

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

PRINTED: 02/13/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155798		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/26/2023	
NAME OF PROVIDER OR SUPPLIER ASHTON CREEK HEALTH AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 4111 PARK PLACE DRIVE FORT WAYNE, IN 46845			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00399776 and IN00400088.</p> <p>Complaint IN00399776 - Substantiated. Federal/state deficiencies related to the allegations are cited at F623.</p> <p>Complaint IN00400088 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey date: January 26, 2023</p> <p>Facility number: 012861 Provider number: 155798 AIM number: 201080610</p> <p>Census Bed Type: SNF/NF: 74 SNF: 34 Total: 108</p> <p>Census Payor Type: Medicare: 34 Medicaid: 60 Other: 14 Total: 108</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review compelted January 27, 2023</p>			F 0000	<p>The facility respectfully requests paper compliance for this citation.</p> <p>This plan of correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed soley because it is required by the provisions of federal and state law.</p>		
F 0623 SS=D Bldg. 00	<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</p>						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Molly Linder

Administrator

02/10/2023

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 30 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>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.</p> <p>(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.</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>						

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	<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> <ul style="list-style-type: none"> (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 mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act. <p>§483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the</p>						

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	<p>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 interview and record review the facility failed to ensure residents were notified of discharge for 1 of 8 residents reviewed (Resident B).</p> <p>Findings include:</p> <p>A list of discharged residents was provided by the facility on 1/26/23 at 10 AM. The list indicated Resident B had discharged from the facility on 12/28/22.</p> <p>In an interview on 1/26/23 at 2 PM, a family member indicated on 12/27/22 she was informed by a dietary staff Resident B had a planned discharge of 12/28/22. The family member indicated later on 12/27/22 she was notified by case management of Resident B's discharge date of 12/28/22.</p> <p>In an interview on 1/26/23 at 9:42 AM, Licensed Practical Nurse (LPN) 6 indicated a resident must be given at least a 48 hours notice prior to discharge. LPN 6 indicated Social Services</p>			F 0623	<p>1. Corrective actions for the residents affected by the alleged incident: a. Resident B was successfully discharged to home 12/28/2022 .</p> <p>2. Corrective actions for residents having the potential to be affected: a. A one-time audit has been completed for discharges from December 26, 2022 through January 26, 2023 to review if appropriate transfer information was provided at the time of discharge by the Director of Nursing. b. A one-time audit has been completed for NOMNC from December 26, 2022 through January 26, 2023 to review if NOMNC were given at least 48 hours prior to discharge by the case manager.</p>		02/08/2023

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	<p>notified the resident and/or family of a planned discharge.</p> <p>In an interview on 1/26/23 11:38 AM, Social Services 3 indicated Social Services updated the resident and/or family of a planned discharge 3 days prior to discharge. Social Service 3 also indicated the case manager completed a Notice of Medicare Non-Coverage (NOMNC) form with the resident and/or family prior to discharge. Social Service 3 indicated the NOMNC form is usually completed a week prior to discharge.</p> <p>In an interview on 1/26/23 at 11:53 AM, Case Manager (CM) 2 indicated a NOMNC form was issued 2 days prior to a planned discharge. CM 2 indicated the resident and/or representative signed the NOMNC form. CM 2 indicated therapy, social services, case management and the business office manager are all updated of planned discharges. CM 2 indicated she had received notification from therapy of Resident B's discharge and forgot to issue the NOMNC at the time. CM 2 indicated Resident B's NOMNC was issued on 12/27/22 and the resident discharged on 12/28/22.</p> <p>In an interview on 1/26/23 at 12:03 PM, the Director of Rehab (DOR) indicated a when a resident had a planned discharge she notified case management, the Minimum Data Set (MDS) coordinator, social services and other members of the resident's care team. DOR indicated notification of discharge was done via email of a medicare spreadsheet sent to the care team. DOR indicated the care team discussed the spreadsheet during morning meetings to prepare residents for discharge. DOR also indicated a NOMNC form was issued to a resident 48 hours prior to discharge.</p>				<p>c. An Ad Hoc QAPI meeting was held on 2/7/2023 with the Medical Director and QAPI Team lead by the Administrator.</p> <p>d. Licensed Nurses have been re-educated on the transfer paperwork required to provide communication to the resident, resident's family or the receiving facility by the Director of Nursing.</p> <p>e. The Case Manager has been re-educated on the NOMNC process to include presentation of the NOMNC 48 hours prior to discharge</p> <p>3. Measures / Systemic changes put in place to assure alleged deficient practice does not re-occur</p> <p>a. It is the responsibility of the Licensed Nurses to complete the appropriate transfer information at the time of discharge.</p> <p>b. The Director of Nursing, Assistant Director of Nursing, Unit Manager, Shift Supervisor, Clinical Consultant, and/or the Administrator will be responsible to audit discharges five times a week for (4) four weeks, three times weekly for (4) four weeks; weekly for (4) four weeks; then monthly for three months. Any issues identified will be immediately corrected, 1:1 re-education completed for employee as identified, up to and including disciplinary action as determined necessary by the</p>		

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	<p>A transfer/discharge report was provided by the Director of Nursing (DON) on 1/26/23 at 2 PM. The document indicated Resident B was discharged on 12/28/22. The report included a Notice of Transfer/Discharge form which was not filled out by the facility or signed by Resident B or the resident's representative.</p> <p>A discharge summary instruction form was provided by the DON on 1/26/23 at 2 PM. The form indicated Resident B was discharged on 12/28/22 but the form was not signed by Resident B or a resident representative.</p> <p>Resident B's NOMNC form was provided by the DON on 1/26/23 at 1 PM. The form indicated Resident B was notified on 12/27/22 of the skilled nursing services end date of 12/27/22.</p> <p>Medicare spreadsheets, dated 12/16/22 - 12/22/22 were provided by the Administrator on 1/26/22 at 2:38 PM. The spreadsheets indicated Resident B's planned discharge was:</p> <p>12/16/22: estimated 2 weeks of therapy left 12/19/22: 12/27/22 12/22/22: 12/27/22</p> <p>A current policy, dated 10/13/2022, was provided by the DON on 1/26/23 at 1 PM. The policy indicated "Beneficiary Notices: the NOMNC form is given by the facility to all Medicare beneficiaries at least two days before the end of a Medicare covered Part A stay and when all of Part B therapies are ending."</p> <p>This Federal citation is related to Complaint IN00399776.</p>			<p>Administrator and Director of Nursing.</p> <p>c. It is the responsibility of the Case Manager to provide timely NOMNC</p> <p>d. The Administrator and/or Director of Nursing will be responsible to audit NOMNC presentation five times a week for (4) four weeks, three times weekly for (4) four weeks; weekly for (4) four weeks; then monthly for three months. Any issues identified will be immediately corrected, 1:1 re-education completed for employee as identified, up to and including disciplinary action as determined necessary by the Administrator and Director of Nursing.</p> <p>4. Corrective actions will be monitored to ensure the deficient practice does not re-occur</p> <p>a. The Administrator will review the audits completed on a weekly basis. Results of the reviews will be forwarded to the Quality Assurance Performance Improvement Committee monthly for 3 months, and then quarterly for 3 quarters. Based on evaluation of audits and observations, the QAPI Committee determined the facility is in substantial compliance on 2/8/2023 Audit documentation will continue to be submitted to the QAPI committee for review and to ensure compliance goals. QAPI</p>			

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	3.1-12(a)(6)(A)				committee reserves the right to modify or extend monitoring times according to outcomes. The Administrator is responsible for the oversight of this plan to ensure ongoing compliance. 5.		