

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

PRINTED: 12/05/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155566		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/13/2023	
NAME OF PROVIDER OR SUPPLIER WARSAW MEADOWS				STREET ADDRESS, CITY, STATE, ZIP COD 300 E PRAIRIE ST WARSAW, IN 46580			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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	<p>This visit was for the Investigation of Complaint IN00419541.</p> <p>Complaint IN00419541 - Federal/state deficiencies related to the allegations are cited at F622 and F623.</p> <p>Survey dates: October 13, 2023</p> <p>Facility number: 000359 Provider number: 155566 AIM number: 100274920</p> <p>Census Bed Type: SNF/NF: 57 Total: 57</p> <p>Census Payor Type: Medicare: 0 Medicaid: 47 Other: 10 Total: 57</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed 10/23/2023.</p>			F 0000	<p>By submitting the enclosed materials, we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests that the plan of correction be considered our allegation of compliance effective November 2, 2023. We respectfully request paper compliance for this survey resolution.</p>		
F 0622 SS=G Bldg. 00	<p>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 discharge the resident from the facility unless- (A) The transfer or discharge is necessary for</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 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 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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	<p>the resident's welfare and the resident's needs cannot be met in the facility;</p> <p>(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;</p> <p>(C) The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident;</p> <p>(D) The health of individuals in the facility would otherwise be endangered;</p> <p>(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</p> <p>(F) The facility ceases to operate.</p> <p>(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.</p> <p>§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)</p>						

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	<p>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.</p> <p>(i) Documentation in the resident's medical record must include:</p> <p>(A) The basis for the transfer per paragraph (c)(1)(i) of this section.</p> <p>(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).</p> <p>(ii) The documentation required by paragraph (c)(2)(i) of this section must be made by-</p> <p>(A) The resident's physician when transfer or discharge is necessary under paragraph (c)(1)(A) or (B) of this section; and</p> <p>(B) A physician when transfer or discharge is necessary under paragraph (c)(1)(i)(C) or (D) of this section.</p> <p>(iii) Information provided to the receiving provider must include a minimum of the following:</p> <p>(A) Contact information of the practitioner responsible for the care of the resident.</p> <p>(B) Resident representative information including contact information</p> <p>(C) Advance Directive information</p> <p>(D) All special instructions or precautions for ongoing care, as appropriate.</p> <p>(E) Comprehensive care plan goals;</p> <p>(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.</p> <p>Based on record review and interviews, the facility</p>			F 0622	It is the practice of this facility that		11/02/2023

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	<p>failed to establish a discharge plan and to ensure documentation was accurate and allowed at least 30 days prior to the transfer for a facility initiated transfer and failed to allow a resident to remain the building when the resident verbalized opposition to the transfer for 1 of 3 discharged records reviewed. (Resident B) This deficient practice resulted in the resident inflicting self harm due to the impending transfer.</p> <p>Finding includes:</p> <p>The record for Resident B was reviewed on 10/13/2023 at 9:45 A.M. Resident B was admitted to the facility on 8/10/2023 with diagnoses including, but not limited to: type 1 diabetes mellitus with ketoacidosis with coma, open wound of the lower left leg with subsequent encounter, Crohn's disease of the large intestine without complications, hyperlipidemia, calculus of lower urinary tract, muscle weakness, unsteadiness on feet and pain.</p> <p>An admission assessment, completed on 8/10/2023, indicated the resident was admitted for long term care and there were no discharge plans initiated on his admission. The resident was admitted to the facility with two stage 2 pressure wounds to his bilateral lower extremity amputation stumps (knees).</p> <p>The most recent Quarterly MDS (Minimum Data Set) assessment for Resident B, dated 8/28/2023, indicated the resident was alert and oriented, required staff supervision and/or limited assistance for activities of daily living, and utilized a wheelchair for locomotion. The assessment indicated the resident did not have any wounds.</p> <p>The care plans for Resident B, revised on</p>				<p>residents residing in the facility have care plans related to discharge planning and be allowed to remain in the facility during the 30 day notice of facility initiated discharge unless appropriate plans are implemented. The corrective action taken for those residents found to be affected by the deficient practice include:</p> <p>Resident B no longer resides in the facility. The resident received copies of medication list with instructions, as well as copies of the notice of transfer/discharge and request for hearing as well as the facility bed hold policy. Other residents that have the potential to be affected have been identified by:</p> <p>All residents with plans to discharge from the facility have the potential to be affected by this deficient practice. The Director of Nursing, or designee, has completed an audit of care plans for discharge planning for residents residing in facility. Those residents identified as not having care plans for discharge planning have had their plan of care updated. There were no residents that have been identified as pending facility initiated discharges to an outside residence. The measures and systematic changes that have been put into place to ensure that the deficient practice does not recur include:</p>		

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	<p>9/11/2023 and current through 11/28/2023 did not address any discharge plans.</p> <p>A Social Service Progress Note, completed on 9/8/2023 at 9:35 A.M., indicated the Social Service Director had attempted to have the resident come to her office to work on his "social security disability" but he was too tired and refused.</p> <p>On 9/18/2023 at 12:03 P.M., a Social Service Progress Note from the SSD indicated the staff member had spoken with the resident about his discharge from the facility. The resident informed the social service director he was going to talk with some family members in hopes they would "take him in." The SSD and resident called the Social Security office and the resident's "things" were still in progress.</p> <p>On 9/19/2023 at 2:32 P.M., a Social Service Progress Note entered as a "Late entry" indicated the SSD again spoke with the resident regarding his discharge plans. The resident again indicated he was hoping to stay with family and refused to have the SSD assist him in talking to his family. When pressed by the SSD for a "solid plan and goal" he stated, "I guess I'll just go to the homeless shelter then." The SSD informed him that was a possibility. The SSD indicated the resident was reluctant to go to a homeless shelter due to potential drug issues there. The note indicated the SSD was able to assure the resident of the homeless shelter's precautions to prevent drug abuse in their buildings. The note ended with the resident stating he did not want to discuss his discharge plans anymore.</p> <p>On 9/23/2023 at 11:22 A.M., a Social Service Progress Note indicated a discussion with the resident had taken place due to some</p>				<p>The policies "Transfer or Discharge, Facility-Initiated" and "Discharge Summary and Plan" were reviewed by the IDT. The Social Service designee, Memory Care Coordinator and MDS Coordinator were in-serviced on the policies on 10/31/23. A performance improvement tool has been developed to monitor that discharge planning is addressed in the care plan and sufficient notice is provided for facility initiated discharged.</p> <p>The corrective action taken to monitor performance to assure compliance through quality assurance is:</p> <p>A Performance Improvement Tool has been initiated to assure that all residents have discharge planning care plans in place and facility initiated transfers will not occur without proper documentation. The Director of Nursing, or designee, will complete this tool weekly for 8 weeks, monthly x 3 months, and quarterly x3. Any issues identified will be immediately corrected. The Quality Assurance Committee will review the tools at the scheduled meetings with recommendations as needed based on the outcomes of the tools.</p> <p>The date the systemic changes will be completed:</p> <p>Systemic changes will be completed by 11-2-23</p>		

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	<p>inappropriate language towards staff and behaviors of asking staff for their phone numbers and asking staff "out on dates." After the conversation, the note indicated the resident and SSD talked about the discharge process but the resident refused to talk to the SSD and left the office.</p> <p>On 9/24/2023 at 9:55 A.M., a late entry note from the SSD indicated she had spoken with the Family Member 1 and she was unwilling to take him into her home. The note indicated the Family Member 2 was also unable to provide a home for Resident B.</p> <p>On 9/28/2023 at 3:48 P.M., a Social Service Progress Note indicated she had spoken with the Family Member 3 and she was unwilling to take the resident into her home. Family Member 3 informed the facility, "Your facility is not allowed to just throw people on the street, and I won't let you do that to him."</p> <p>A Social Service Progress Note, dated 9/28/2023 at 6:20 P.M., indicated another long term care facility was contacted but the SSD was unable to connect with anyone at the facility and would have to call back.</p> <p>A Social Service Progress Note, dated 10/06/2023 at 12:32 P.M., indicated the homeless shelter was contacted to see if the resident could be discharged to their facility. The note indicated the resident need to come for an "intake process" and then he could stay at the homeless shelter. Transportation was set up for Monday 10/9/2023 to complete the first portion of the intake process. The note indicated the resident no longer met "level of care" at the facility and all possible family members had been contacted.</p>						

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	<p>A Social Service Progress Note, dated 10/9/2023 at 12:16 P.M., indicated the SSD spoke to a family member of Resident B and she indicated "He can't go to a shelter, he won't make it." The note again indicated the resident did not meet "Level of care" in the facility. The note indicated the resident was packing his belongings and stated "I have done (sic) to have to leave, I need to be in the nursing home and I need people to care for me." The SSD "assured" resident he would be okay and that he does not meet the "level of care."</p> <p>A Nursing Progress Note, dated 10/10/2023 at 3:30 A.M., indicated while being assisted with a shower, the resident was observed attempting to pull a scab off of his left knee. The resident was educated regarding not removing the scab, however, the resident continued and eventually pulled a scab off of his left knee stump. The area was documented as bleeding and a pressure dressing was applied.</p> <p>A Nursing Progress Note, dated 10/10/2023 at 3:45 A.M., indicated the resident was yelling in the hallway that now that he had a wound, he could not be discharged. The nurse then indicated she informed the resident it was "not an open wound" and requested he not yell as other resident's were trying to sleep.</p> <p>A Nursing Note, dated 10/10/2023 at 4:30 A.M., indicated the homeless shelter staff were notified regarding the resident's narcotic medications and supplies for checking his blood sugar.</p> <p>A Nursing Note, dated 10/10/2023 at 5:00 A.M., indicated the resident's blood sugar was 424 and he stated he had "drank a bunch of juice" and believed he could not be discharged to the</p>						

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	<p>homeless shelter.</p> <p>On 10/10/2023 at 6:45 A.M., Resident B was transferred per facility van to the homeless shelter in a local city and discharged from the facility. There was no notes regarding reviewing care needs and/or medications with Resident B prior to his discharge.</p> <p>During an interview with the Director of Nursing and the Social Service Director, on 10/13/2023 at 10:58 A.M., the SSD indicated the facility had started "discharge planning" with Resident B "a while back" when we figured out he was not going to meet the Level of Care requirement. She indicated the (company) staff member had evaluated the resident in September. The SSD indicated the resident was not offered a 30 day notice of discharge as the facility was not "discharging him that way." The SSD indicated there was no discharge plan of care but she had contacted several family members and places regarding the resident's discharge.</p> <p>Review of the documentation from the (assessment company) evaluation, completed on September 13, 2023 and the resident was determined to meet the skilled nursing facility level of care short term for 120 days from September 13 through January 11, 2024. The resident was receiving a State/Federal funded payer source for the nursing home stay.</p> <p>The SSD indicated she had contacted family members and a few long term care facilities. She indicated the resident had no money for assisted living and she had not contacted any type of assisted living facility. She indicated the resident had refused to have her contact any group homes.</p>						

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	<p>The Director of Nursing (DON) indicated the resident was in the process of filing for Medicaid disability while he was in the facility. The DON indicated the facility felt it was important to start the discharge process immediately as it was potentially going to be very difficult to find placement for the resident due to his age and criminal background.</p> <p>The Director of Nursing confirmed the homeless shelter had notified the facility regarding their concerns with the resident being unable to care for himself, per their requirements and the Director of Nursing indicated she told the homeless shelter to call the Emergency Room if they were concerned.</p> <p>The facility's current policy and procedure, titled, "Transfer and Discharge Requirements" provided by the Director of Nursing on 10/13/2023 at 11:28 A.M., included the following: "...12. Except in an emergency, a resident may not be transferred or discharge from the facility without prior notification. The resident and the resident's responsible person shall receive written notification in a reasonable advance of the impending discharge. Reasonable advance notice shall be interpreted to mean 30 days unless appropriate plans can be implemented. The actions shall be documented on the resident record. Suitable clinical notes, list of order and medications as directed by the attending physician shall accompany the resident if the resident is sent to another medical facility...."</p> <p>The facility's current policy and procedure, titled "Post -Discharge Plan" provided by the Director of Nursing on 10/13/2023 at 11:28 A.M., included the following: "...When a resident is discharged, a post-discharge plan shall be provided to the</p>						

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F 0623 SS=D Bldg. 00	<p>resident, and his/her representative...1. When the facility anticipates a resident's discharge to a private residence or to another nursing care facility...a post-discharge plan will be developed which will assist the resident to adjust to his or her new living environment....6. A copy of the post-discharge plan will be provided to the resident and receiving facility and a copy will be filed in the resident's medical records...."</p> <p>This Federal tag relates to complaint IN00419541.</p> <p>3.1-12(a)(6) 3.1-12 (a)(6)(B)</p> <p>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-</p> <p>(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.</p> <p>(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</p> <p>(iii) Include in the notice the items described in paragraph (c)(5) of this section.</p> <p>§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</p>						

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	<p>30 days before the resident is transferred or discharged.</p> <p>(ii) Notice must be made as soon as practicable before transfer or discharge when-</p> <p>(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;</p> <p>(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;</p> <p>(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;</p> <p>(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</p> <p>(E) A resident has not resided in the facility for 30 days.</p> <p>§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:</p> <p>(i) The reason for transfer or discharge;</p> <p>(ii) The effective date of transfer or discharge;</p> <p>(iii) The location to which the resident is transferred or discharged;</p> <p>(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;</p> <p>(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;</p> <p>(vi) For nursing facility residents with intellectual and developmental disabilities or</p>						

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OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155566		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/13/2023	
NAME OF PROVIDER OR SUPPLIER WARSAW MEADOWS				STREET ADDRESS, CITY, STATE, ZIP COD 300 E PRAIRIE ST WARSAW, IN 46580			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	<p>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 mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>§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.</p> <p>§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).</p> <p>Based on record review and interview, the facility failed to ensure a timely notice of discharge was issued for a facility initiated discharge for 1 of 3 discharged residents reviewed. (Resident B)</p>			F 0623	It is the practice of this facility to provide residents appropriate and timely written notification with facility initiated transfers.		11/02/2023

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	<p>Finding includes:</p> <p>The record for Resident B was reviewed on 10/13/2023 at 9:45 A.M. Resident B was admitted to the facility on 8/10/2023 with diagnoses included, but not limited to: type 1 diabetes mellitus with ketoacidosis with coma, open wound of the lower left leg with subsequent encounter, Crohn's disease of the large intestine without complications, hyperlipidemia, calculus of lower urinary tract, muscle weakness, unsteadiness on feet and pain.</p> <p>On 9/18/2023 at 12:03 P.M., a Social Service Progress Note from the Social Service Director (SSD) indicated the staff member had spoken with the resident about his discharge from the facility. The resident informed the SSD he was going to talk with some family members in hopes they would "take him in." The SSD and resident called the Social Security office and the resident's "things" were still in progress.</p> <p>On 9/19/2023 at 2:32 P.M., a Social Service Progress Note entered as a "Late entry", indicated the SSD again spoke with the resident regarding his discharge plans. The resident again indicated he was hoping to stay with family and refused to have the SSD assist him in talking to his family. When pressed by the SSD for a "solid plan and goal" he stated, "I guess I'll just go to the homeless shelter then." The SSD informed him that was a possibility. The SSD indicated the resident was reluctant to go to a homeless shelter due to potential drug issues there. The note indicated the SSD was able to assure the resident of the homeless shelter's precautions to prevent drug abuse in their buildings. The note ended with the resident stating he did not want to</p>				<p>The corrective action taken for those residents found to be affected by the deficient practice include: Resident B no longer resides in the facility. Other residents that have the potential to be affected have been identified by: All residents with discharges that are facility initiated have the potential to be affected. An audit of all residents with plans to discharge was completed with no other concerns identified. The measures and systematic changes that have been put into place to ensure that the deficient practice does not recur include: The policy entitled "Transfer or Discharge, Facility Initiated" was reviewed by the IDT. Social Services received education on 11/2/23 regarding the policy and providing residents with timely written notice when discharge is initiated by the facility. An audit tool has been developed to ensure any resident who discharges in this manner is provided reasonable advance notice, to mean 30 days, unless appropriate plans can be implemented. The corrective action taken to monitor performance to assure compliance through quality assurance is: A Performance Improvement Tool has been initiated that will review all facility initiated discharges to</p>		

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	<p>discuss his discharge plans anymore.</p> <p>On 9/23/2023 at 11:22 A.M., a Social Service Progress Note indicated a discussion with the resident had taken place due to some inappropriate language towards staff and behaviors of asking staff for their phone numbers and asking staff "out on dates." After the conversation, the note indicated the resident and SSD talked about the discharge process but the resident refused to talk to the SSD and left the office.</p> <p>On 9/24/2023 at 9:55 A.M., a late entry note from the SSD indicated she had spoken with Family Member 1 and she was unwilling to take him into her home. The note indicated Family Member 2 was also unable to provide a home for Resident B.</p> <p>A Social Service Progress Note, on 10/06/2023 at 12:32 P.M., indicated the homeless shelter was contacted to see if the resident could be discharged to their facility. The note indicated the resident need to come for an "intake process" and then he could stay at the homeless shelter. Transportation was set up for Monday 10/9/2023 to complete the first portion of the intake process. The note indicated the resident no longer met "level of care" at the facility and all possible family members had been contacted.</p> <p>A Nursing Progress Note, on 10/10/2023 at 6:45 A.M., indicated Resident B was transferred per the facility van to a homeless shelter in (name of city) and discharged from the facility.</p> <p>During an interview with the Director of Nursing and the Social Service Director, on 10/13/2023 at 10:58 A.M., the SSD indicated the facility had started "discharge planning" with Resident B "a</p>				<p>assure that proper and timely notification has been provided. The Director of Nursing, or designee, will complete this tool weekly x8, monthly x3, and quarterly x3. Any issues identified will be immediately corrected. The Quality Assurance Committee will review the tools at the scheduled meetings with recommendations as needed based on the outcomes of the tools.</p> <p>The date the systemic changes will be completed: 11-2-23</p>		

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	<p>while back" when we figured out he was not going to meet the Level of Care requirement. She indicated the (company) staff member had evaluated the resident in September. The SSD indicated the resident was not offered a 30 day notice of discharge as the facility was not "discharging him that way." The SSD indicated there was no discharge plan of care but she had contacted several family and places regarding the resident's discharge.</p> <p>The facility's current policy and procedure, titled, "Transfer and Discharge Requirements" provided by the Director of Nursing on 10/13/2023 at 11:28 A.M., included the following: "...12. Except in an emergency, a resident may not be transferred or discharge from the facility without prior notification. The resident and the resident's responsible person shall receive written notification in a reasonable advance of the impending discharge. Reasonable advance notice shall be interpreted to mean 30 days unless appropriate plans can be implemented. The actions shall be documented on the resident record. Suitable clinical notes, list of order and medications as directed by the attending physician shall accompany the resident if the resident is sent to another medical facility...."</p> <p>This Federal tag relates to complaint IN00419541.</p> <p>3.1-12(a)(9) 3.1-12(a)(9)(D)</p>						