dated 8/11/20 at 1:40 p.m., indicated the resident had a fall. The report indicated the resident's physician and family were notified on 8/12/20. A Notice of Transfer or Discharge, dated 8/11/20, indicated the resident was transferred to another health facility, a local hospital. The transfer or discharge was necessary to meet the resident's welfare and resident's needs could not be met in the facility. An appeal rights indicated the facility must attach the following documents to the Notice of Transfer or Discharge: Attach State Form 49831 Notice of Transfer or Discharge Request for Hearing. The notice of transfer or discharge request for hearing, dated 8/11/20, indicated the resident received a notice of transfer or discharge from the health facility informing her that she was going to be transferred or discharged from the facility and the resident requested a hearing on the facility's decision to discharge her from the health facility. An untitled document, dated 8/11/20 and untimed, indicated the resident had a fall and 911 was called for emergency medical service assistance due to the resident's complaints of pain in her lower back and hip area. The resident was sent to the emergency department (ER) for assessments and treatment. While picking up the resident's rollator walker, the Administrator noticed smoking contraband that had fallen out of a pouch that had been attached to the walker. During the inspection 3 full and half cigarettes,		residents from 11/14/2020 to 12/14/2020, no other residents were adversely affected by the deficient practice. - what measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur; On or before 12/18/2020, all staff, including nursing administration and SSD were in-serviced regarding bed hold policies and procedures. The inservices will include but limited to, · The Federal requirements at 42 C.F.R. § 483.15(c)(1)(i)(A)-(F) prohibiting a facility from transferring or discharging a resident unless: · The facility cannot meet the resident's needs; The resident no longer requires nursing home services; The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident; The health of individuals in the facility would otherwise be endangered; The resident fails to pay after reasonable and appropriate notice; or The facility closes. · The Federal requirements at	

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	and one lighter were found inside the pouch. Due to the findings the Administrator, Social Services Director (SSD)4, SSD 8, and Registered Nurse (RN) Unit Manager 9 conducted a thorough search of the resident's room. During the search of the resident's property many other items were found that violated the smoking policy and safety related restrictions. These found items included: 1. Large Styrofoam cup filled with "Vodka" (alcohol). 2. Cigarette lighters. 3. Rolled aluminum foiled with a chard end that "smelled of marijuana or tobacco". 4. A razor knife. 5. A steak knife. 6. A 7-up can that was fashioned as confiscating device with a screw one top. The inside "smelled of marijuana." 7. An empty cigarette with tobacco residue. 8. A shot glass. 9. A screwdriver. 10. 3 prescription medication bottles that contained Abreva cream (antiviral drug), ciprofloxacin (antibiotic) eye drops and ketorolac (Nonsteroidal anti-inflammatory drug) solution. 11. 4 packages of MiraLAX powder (stool softener). 12. Smoke bomb (fire work). Due to the findings the facility elected to discharge the resident from the facility immediately. The Administrator notified the hospital the resident was transferred to, Sate Ombudsman, the son, the local Health Department, and the facility legal and compliance teams to make them aware of the findings and decision. On 8/18/20 it was reported to the Administrator from the hospital the resident had attempted to elope from the hospital and got into an altercation with security		42 C.F.R. § 483.15(c)(2) mandating that when a facility transfers or discharges a resident, the transfer or discharge is properly documented in the medical record and *appropriate information is communicated to the receiving health care institution or provider to ensure continuity of care*. This includes, but is not limited to, documentation of the basis for transfer, a copy of the resident's discharge summary, any information necessary to ensure a safe and effective transition of care. · The Federal requirements at 42 C.F.R. § 483.15(e)(1) regarding establishing and following a written policy on permitting residents to return to the facility after they are hospitalized or placed on therapeutic leave. Additionally, the requirement that if the facility determines that a resident who was transferred with an expectation of returning to the facility, cannot return to the facility, the facility must comply with the transfer and discharge requirements at 42 C.F.R. § 483.15(c). · The Federal requirements at 42 C.F.R. § 483.15(c)(3) regarding providing advance, written notice to the resident and	

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIGNATURE HEALTHCARE OF TERRE HAUTE	3500 MAPLE AVE TERRE HAUTE, IN 47804

(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
	staff and was sent to the local county jail as a result. Later in the day of 8/18/20 another local hospital called to verify the facility would not accept the resident back to the facility and the facility declined. The facility had "done everything possible" to support the resident and her family in finding placement and meeting all needs. The facility would not be accepting the resident back at any time. A review of nurse's notes, dated 8/11/20, lacked documented evidence that indicated the resident was transferred to the hospital, or of the facility-initiated discharge. A review of the resident's clinical record lacked documented evidence that indicated a 30-day discharge notice had been provided to the resident and resident representative, a discharge summary, or documentation of the resident's discharge by the physician or physician extender. A hospital history and physical document, dated 8/11/20, indicated the resident had been transferred to ER with complaint of back and head pain. The document indicated the resident was unable to be transferred back to the long-term nursing home facility due to an immediate termination and was placed on a hold in the emergency department due to the resident trying to leave. During an interview, on 11/19/20 at 8:49 a.m., the Corporate Care Consultant indicated the resident was transferred to the hospital on 8/11/20 due to a fall. After the transfer the Administrator and other staff found contraband items in the resident's room. The facility felt it was unsafe for the resident to return to the facility and the hospital was notified shortly after		resident's representative(s) of the transfer/discharge and the reason for the move in a manner they'll understand. This includes *appropriate timing of the notice in accordance with 42 C.F.R. § 483.15(c)(4)* as well as the required contents of the notice as described in 42 C.F.R. § 483.15(c)(5). · The Federal requirements at 42 C.F.R. § 483.15(d) regarding providing written notice to a resident and resident's representative(s) of the bed-hold policy. The contents of the notice must include: · the duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; the reserve bed payment policy in the state plan; the nursing facility's policies regarding bed-hold periods, which must be consistent with 42 C.F.R. § 483.15(e)(1); and information explaining that a facility must establish and follow a written policy permitting residents to return after they are hospitalized or placed on therapeutic leave. - how the corrective action(s) will be monitored to ensure the deficient practice will not recur,	

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	the resident transferred there that the resident would not be able to return to the facility. No 30-day notice was provided to the resident and resident repressive and she could not find where a discharge summary had been completed. She could not find documentation in the resident's clinical record of completed documentation of the discharge by a physician. During an interview, on11/19/20 at 2:50 p.m., Resident B's son indicated he was the resident's POA. His mother had been transferred to a hospital after a fall on 8/11/20. The facility done a search of his mother's room after she was transferred and indicated they had found items she should not have in her room and they immediately discharged her. He never received any written documentation of this, nor was his mother provided with a 30-day notice of the discharge. The facility had not helped find another place for the resident to reside and did not let his mother return to the facility during the appeal process of the discharge. On 11/18/20 at 10:53 a.m., the Corporate Care Consultant provided a document titled, "Transfer/Discharge Notice," and indicated it was the policy currently being used by the facility. The policy indicated, "Policy: Statement: The appropriate notice will be provided if it is necessary to transfer or discharge a resident(s) from a facility...Guideline: 1. Before the transfer or discharge occurs, the facility will notify the resident and the resident's representative of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. a. The facility's notice will include an explanation of the right to appeal the transfer to the State as well as the name, address, and phone number of the State Long-Term Care		i.e., what quality assurance program will be put into place · Nurse management and social services will review each resident to be discharged via 30 day discharge. This review will ensure that no resident will be involuntarily discharged without following the 30 day discharge process per policy and procedure, (per occurrence) weekly for 4 weeks, then monthly for two months until 3/1/2020. Results will be submitted to QAPI for review to ensure increased compliance goals. QAPI committee reserves the right to modify or extend monitoring times according to outcomes.	

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	Ombudsman...b. The facility may not transfer or discharge a resident while an appeal is pending. 2. Contents of the notice include: a. Reason for transfer or discharge: b. Effective date of transfer or discharge; c. Statement of resident's appeal rights; d. Name, address and telephone number of the Office of the State Long-Term Care Ombudsman...f. If resident has a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individual with a mental disorder....4. The reasons for the transfer or discharge will be documented in the resident's medical record. 5. The notice will be provided at least 30 days prior to the transfer...Documentation: 1. Documentation of transfers includes: a. The reason for transfer or discharge...2. documentation of resident transfers or discharges in the medical record will be made by the following: a. The resident's physician when transfer or discharge is necessary; and b. A physician when transfer or discharge is necessary. 3. Information provided to the receiving facility should include: a. Contact information of the practitioner responsible for the care of the resident. b. Representative information including contact information. c. Advanced directive information. d. Special instructions for ongoing care. e. Comprehensive Care Plan goals. f. Any other applicable information, including discharge summary, as applicable, to ensure a safe and effective transfer...7. Documentation of the transfer/discharge may be completed by a physician extender...." This Federal tag relates to Complaint IN00341593.			

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	3.1-12(a)(6)(A)(i) 3.1-12(a)(6)(A)(ii) 3.1-12(a)(9)(A) 3.1-12(a)(9)(D)			
F 0625 SS=D Bldg. 00	483.15(d)(1)(2) Notice of Bed Hold Policy Before/Upon Trnsfr §483.15(d) Notice of bed-hold policy and return- §483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies- (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any; (iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and (iv) The information specified in paragraph (e)(1) of this section. §483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. Based on record review and interview, the facility failed to ensure a bed hold policy was	F 0625	- what corrective action(s) will be accomplished for those	12/18/2020

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	provided to the resident with a hospital transfer for 2 of 3 residents reviewed for hospitalizations (Resident C, and Resident D). Findings include: 1. Resident C's record was reviewed, on 11/18/20 at 2:02 p.m. Diagnoses on the resident's profile included, but were not limited to, edema (puffiness caused by excess fluid trapped in the body's tissues). A nursing progress note, dated 10/24/20 at 2:15 p.m., indicated the resident was noted to have changes in level of consciousness (loc). Resident noted to be gray in color and was only able to answer name. The resident was put on 4 liters of oxygen due pulse oxygen saturations of 88%, resident continued to be confused. Physician was notified and resident was sent to the emergency room (ER) for evaluation. A review of nursing progress notes, dated 10/24/20, lacked documented evidence that indicated a bed hold policy was provided to the resident. A review of the resident's clinical record lacked documented evidence that indicated a bed hold policy was provided to the resident. During an interview, on 11/19/20 at 8:49 a.m., the Corporate Care Consultant indicated she was unable to find documented evidence that indicated a bed hold policy was provided to the resident C and Resident D, She indicated when a resident was sent to the hospital a bed hold policy should be provided to the resident and/or resident representative in writing.		residents found to have been affected by the deficient practice; · Residents C and D were not adversely affected by the deficient practice. - how other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; · After a full review of documentation for all discharged residents from 11/14/2020 to 12/14/2020, no other residents were adversely affected by the deficient practice. - what measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur; On or before 12/18/2020, all staff, including nursing administration and SSD were in-serviced regarding bed hold policies and procedures. The inservices will include but limited to, · The Federal requirements at 42 C.F.R. § 483.15(c)(1)(i)(A)-(F) prohibiting a facility from transferring or discharging a resident unless: · The facility cannot meet the resident's needs;	

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	2. Resident D's record was reviewed, on 11/18/20 at 2:19 p.m. Diagnoses on the resident's profile included, but were not limited to, COVID-19 acute respiratory disease (acute respiratory illness in humans caused by a coronavirus, capable of producing severe symptoms in some cases death, especially in older people and those with underlying health conditions). A nursing progress note, dated 10/26/20 at 5:57 p.m., indicated the resident was nonresponsive to verbal and tactile stimuli. Medical Director was notified, and new order was received to send resident to the emergency room (ER). A review of nursing progress notes, dated 10/26/20, lacked documented evidence that indicated a bed hold policy was provided to the resident. A review of the resident's clinical record lacked documented evidence that indicated a bed hold policy was provided to the resident. On 11/18/20 at 10:53 a.m., the Corporate Care Consultant provided a document titled, "Facility Bed hold," and indicated it was the policy currently being used by the facility. The policy indicated, "Policy: Statement: The facility will notify the resident/responsible party of the facility's bed hold and readmission policies at admission and anytime a resident is transferred to the hospital or goes on therapeutic leave. The facility will also notify the resident/responsible party in writing of the reason for transfer/discharge to another legally responsible institutional or non-institutional setting and about the resident's right to appeal the transfer/discharge. Guideline: 1. The facility's		The resident no longer requires nursing home services; The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident; The health of individuals in the facility would otherwise be endangered; The resident fails to pay after reasonable and appropriate notice; or The facility closes. · The Federal requirements at 42 C.F.R. § 483.15(c)(2) mandating that when a facility transfers or discharges a resident, the transfer or discharge is properly documented in the medical record and *appropriate information is communicated to the receiving health care institution or provider to ensure continuity of care.* This includes, but is not limited to, documentation of the basis for transfer, a copy of the resident's discharge summary, any information necessary to ensure a safe and effective transition of care. · The Federal requirements at 42 C.F.R. § 483.15(e)(1) regarding establishing and following a written policy on permitting residents to return to the facility after they are hospitalized or placed on	

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	bed home and re-admission policies will be discussed with the resident/responsible party and the facility will provide written notice of the bed hold and re-admission policies: ...b. Before a resident's transfer to the hospital or overnight therapeutic leave and included in the resident's transfer packet...The facility's Social Worker of Licensed Nurse will document verbal and written notification in the medical record. c. In an emergency ...may mean up to 24 hours...." This Federal tag relates to Complaint IN00341593. 3.1-12(a)(25) 3.1-12(a)(25)(A) 3.1-12(a)(25)(B) 3.1-12(a)(26)		therapeutic leave. Additionally, the requirement that if the facility determines that a resident who was transferred with an expectation of returning to the facility, cannot return to the facility, the facility must comply with the transfer and discharge requirements at 42 C.F.R. § 483.15(c). · The Federal requirements at 42 C.F.R. § 483.15(c)(3) regarding providing advance, written notice to the resident and resident's representative(s) of the transfer/discharge and the reason for the move in a manner they'll understand. This includes *appropriate timing of the notice in accordance with 42 C.F.R. § 483.15(c)(4)* as well as the required contents of the notice as described in 42 C.F.R. § 483.15(c)(5). · The Federal requirements at 42 C.F.R. § 483.15(d) regarding providing written notice to a resident and resident's representative(s) of the bed-hold policy. The contents of the notice must include: · the duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; the reserve bed payment policy in the state plan;	

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			the nursing facility's policies regarding bed-hold periods, which must be consistent with 42 C.F.R. § 483.15(e)(1); and information explaining that a facility must establish and follow a written policy permitting residents to return after they are hospitalized or placed on therapeutic leave. - how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place. · Nurse management and social services will review each resident to be discharged. This review will ensure that no resident will be discharged without being provided a bed hold policy per policy and procedure, (per occurrence) weekly for 4 weeks, then monthly for two months until 3/1/2020. Results will be submitted to QAPI for review to ensure increased compliance goals. QAPI committee reserves the right to modify or extend monitoring times according to outcomes.	
F 0626 SS=G Bldg. 00	483.15(e)(1)(2) Permitting Residents to Return to Facility §483.15(e)(1) Permitting residents to return to facility. A facility must establish and follow a written policy on permitting residents to return to the facility after they are hospitalized or placed			

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	on therapeutic leave. The policy must provide for the following. (i) A resident, whose hospitalization or therapeutic leave exceeds the bed-hold period under the State plan, returns to the facility to their previous room if available or immediately upon the first availability of a bed in a semi-private room if the resident- (A) Requires the services provided by the facility; and (B) Is eligible for Medicare skilled nursing facility services or Medicaid nursing facility services. (ii) If the facility that determines that a resident who was transferred with an expectation of returning to the facility, cannot return to the facility, the facility must comply with the requirements of paragraph (c) as they apply to discharges. §483.15(e)(2) Readmission to a composite distinct part. When the facility to which a resident returns is a composite distinct part (as defined in § 483.5), the resident must be permitted to return to an available bed in the particular location of the composite distinct part in which he or she resided previously. If a bed is not available in that location at the time of return, the resident must be given the option to return to that location upon the first availability of a bed there. Based on record review and interview, the facility failed to ensure a resident who transferred to the hospital was able to return to the facility, which resulted in harm when the resident unable to be discharged from the emergency room, she did not receive her psychotropic medications while at the hospital, after an 8 day hospital stay had manic behaviors	F 0626	- what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; · A facility policy will be followed stating that a resident, whose hospitalization or therapeutic leave exceeds the	12/18/2020

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	resulting being escorted out of the hospital by police officers and sent to jail, then was admitted to a different hospital, and eventually placed in a facility hours away from family for 1 of 3 residents reviewed for residents permitted to return to the facility (Resident B). Findings include: Resident B's record was reviewed, on 11/17/20 at 9:43 a.m. A quarterly Minimum Data Set (MDS) assessment, dated 7/2/20, indicated the resident was cognitively intact. Diagnoses on the resident's profile included, but were not limited to, early onset Alzheimer disease (a progressive disease that destroys memory and other important functions), and bipolar (a disorder associated with episodes of mood swings ranging from depressive lows to manic highs). A care plan, revised 7/13/20, indicated the resident received an antidepressant medication related to major depressive disorder and bipolar disorder. A care plan, revised 7/13/20, indicated the resident had a diagnosis of bipolar, depression with psychosis, borderline personality disorder, anxiety and insomnia. Interventions included, but were not limited to, administer medications as ordered. A fall incident report, dated 8/11/20 at 1:40 p.m., indicated the resident had a fall. The report indicated the resident's physician and family were notified on 8/12/20. A Notice of Transfer or Discharge, dated 8/11/20, indicated the resident was transferred to another health facility, a local hospital. The		bed-hold period under the State plan, returns to the facility to their previous room if available or immediately upon the first availability of a bed in a semi-private room. If the resident requires the services provided by the facility; and is eligible for Medicare skilled nursing facility services or Medicaid nursing facility services. - how other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; · After a full review of documentation for all discharged residents from 11/14/2020 to 12/14/2020, no other residents were adversely affected by the deficient practice. - what measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur; On or before 12/18/2020, all staff, including nursing administration and SSD were in-serviced regarding bed hold policies and procedures. The inservices will include but limited to, · The Federal requirements at 42 C.F.R. § 483.15(c)(1)(i)(A)-(F)	

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	transfer or discharge was necessary to meet the resident's welfare and resident's needs cannot be met in the facility. An appeal rights indicated the facility must attach the following documents to this Notice of Transfer or Discharge: Attach State Form 49831 Notice of Transfer or Discharge Request for Hearing. The notice of transfer or discharge request for hearing, dated 8/11/20, indicated the resident received a notice of transfer or discharge from the health facility informing her that she was going to be transferred or discharged from the facility and the resident hereby requested a hearing on the facility's decision to transfer or discharge her from the health facility. An untitled document, dated 8/11/20 and untimed, indicated the resident had a fall and 911 was called for emergency medical service assistance due to the resident's complaints of pain in her lower back and hip area. The resident was sent to the emergency department (ER) for assessments and treatment. While picking up the resident's rollator walker, the Administrator noticed smoking contraband that had fallen out of a pouch that had been attached to the walker. During the inspection 3 full and half cigarettes, and one lighter were found inside the pouch. Due to the findings the Administrator, Social Services Director (SSD)4, SSD 8, and Registered Nurse (RN) Unit Manager 9 conducted a thorough search of the resident's room. During the search of the resident's property many other items were found that violated the smoking policy and safety related restrictions. These found items included: 1. Large Styrofoam cup filled with "Vodka" (alcohol). 2. Cigarette lighters. 3. Rolled aluminum foiled with a chard end that "smelled of marijuana or tobacco".		prohibiting a facility from transferring or discharging a resident unless: · The facility cannot meet the resident's needs; The resident no longer requires nursing home services; The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident; The health of individuals in the facility would otherwise be endangered; The resident fails to pay after reasonable and appropriate notice; or The facility closes. · The Federal requirements at 42 C.F.R. § 483.15(c)(2) mandating that when a facility transfers or discharges a resident, the transfer or discharge is properly documented in the medical record and *appropriate information is communicated to the receiving health care institution or provider to ensure continuity of care.* This includes, but is not limited to, documentation of the basis for transfer, a copy of the resident's discharge summary, any information necessary to ensure a safe and effective transition of care. · The Federal requirements at 42 C.F.R. § 483.15(e)(1)	

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	4. A razor knife. 5. A steak knife. 6. A 7-up can that was fashioned as confiscating device with a screw one top. The inside "smelled of marijuana." 7. An empty cigarette with tobacco residue. 8. A shot glass. 9. A screwdriver. 10. 3 prescription medication bottles that contained Abreva cream (antiviral drug), ciprofloxacin (antibiotic) eye drops and ketorolac (Nonsteroidal anti-inflammatory drug) solution. 11. 4 packages of MiraLAX powder (stool softener). 12. Smoke bomb (fire work). Due to the findings the facility elected as an operation to discharge the resident from the facility immediately. The Administrator notified the hospital the resident was transferred to, Sate Ombudsman, the son, the local Health Department, and the facility legal and compliance teams to make them aware of the findings and decision. On 8/18/20 it was reported to the Administrator from the hospital the resident had attempted to elope from the hospital and resulted in an altercation with security staff and was sent to the local county jail as a result. Later in the day of 8/18/20 another local hospital called to verify the facility would not accept the resident back to the facility and the facility declined. The facility had "done everything possible" to support the resident and her family in finding placement and meeting all needs. At this time, the facility would not be accepting the resident back at any time. A discharge MDS assessment, dated 8/11/20, indicated there was no active discharge planning		regarding establishing and following a written policy on permitting residents to return to the facility after they are hospitalized or placed on therapeutic leave. Additionally, the requirement that if the facility determines that a resident who was transferred with an expectation of returning to the facility, cannot return to the facility, the facility must comply with the transfer and discharge requirements at 42 C.F.R. § 483.15(c). · The Federal requirements at 42 C.F.R. § 483.15(c)(3) regarding providing advance, written notice to the resident and resident's representative(s) of the transfer/discharge and the reason for the move in a manner they'll understand. This includes *appropriate timing of the notice in accordance with 42 C.F.R. § 483.15(c)(4)* as well as the required contents of the notice as described in 42 C.F.R. § 483.15(c)(5). · The Federal requirements at 42 C.F.R. § 483.15(d) regarding providing written notice to a resident and resident's representative(s) of the bed-hold policy. The contents of the notice must include: · the duration of the state bed-hold policy, if any, during	

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	155426	A. BUILDING 00 B. WING	11/19/2020

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	already occurring for the resident to return to the community. A review of the resident's clinical record lacked documented evidence that indicated discharge planning had been completed. A hospital history and physical document, dated 8/11/20, indicated the resident had been transferred to ER with complaint of back and head pain. The document indicated the resident was unable to be transferred back to the long-term nursing home facility due to an immediate termination and was placed on a hold in the emergency department due to the resident trying to leave. Per behavioral health at the hospital, the resident was no threat to self or others, and had no acute psychosis and had not met admission criteria for psychosis. Active scheduled inpatient medications indicated none reported. A hospital discharge note dated 8/18/20. indicated the resident was admitted to the hospital after being discharged from a skilled nursing facility for having cannabis and other barbiturate paraphernalia in her room. The resident had a mild acute kidney injury and fall and was given intravenously hydration and improved. Efforts were made to place the resident in another facility, however because of behavioral issues it was very difficult. On 8/18/20 the resident had an altercation with security, police were called and allegedly the resident assaulted a police officer and was subsequently arrested and escorted out of the hospital. The resident was deemed to have left against medical advice. A Findings of Fact, Conclusions of Law and		which the resident is permitted to return and resume residence in the nursing facility; the reserve bed payment policy in the state plan; the nursing facility's policies regarding bed-hold periods, which must be consistent with 42 C.F.R. § 483.15(e)(1); and information explaining that a facility must establish and follow a written policy permitting residents to return after they are hospitalized or placed on therapeutic leave. - how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place. · Nurse management and social services will review each resident before and after discharge. This review will ensure that any resident whose hospitalization or therapeutic leave exceeds the bed-hold period under the State plan, returns to the facility to their previous room if available or immediately upon the first availability of a bed in a semi-private room. If the resident requires the services provided by the facility; and is eligible for Medicare skilled nursing facility services or Medicaid nursing facility services. All resident discharges will be audited to	

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	Recommended Order, dated 9/24/20, indicated, " ...Following the untimely discharge from the Facility, Resident [initials] failed to get her medications for her mental health conditions for a period of days which had a detrimental affect sending her into a bipolar manic phase which required police intervention, a trip to [County name] Jail until it was determined that Resident [initials] would be more appropriately placed on a psychiatric ward at [name off second hospital] ....[second hospital name] was also inappropriate placement for Resident [initials] as it was determined that due to her co-ocurring Alzheimer's diagnosis that she needed a facility that had the expertise to address her specific conditions ....The Facility refused to reconsider allowing Resident [initials] to return to the Facility and Resident [initials] and transported to [name of third hospital] ...and eventually released upon her being stabilized to the only skilled nursing facility that had agreed to accept her ...." The new skilled facility was "approximately two and a half hours" away. The Administrative Law Judge recommended the following order: The discharge request of the long-term care facility as to Resident B should be denied and the resident should be allowed to return to the long-term care facility from her current placement. During an interview, on 11/19/20 at 8:49 a.m., the Corporate Care Consultant indicated the resident was transferred to the hospital on 8/11/20 due to a fall. After the transfer the Administrator and other staff found contraband items in the resident's room. The facility felt it was unsafe for the resident to return to the facility and the hospital was notified shortly after the resident transferred there that the resident would not be able to return to the facility. No		ensure proper discharge policy and procedures are followed per occurrence, weekly for 4 weeks, then monthly for two months until 3/1/2020. Results will be submitted to QAPI for review to ensure increased compliance goals. QAPI committee reserves the right to modify or extend monitoring times according to outcomes. a name="_Hlk62659338">. On January 27, 2021 Signature Healthcare of Terre Haute HFA, DON and Behavioral Health Nurse phoned resident B. Resident B's POA and State Ombudsman were present during the call, on resident B's behalf. Resident B and the resident B's POA were provided with an invitation for resident B to return to the facility. A follow up letter outlining the call topics was sent certified mail, to both resident B and resident B's POA after completion of the call to ensure that this information is communicated in a manner that resident B and resident B's POA understands. Neither resident B or POA stated if resident B would be returning to SHC of Terre Haute during the call. If resident B or resident B's POA declines to be readmitted to the facility, the facility will have the resident B and resident B's POA sign a statement indicating that the resident chooses not to return to the facility. If Resident B desires to	

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	30-day notice was provided to the resident and resident's representative and she could not find where a discharge summary had been completed. She could not find documentation in the resident's clinical record of completed documentation of the discharge by a physician. She was unsure if there had been any correspondence of the resident returning to the facility, and from her understanding the resident had not qualified to be readmitted to the facility. During an interview, on 11/19/20 at 2:50 p.m., Resident B's son indicated he was the resident's POA. His mother had been transferred to a hospital after a fall on 8/11/20. The facility had done a search of his mother's room after she was transferred and indicated they had found items she should not have in her room and they immediately discharged her. He never received any written documentation of this, nor was his mother provided with a 30-day notice of the discharge. The facility had not helped find another place for the resident to reside and did not let his mother return to the facility during the appeal process of the discharge. He indicated she had not received her medications during her stay at the hospital and had been placed in a posy (enclosed) bed which scared her. He felt between not receiving her psychotropic medications and being kicked out of her home (at the long-term care facility) she became manic from her bipolar diagnosis and on 8/18/20 was escorted from the hospital and taken to the local county jail. The resident had not assaulted a police officer and was unsure why that had been said. From the county jail the resident was sent to another hospital. He was not sure why the hospital had not given her medications to her but felt if she had not been uprooted from her home none of this would have happened. The facility she was		return to the facility, the facility will make accommodations to return the resident to the facility including providing their previous room if available or upon immediate availability of a bed in a semi-private room accommodation. Should the resident choose to return to the facility, on the first day of readmission, the facility's entire interdisciplinary care team will conduct a care plan meeting with the resident and responsible party to review resident B's care plan with a specific focus on resident B's psychosocial needs identified in the 2567. Based on this conference, the facility will provide or arrange for additional or specialized care or services necessary to maintain resident B's highest practical physical, mental, and psychosocial well-being. Resident B's caregivers will then be trained on the revised care plan. Upon the conclusion of this process, applicable documentation will be provided to the representatives at the Indian Department of Health as outlined in the letter dated January 22, 2021.	

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	currently at was across the state and hours away. It had sent a request for admission back to the facility that discharged her without notice, but within minutes the facility denied the request for readmission. On 11/18/20 at 10:53 a.m., the Corporate Care Consultant provided a document titled, "Transfer/Discharge Notice," and indicated it was the policy currently being used by the facility. The policy indicated, "Policy: Statement: The appropriate notice will be provided if it is necessary to transfer or discharge a resident(s) from a facility...Guideline: 1. Before the transfer or discharge occurs, the facility will notify the resident and the resident's representative of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. a. The facility's notice will include an explanation of the right to appeal the transfer to the State as well as the name, address, and phone number of the State Long-Term Care Ombudsman...b. The facility may not transfer or discharge a resident while an appeal is pending. 2. Contents of the notice include: a. Reason for transfer or discharge: b. Effective date of transfer or discharge; c. Statement of resident's appeal rights; d. Name, address and telephone number of the Office of the State Long-Term Care Ombudsman...f. If resident has a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individual with a mental disorder....4. The reasons for the transfer or discharge will be documented in the resident's medical record. 5. The notice will be provided at least 30 days prior to the transfer...Documentation: 1. Documentation of transfers includes: a. The reason for transfer or discharge...2.			

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	documentation of resident transfers or discharges in the medical record will be made by the following: a. The resident's physician when transfer or discharge is necessary, and b. A physician when transfer or discharge is necessary. 3. Information provided to the receiving facility should include: a. Contact information of the practitioner responsible for the care of the resident. b. Representative information including contact information. c. Advanced directive information. d. Special instructions for ongoing care. e. Comprehensive Care Plan goals. f. Any other applicable information, including discharge summary, as applicable, to ensure a safe and effective transfer...7. Documentation of the transfer/discharge may be completed by a physician extender...." This Federal tag relates to Complaint IN00341593. 3.1-12(a)(26)			
F 0660 SS=D Bldg. 00	483.21(c)(1)(i)-(ix) Discharge Planning Process §483.21(c)(1) Discharge Planning Process The facility must develop and implement an effective discharge planning process that focuses on the resident's discharge goals, the preparation of residents to be active partners and effectively transition them to post-discharge care, and the reduction of factors leading to preventable readmissions. The facility's discharge planning process must be consistent with the discharge rights set forth at 483.15(b) as applicable and- (i) Ensure that the discharge needs of each resident are identified and result in the development of a discharge plan for each			

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	resident. (ii) Include regular re-evaluation of residents to identify changes that require modification of the discharge plan. The discharge plan must be updated, as needed, to reflect these changes. (iii) Involve the interdisciplinary team, as defined by §483.21(b)(2)(ii), in the ongoing process of developing the discharge plan. (iv) Consider caregiver/support person availability and the resident's or caregiver's/support person(s) capacity and capability to perform required care, as part of the identification of discharge needs. (v) Involve the resident and resident representative in the development of the discharge plan and inform the resident and resident representative of the final plan. (vi) Address the resident's goals of care and treatment preferences. (vii) Document that a resident has been asked about their interest in receiving information regarding returning to the community. (A) If the resident indicates an interest in returning to the community, the facility must document any referrals to local contact agencies or other appropriate entities made for this purpose. (B) Facilities must update a resident's comprehensive care plan and discharge plan, as appropriate, in response to information received from referrals to local contact agencies or other appropriate entities. (C) If discharge to the community is determined to not be feasible, the facility must document who made the determination and why. (viii) For residents who are transferred to			

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	another SNF or who are discharged to a HHA, IRF, or LTCH, assist residents and their resident representatives in selecting a post-acute care provider by using data that includes, but is not limited to SNF, HHA, IRF, or LTCH standardized patient assessment data, data on quality measures, and data on resource use to the extent the data is available. The facility must ensure that the post-acute care standardized patient assessment data, data on quality measures, and data on resource use is relevant and applicable to the resident's goals of care and treatment preferences. (ix) Document, complete on a timely basis based on the resident's needs, and include in the clinical record, the evaluation of the resident's discharge needs and discharge plan. The results of the evaluation must be discussed with the resident or resident's representative. All relevant resident information must be incorporated into the discharge plan to facilitate its implementation and to avoid unnecessary delays in the resident's discharge or transfer. Based on record review and interview, the facility failed to ensure discharge planning had been completed for a facility initiated discharge for 1 of 3 residents reviewed for discharge planning (Resident B). Findings include: 1. Resident B's record was reviewed, on 11/17/20 at 9:43 a.m. A quarterly Minimum Data Set (MDS) assessment, dated 7/2/20, indicated the resident was cognitively intact. Diagnoses on the resident's profile included, but were not limited to, early onset Alzheimer disease (a progressive disease that destroys memory and	F 0660	- what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; · A facility policy will be followed stating that a resident, who may be discharged involuntarily (facility initiated) discharged, will receive all discharge planning information and communication per policy/procedure and follow department of health guidelines.	12/18/2020

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	other important functions), and bipolar (a disorder associated with episodes of mood swings ranging from depressive lows to manic highs). A fall incident report, dated 8/11/20 at 1:40 p.m., indicated the resident had a fall. The report indicated the resident's physician and family were notified on 8/12/20. A Notice of Transfer or Discharge, dated 8/11/20, indicated the resident was transferred to another health facility, a local hospital. The transfer or discharge was necessary to meet the resident's welfare and resident's needs could not be met in the facility. An appeal rights indicated the facility must attach the following documents to this Notice of Transfer or Discharge: Attach State Form 49831 Notice of Transfer or Discharge Request for Hearing. The notice of transfer or discharge request for hearing, dated 8/11/20, indicated the resident received a notice of transfer or discharge from the health facility informing her that she was going to be transferred or discharged from the facility and the resident hereby requested a hearing on the facility's decision to transfer or discharge her from the health facility. An untitled document, dated 8/11/20 and untimed, indicated the resident had a fall and 911 was called for emergency medical service assistance due to the resident's complaints of pain in her lower back and hip area. The resident was sent to the emergency department (ER) for assessments and treatment. While picking up the resident's rollator walker, the Administrator noticed smoking contraband that had fallen out of a pouch that had been attached to the walker. During the inspection 3 full and half cigarettes,		- how other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; · After a full review of documentation for all discharged residents from 11/14/2020 to 12/14/2020, no other residents were adversely affected by the deficient practice. - what measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur; On or before 12/18/2020, all staff, including nursing Administration and SSD, were in-serviced regarding bed hold policies and procedures. The inservices will include but limited to, · The Federal requirements at 42 C.F.R. § 483.15(c)(1)(i)(A)-(F) prohibiting a facility from transferring or discharging a resident unless: · The facility cannot meet the resident's needs; The resident no longer requires nursing home services; The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident; The health of individuals in the	

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	and one lighter were found inside the pouch. Due to the findings the Administrator, Social Services Director (SSD)4, SSD 8, and Registered Nurse (RN) Unit Manager 9 conducted a thorough search of the resident's room. During the search of the resident's property many other items were found that violated the smoking policy and safety related restrictions. These found items included: 1. Large Styrofoam cup filled with "Vodka" (alcohol). 2. Cigarette lighters. 3. Rolled aluminum foiled with a chard end that "smelled of marijuana or tobacco". 4. A razor knife. 5. A steak knife. 6. A 7-up can that was fashioned as confiscating device with a screw one top. The inside "smelled of marijuana." 7. An empty cigarette with tobacco residue. 8. A shot glass. 9. A screwdriver. 10. 3 prescription medication bottles that contained Abreva cream (antiviral drug), ciprofloxacin (antibiotic) eye drops and ketorolac (Nonsteroidal anti-inflammatory drug) solution. 11. 4 packages of MiraLAX powder (stool softener). 12. Smoke bomb (fire work). Due to the findings the facility elected as an operation to discharge the resident from the facility immediately. The Administrator notified the hospital the resident was transferred to, Sate Ombudsman, the son, the local Health Department, and the facility legal and compliance teams to make them aware of the findings and decision. On 8/18/20 it was reported to the Administrator from the hospital the resident had attempted to elope from the		facility would otherwise be endangered; The resident fails to pay after reasonable and appropriate notice; or The facility closes. · The Federal requirements at 42 C.F.R. § 483.15(c)(2) mandating that when a facility transfers or discharges a resident, the transfer or discharge is properly documented in the medical record and *appropriate information is communicated to the receiving health care institution or provider to ensure continuity of care.* This includes, but is not limited to, documentation of the basis for transfer, a copy of the resident's discharge summary, any information necessary to ensure a safe and effective transition of care. · The Federal requirements at 42 C.F.R. § 483.15(e)(1) regarding establishing and following a written policy on permitting residents to return to the facility after they are hospitalized or placed on therapeutic leave. Additionally, the requirement that if the facility determines that a resident who was transferred with an expectation of returning to the facility, cannot return to the facility, the facility must comply	

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	hospital and resulted in an altercation with security staff and was sent to the local county jail as a result. Later in the day of 8/18/20 another local hospital called to verify the facility would not accept the resident back to the facility and the facility declined. The facility had "done everything possible" to support the resident and her family in finding placement and meeting all needs. At this time, the facility would not be accepting the resident back at any time. A review of the resident's clinical record lacked documented evidence that indicated discharge planning had been completed. A hospital history and physical document, dated 8/11/20, indicated the resident had been transferred to ER with complaint of back and head pain. The document indicated the resident was unable to be transferred back to the long-term nursing home facility due to an immediate termination and was placed on a hold in the emergency department due to the resident trying to leave. A discharge MDS assessment, dated 8/11/20, indicated there was no active discharge planning already occurring for the resident to return to the community. A care plan, revised 7/13/20, indicated the resident received an antidepressant medication related to major depressive disorder and bipolar disorder. A care plan, revised 7/13/20, indicated the resident had a diagnosis of bipolar, depression with psychosis, borderline personality disorder, anxiety and insomnia. Interventions included, but were not limited to, administer medications as		with the transfer and discharge requirements at 42 C.F.R. § 483.15(c). · The Federal requirements at 42 C.F.R. § 483.15(c)(3) regarding providing advance, written notice to the resident and resident's representative(s) of the transfer/discharge and the reason for the move in a manner they'll understand. This includes *appropriate timing of the notice in accordance with 42 C.F.R. § 483.15(c)(4)* as well as the required contents of the notice as described in 42 C.F.R. § 483.15(c)(5). · The Federal requirements at 42 C.F.R. § 483.15(d) regarding providing written notice to a resident and resident's representative(s) of the bed-hold policy. The contents of the notice must include: · the duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; the reserve bed payment policy in the state plan; the nursing facility's policies regarding bed-hold periods, which must be consistent with 42 C.F.R. § 483.15(e)(1); and information explaining that a facility must establish and follow a written policy permitting residents	

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(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
	ordered. During an interview, on 11/19/20 at 8:49 a.m., the Corporate Care Consultant indicated the resident was transferred to the hospital on 8/11/20 due to a fall. After the transfer the Administrator and other staff found contraband items in the resident's room. The facility felt it was unsafe for the resident to return to the facility and the hospital was notified shortly after the resident transferred there that the resident would not be able to return to the facility. No 30 day notice was provided to the resident and resident repressive and she could not find where a discharge summary had been completed. She could not find documentation in the resident's clinical record of completed documentation of the discharge by a physician. During an interview, on 11/19/20 at 2:50 p.m., Resident B's son indicated he was the residents POA. His mother had been transferred to a hospital after a fall on 8/11/20. The facility had done a search of his mother's room after she was transferred and indicated they had found items she should not have in her room. They immediately discharged her. He never received any written documentation of this, nor was his mother provided with a 30 day notice of the discharge. The facility had not helped find another place for the resident to reside and did not let his mother return to the facility during the appeal process of the discharge. On 11/18/20 at 10:53 a.m., the Corporate Care Consultant provided a document titled, "Transfer/Discharge Notice," and indicated it was the policy currently being used by the facility. The policy indicated, "Policy: Statement: The appropriate notice will be provided if it is		to return after they are hospitalized or placed on therapeutic leave. - how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; · Nurse management and social services will review each resident that may be discharged via facility initiated. This review will ensure that no resident will be involuntarily discharged without following the proper discharge process per policy and procedure, (per occurrence) weekly for 4 weeks, then monthly	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155426	A. BUILDING 00 B. WING	11/19/2020

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	necessary to transfer or discharge a resident(s) from a facility...Guideline: 1. Before the transfer or discharge occurs, the facility will notify the resident and the resident's representative of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. a. The facility's notice will include an explanation of the right to appeal the transfer to the State as well as the name, address, and phone number of the State Long-Term Care Ombudsman...b. The facility may not transfer or discharge a resident while an appeal is pending. 2. Contents of the notice include: a. Reason for transfer or discharge: b. Effective date of transfer or discharge; c. Statement of resident's appeal rights; d. Name, address and telephone number of the Office of the State Long-Term Care Ombudsman...f. If resident has a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individual with a mental disorder....4. The reasons for the transfer or discharge will be documented in the resident's medical record. 5. The notice will be provided at least 30 days prior to the transfer...Documentation: 1. Documentation of transfers includes: a. The reason for transfer or discharge...2. documentation of resident transfers or discharges in the medical record will be made by the following: a. The resident's physician when transfer or discharge is necessary; and b. A physician when transfer or discharge is necessary. 3. Information provided to the receiving facility should include: a. Contact information of the practitioner responsible for the care of the resident. b. Representative information including contact information. c. Advanced directive information. d. Special instructions for ongoing care. e. Comprehensive			

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	Care Plan goals. f. Any other applicable information, including discharge summary, as applicable, to ensure a safe and effective transfer...7. Documentation of the transfer/discharge may be completed by a physician extender...." This Federal tag relates to Complaint IN00341593. 3.1-12(a)(18) 3.1-12(a)(19)			