STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155458	A. BUILDING 00 B. WING	06/05/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HIGHLAND NURSING AND REHABILITATION CENTER	9630 FIFTH ST HIGHLAND, IN 46322

(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	This visit was for the Investigation of Complaints IN00294149 and IN00297085. Complaint IN00294149 - Substantiated. Federal/State deficiencies related to the allegations are cited at F698 and F778. Complaint IN00297085 - Substantiated. Federal/State deficiencies related to the allegations are cited at F660 and F846. Survey dates: June 3, 4, & 5, 2019 Facility number: 000367 Provider number: 155458 AIM number: 100289280 Census Bed Type: SNF/NF: 27 Total: 27 Census Payor Type: Medicare: 3 Medicaid: 20 Other: 4 Total: 27 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on 6/7/19.	F 0000		
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			

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

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	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 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.			

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	(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 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 the discharge planning process included goals, needs, and input from the resident and/or Responsible Party, related to the lack of a discharge plan for residents the facility had the	F 0660	**What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:**	07/05/2019

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	intent to transfer/discharge, for 2 of 4 residents reviewed for transfer/discharge. (Residents B & C) Findings Include: The facility provided a Closure Plan to the Indiana State Department of Health (ISDH) on 5/24/19. The Closure plan indicated the facility would cease operation by 8/1/19. Ongoing interviews with residents and their legal or other responsible parties would be held to determine each resident's goals, preferences, and needs in planning for the services upon discharge/transfer. During an interview on 6/3/19 at 11:45 a.m., the Administrator indicated Resident B could make his own decisions and would be transferred and discharged to one of other Corporate Sister Facilities. Resident B had no Power of Attorney and the family had not been notified. Resident C's family had come in today for a meeting to discuss options A Confidential Interview during the survey indicated Resident B and Resident C were both scheduled to be transferred/discharged to another corporate owned facility on 6/3/19 and the transportation had just been canceled. During 3 additional Confidential Interviews, persons indicated Resident B was scheduled to be transferred/discharged to (Corporate Facility name) on 6/3/19 and the transfer/discharge was canceled after the ISDH surveyor entered the building. The transportation for the transfer/discharge had already been scheduled. During an interview on 6/3/19 at 2:21 p.m., the Social Service Director indicated the Administrator was handling all the transfers and		**Residents B and C will not be affected by this alleged deficient practice. Resident B and C were not transferred/discharged from the facility on 6/3/19 due to family input had not been obtained yet, even though both residents were their own responsible parties and were willing to transfer to sister facility. Family for Residents B and C have selected facilities, Resident B and C no longer reside at the facility.** **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:** All residents have the potential to be affected by this alleged deficient practice. No other residents were affected by this alleged deficient practice. All residents and/or family member have been provided with alternative facilities for placement. Each resident and/or family member has selected which facility/facilities they would like referrals sent to for approval of placement. **What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur:** All residents and/or family member have been provided with alternative facilities for placement.	

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	notifying the families. No discharge planning had been completed yet. 1. During an interview on 6/3/19 at 1:05 p.m., the Responsible Party for Resident B indicated she was unaware the facility was closing until 6/2/19 when she received a confidential phone call and was informed the resident was being transferred/discharged on 6/3/19 to another Corporate Facility. She indicated she did not want the resident that far away and had not approved the transfer/discharge. Resident B's record was reviewed on 6/3/19 at 1:10 p.m. The diagnoses included, but were not limited to, dementia with behavioral disturbance and schizophrenia. A Quarterly Minimum Data Set assessment, dated 4/29/19, indicated a moderately impaired cognitive status. A care plan, dated 12/11/17 indicated an impaired cognition status. A Psychiatric Progress Note, dated 5/31/19, indicated confusion, severely impaired cognition, a memory deficit, and moderately impaired comprehension and judgement. There were no Discharge Planning meetings, interviews, and/or care planning in regards to the resident's transfer/discharge. 2. During an interview on 6/3/19 at 2:26 p.m., Resident C's Responsible Party indicated she was unaware the facility was closing until she had received a confidential phone call during the weekend telling her the resident was being transferred to another Corporate Facility on		Each resident and/or family member has selected which facility/facilities they would like referrals sent to for approval of placement. The resident and/or family member is notified as each resident is accepted for placement at another facility. Family and/or resident then determines the best date for discharge to occur. Once discharge is confirmed, the facility will obtain a signature from the resident (if applicable) or family member on the “Notice of Transfer or Discharge Form”. There are currently 3 residents residing at the facility. **How the corrective action(s) will be monitored to ensure that the deficient practice will not recur:** Administrator and/or Designee will fax the signed “Notice of Transfer or Discharge Form” to the local Ombudsman within 48 hours of a resident discharging. In addition, these same forms will be emailed to the State Ombudsman within 48 hours of a resident discharging. The facility will cease operations once placement has been obtained for all residents and all residents have been discharged from the facility. There are currently 3 residents residing at the facility.	

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	Monday. No one from the facility had contacted her about finding another facility. The Administrator was notified this morning, the transfer/discharge to the Corporate Facility was not approved and other placement was requested by the Responsible Party. Resident C's record was reviewed on 6/3/19 at 2:05 p.m. The diagnoses included, but were not limited to, stroke, dementia, and schizophrenia. A Quarterly Minimum Data Set assessment, dated 5/13/19, indicated a severely impaired cognition status. There were no Discharge Planning meetings, interviews, and/or care planning in regards to the resident's transfer/discharge. During an interview on 6/4/19 at 10:37 a.m., the Social Service Director indicated the discharge paperwork was to be completed when the actual transfer/discharge occurred after the Responsible Party/resident decided where they would like to be transferred/discharged. This Federal Tag relates to Complaint IN00297085. 3.1-12(a)(18)			
F 0698 SS=D Bldg. 00	483.25(l) Dialysis §483.25(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.	F 0698	**What corrective action(s) will**	07/05/2019

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	Based on record review and interview, the facility failed to ensure care and treatment was provided in accordance with professional standards related to transportation not available to transfer a resident to dialysis appointments for 1 of 1 residents reviewed for dialysis. (Resident E) Finding includes: During an interview on 6/4/19 at 8:52 a.m., Resident E indicated some of her dialysis appointments had been canceled due to transportation not coming to pick her up. Resident E's record was reviewed on 6/4/19 at 1:20 p.m. The diagnoses included, but were not limited to, stroke and kidney failure. A Quarterly Minimum Data Set assessment, dated 5/27/19, indicated an intact cognition status. A care plan, dated 3/29/19 indicated dialysis was received. The interventions included to encourage her to attend dialysis as scheduled on Monday, Wednesday, and Friday. A Physician's Order, dated 3/27/19, indicated hemodialysis on Monday, Wednesday, and Friday. The Nurses' Progress Notes indicated: - On 4/2/19 at 12 p.m., the resident was to be transferred to the hospital for a Permacath (dialysis catheter) placement. - On 4/2/10 at 5:20 p.m., the Transportation Company called and canceled the transportation to the hospital for the morning of 4/3/19. - On 4/3/19 at 10:35 a.m., the Dialysis Center was informed there was no transportation available for dialysis and the Permacath placement and they		**be accomplished for those residents found to have been affected by the deficient practice:** Resident E will not be affected by this alleged deficient practice. Resident E no longer resides at the facility. **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:** All residents have the potential to be affected by this alleged deficient practice. No other residents will be affected by this alleged deficient practice. No other residents residing in the facility receive dialysis. Transportation will be provided to residents who have dialysis. **What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur:** DON and/or Designee will notify Administrator immediately of transportation cancellations. Administrator will obtain alternative transportation. The facility will cease operations once placement has been obtained for all residents and all residents have been discharged from the facility. There are currently 3 residents residing at the facility. **How the corrective action(s) will be monitored to ensure**	

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	recommended to send the resident to the Emergency Room. The Physician agreed. - On 4/3/19 at 11:35 a.m. ,, the resident was transferred by ambulance to the Emergency room for the Permacath placement and dialysis. - On 4/3/19 at 10 p.m., the Transportation Company was notified to confirm transportation to dialysis on 4/4/19 and 4/5/19. - On 4/5/19 at 1:20 p.m., multiple calls were made to the Transportation Company and no rides were available to transfer the resident to dialysis. The Dialysis Center was notified that she would miss her treatment 4/5/19 due to no transportation. The Resident was very upset she was not picked up. No further arrangements were made. - On 4/6/19 at 12 p.m. , the Transportation Company notified the facility and could not transport the resident to Dialysis. The Physician was notified and an order to send the resident to the Emergency Room was received. The resident was transferred to the Emergency Room for dialysis at 12:10 p.m. on 4/6/19. - On 5/10/19 at 1:30 p.m., the resident was not picked up for dialysis. The Dialysis center was notified and a new order to send the resident to the hospital for dialysis was received. - On 5/10/19 2 p.m., the resident was sent by ambulance to hospital for dialysis. During an interview on 6/4/19 at 3:11 p.m., the Director of Nursing indicated they can only go through the one Transportation Company for transfers, and other than on 4/5/19, the other times it was canceled, the Physician was notified and the resident was sent by ambulance to the Hospital for dialysis. During an interview on 6/5/19 at 8:49 a.m., the Director of Nursing indicated she has tried to contact several other Transport Companies with		**that the deficient practice will not recur:** Administrator and/or Designee will notify the Regional Director each time alternative transportation is provided for dialysis. The facility will cease operations once placement has been obtained for all residents and all residents have been discharged from the facility. There are currently 3 residents residing at the facility.	

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	no results. This Federal Tag relates to Complaint IN00294149. 3.1-37(a)			
F 0778 SS=D Bldg. 00	483.50(b)(2)(iii) Assist w/ Transport Arrangements to Radiology §483.50(b)(2)(iii) Assist the resident in making transportation arrangements to and from the source of service, if the resident needs assistance. Based on record review and interview, the facility failed to ensure care and treatment was provided in accordance with professional standards to obtain diagnostic services related to transportation not available to transfer a resident to multiple stress test appointments for 1 of 1 residents reviewed for diagnostic testing. (Resident E) Finding includes: During an interview on 6/4/19 at 8:52 a.m., Resident E indicated she was going for her stress test today if the Transport Company showed up. This was the the fifth time this had been attempted because the Transport Company had canceled the transfers in the past. Resident E's record was reviewed on 6/4/19 at 1:20 p.m. The diagnoses included, but were not limited to, stroke and kidney failure. A Quarterly Minimum Data Set assessment, dated 5/27/19, indicated an intact cognition status. The Nurses' Progress Notes indicated: On 4/19/19 at 12:10 p.m., the Cardiologist had scheduled a stress test at the Hospital on 4/23/19	F 0778	**What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:** Resident E will not be affected by this alleged deficient practice. Resident E no longer resides at the facility. **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:** All residents have the potential to be affected by this alleged deficient practice. No other residents will be affected by this alleged deficient practice. Transportation will be provided to residents who have diagnostic testing outside the facility. **What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur:**	07/05/2019

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	at 9 a.m. and transportation had been obtained. On 4/23/19 at 8:15 a.m., the resident was waiting at the door for the transfer. The Transportation Company was notified and the transfer was canceled due to there was no transportation vehicle available. On 5/7/19, no time was documented, the stress test rescheduled for 5/7/19 was canceled related to no transportation was available. During an interview on 6/4/19 at 3:11 p.m., the Director of Nursing indicated they can only go through the one Transportation Company for transfers. During an interview on 6/5/19 at 8:49 a.m., the Director of Nursing indicated she has tried to contact several other Transport Companies with no results. This Federal Tag relates to Complaint IN00294149. 3.1-49(j)(3)		DON and/or Designee will notify Administrator immediately of transportation cancellations. Administrator will obtain alternative transportation. The facility will cease operations once placement has been obtained for all residents and all residents have been discharged from the facility. There are currently 3 residents residing at the facility. **How the corrective action(s) will be monitored to ensure that the deficient practice will not recur:** Administrator and/or Designee will notify the Regional Director each time alternative transportation is provided for dialysis. The facility will cease operations once placement has been obtained for all residents and all residents have been discharged from the facility. There are currently 3 residents residing at the facility.	
F 0846 SS=D Bldg. 00	483.70(m) Facility Closure §483.70(m) Facility closure. The facility must have in place policies and procedures to ensure that the administrator's duties and responsibilities involve providing the appropriate notices in the event of a facility closure, as required at paragraph (l) of this section. Based on observation, record review and interview, the facility had an intent to transfer/discharge residents without prior notification and approval from the Responsible Parties prior to scheduling the transfer	F 0846	**What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:**	07/05/2019

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	transportation to another facility. The facility failed to determine discharge goals and needs and provide community options, including information pertaining to the quality of the providers and services available in the area. The facility also failed to notify the Responsible Parties in a timely manner of the closure of the facility, for 2 of 4 residents reviewed for transfer/discharges. (Residents B & C) Findings includes: The facility provided a Closure Plan to the Indiana State Department of Health (ISDH) on 5/24/19. The Closure plan indicated the facility would cease operation by 8/1/19. Written notification of the impending closure along with the copy of the closure/relocation plan would be submitted to residents and Legal Representatives or other Responsible Parties of said residents by June 1, 2019. The residents will be transferred to the most appropriate facility or other setting, taking into consideration the needs, choice, and best interests of each resident. A letter, sent to the Family Members on 6/1/19, received from the Administrator on 6/4/19 at 9:43 p.m., indicated, "...We can ensure immediate availability for your family member at another... (Corporate) Healthcare family that fits their needs...We will cover the costs and logistics of moving to (Corporate Facility)...." During an interview on 6/3/19 at 11:45 a.m., the Administrator indicated Resident B was able to make his own decisions and would be transferred and discharged to another Corporate Facility not in the area. Resident B had no Power of Attorney and the family had not been notified. Resident C's family had come in today for a meeting to discuss		Residents B and C will not be affected by this alleged deficient practice. Resident B and C were not transferred/discharged from the facility on 6/3/19 due to family input had not been obtained yet, even though both residents were their own responsible parties and were willing to transfer to sister facility. Family for Residents B and C have selected facilities, Resident B and C no longer reside at the facility. Closure letters were sent to families and/or hand delivered to residents who were their own responsible parties on 5/31/19. All residents who are their own responsible party were notified on 5/30 and/or 5/31 in person. Responsible parties/Legal Representatives/Guardians were notified via phone or in person if present at the facility on 5/30 and/or 5/31. No resident was transferred/discharged from the facility without input from a family member even if the resident was their own responsible party. **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:** All residents have the potential to be affected by this alleged deficient practice. No other residents were affected by this alleged deficient practice. All residents and/or family member have been provided with alternative	

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	options. A Confidential Interview during the survey indicated Resident B and Resident C were scheduled to be transferred/discharged to another corporate owned facility on 6/3/19 and the transportation had just been canceled. The Discharge Papers were located at the the Nurses' Station. An observation on 6/3/19 at 12:45 p.m., indicated the Discharge Summary for Residents B &C were at the Nurses' Station and both indicated the residents were being discharged to a Corporate Facility not in the area. 1. During an interview on 6/3/19 at 12:35 p.m., Resident B was sitting on the side of the bed and indicated someone had came in and told him he would be going to another facility. He indicated they told him he was leaving "Monday". He indicated he had family who helped him with making decisions. During 3 Confidential Interviews, persons indicated Resident B was scheduled to be transferred/discharged to (Corporate Facility Name) on 6/3/19 and the transfer/discharge was canceled after the ISDH surveyor entered the building. The transportation for the transfer/discharge had already been scheduled. During an interview on 6/3/19 at 1:05 p.m., the Responsible Party for Resident B indicated she was unaware the facility was closing until 6/2/19 when she received a confidential phone call and was informed the resident was being transferred/discharged on 6/3/19 to another Corporate Facility not in the area. She indicated she did not want the resident that far away and		facilities for placement. Each resident and/or family member has selected which facility/facilities they would like referrals sent to for approval of placement. Closure letters were sent to families and/or hand delivered to residents who were their own responsible parties on 5/31/19. All residents who are their own responsible party were notified on 5/30 and/or 5/31 in person. Responsible parties/Legal Representatives/Guardians were notified via phone or in person if present at the facility on 5/30 and/or 5/31. No resident was transferred/discharged from the facility without input from a family member even if the resident was their own responsible party. **What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur:** All residents and/or family member have been provided with alternative facilities for placement. Each resident and/or family member has selected which facility/facilities they would like referrals sent to for approval of placement. The resident and/or family member is notified as each resident is accepted for placement at another facility. Family and/or resident then determines the best date for discharge to occur. Once discharge is confirmed, the facility will obtain a signature from the	

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	155458	A. BUILDING 00 B. WING	06/05/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
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	had not approved the transfer/discharge. Resident B's record was reviewed on 6/3/19 at 1:10 p.m. The diagnoses included, but were not limited to, dementia with behavioral disturbance and schizophrenia. A Quarterly Minimum Data Set assessment, dated 4/29/19, indicated a moderately impaired cognitive status. A care plan, dated 12/11/17 indicated an impaired cognition status. A Psychiatric Progress Note, dated 5/31/19, indicated confusion, severely impaired cognition, a memory deficit, and moderately impaired comprehension and judgement. During an interview on 6/3/19 at 2:21 p.m., the Social Service Director, indicated the Administrator was handling all the transfers and notifying the families. During an interview on 6/3/19 at 3:10 p.m., the Administrator indicated an attempt to call the Responsible Party was made today, but she was unable to reach her. The letter had been sent out to the Responsible Party. During an interview on 6/4/19 at 9:20 a.m., the Administrator indicated she had spoken to the Responsible Party on 6/3/19 in the evening and she approved the transfer to the Corporate Facility. A list of other facilities was also emailed to her and she would get back with the facility. During an interview on 6/4/19 at 9:30 a.m., the Responsible Party indicated there was no approval to transfer/discharge the resident to the		resident (if applicable) or family member on the “Notice of Transfer or Discharge Form”. There are currently 3 residents residing at the facility. **How the corrective action(s) will be monitored to ensure that the deficient practice will not recur:** Administrator and/or Designee will fax the signed “Notice of Transfer or Discharge Form” to the local Ombudsman within 48 hours of a resident discharging. In addition, these same forms will be emailed to the State Ombudsman within 48 hours of a resident discharging. The facility will cease operations once placement has been obtained for all residents and all residents have been discharged from the facility. There are currently 3 residents residing at the facility.	

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	other Corporate Facility. The Administrator had emailed a list and she was to get back to her about choices of facilities. The Administrator informed her if a Non-Corporate Facility was chosen, the family would have to pay for the transportation of the transfer. During an interview on 6/4/19 at 9:43 a.m., the Administrator indicated letters about the closure were sent out to the residents and Responsible Parties on 5/31/19 and she had personally called everyone on 5/31/19 except Resident B's & C's Responsible Party because it had gotten late. The Responsible Party had not been notified until 6/3/19 after the ISDH entered the building. Resident B had no Power of Attorney and was listed on the face sheet as his own Responsible Party. She was not sure how payment for the transportation to non-Corporate facilities would be handled. During an interview on 6/4/19 at 11:20 a.m., the Administrator indicated the Corporate Facility had accepted Resident B and the transfer bus was available to pick him up. The transfer/discharge was to occur after the Responsible Party was notified. Resident B was "his own person", but the family was still going to be notified. 2. During an interview on 6/3/19 at 2:26 p.m., Resident C's Responsible Party indicated she was unaware the facility was closing until she had received a confidential phone call during the weekend telling her the resident was being transferred to another Corporate Facility outside the area on Monday. No one from the facility had contacted her about finding another facility. The Administrator was notified this morning that the transfer/discharge to the Corporate Facility was not approved and other placement was requested			

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	by the Responsible Party. They had a meeting at 10 a.m. with the Administrator and wondered, if they had not received the confidential phone call, if the resident would have been transferred/discharged to the Corporate Facility without her approval or knowledge. Resident C's record was reviewed on 6/3/19 at 2:05 p.m. The diagnoses included, but were not limited to, stroke, dementia, and schizophrenia. A Quarterly Minimum Data Set assessment, dated 5/13/19, indicated a severely impaired cognition status. A Psychiatric Progress Note, dated 5/21/19, indicated confusion, severely impaired cognition and judgement. An interview on 6/3/19 at 2:21 p.m., the Social Service Director indicated the resident was unable to make his own decisions. During an interview on 6/4/19 at 9:43 a.m., the Administrator indicated she had not spoken to the Responsible Party on 5/31/19 because it had became so late and the Responsible Party came in on their own on 6/3/19 to discuss the options. Resident C had no Power of Attorney and was his own Responsible Party. During an interview on 6/4/19 at 11:20 a.m., the Administrator indicated they were going to transfer Resident C to the Corporate Facility after they had spoken to the Responsible Party. The Responsible Party had not wanted him transferred to the Corporate Facility. She (Administrator) had not written the letters sent out, they were done by the Corporation. The facility would pay for the transportation to any facility and the list of other			

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	facilities in the area was not sent with the closure letter to families. This Federal Tag relates to Complaint IN00297085.			