

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

PRINTED: 04/01/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155519		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/15/2024	
NAME OF PROVIDER OR SUPPLIER GENTLE CARE STRATEGIES				STREET ADDRESS, CITY, STATE, ZIP COD 1202 S 16TH ST VINCENNES, IN 47591			
(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 a Recertification and State Licensure Survey.</p> <p>Survey dates: March 11, 12, 13, 14 and 15, 2024</p> <p>Facility number: 000357 Provider number: 155519 AIM number: 100291370</p> <p>Census Bed Type: SNF/NF: 44 Total: 44</p> <p>Census Payor Type: Medicare: 10 Medicaid: 26 Other: 8 Total: 44</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed March 19, 2024.</p>			F 0000	<p>F000</p> <p><i>We respectfully request a desk review and request that our plan of correction be considered our allegation of compliance effective March 31,2024</i></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 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>						

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 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 disclosed 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>(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> <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>						

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

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	<p>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 the written notification required for a transfer and discharge was provided to the resident's representative for 1 of 1 residents reviewed for hospitalization. (Resident 4)</p> <p>Finding includes:</p> <p>On 3/15/24 at 11:00 a.m., Resident 4's clinical record was reviewed. The diagnosis included, but was not limited to, hepatic encephalopathy.</p> <p>Resident 4's progress notes indicated the resident was sent to the hospital on 1/11/24 and 1/29/24. The clinical record lacked documentation of written notification of the Notice Transfer and Discharge forms having been provided to the resident and the resident representative.</p> <p>During an interview on 3/15/24 at 11:30 a.m., the Director of Nursing (DON) indicated the facility sent the Notice of Transfer and Discharge forms with Resident 4 when going to the hospital but did not provide the forms in writing to the resident's representative.</p> <p>On 3/15/24 at 11:58 a.m., the DON provided the facility policy, "Transfer/Discharge Verification Checklist," dated 2/28/19, and indicated this was the policy currently being used by the facility. A review of the policy did not indicate sending a Notice of Transfer and Discharge form with the</p>			F 0623	<p><i>The corrective action taken for those residents found to be affected by the deficient practice.</i></p> <p>Resident 4's representative was notified in writing about Resident 4's hospital discharges from 1/11 and 1/29. Resident 4 did not have any adverse effects from the absence of written notices to her representative.</p> <p><i>The corrective action taken for the other residents having the potential to be affected by the same deficiency practice:</i></p> <p>All residents have the potential to be affected. The Director of Nursing conducted an audit on all recent transfers to ensure compliance. Resident's representatives were provided with written documentation when needed. A new Transfer/Verification Checklist was developed and implemented to be utilized upon any resident transfers. In addition, a new QA audit monitoring tool was developed and implemented to monitor and ensure compliance.</p> <p><i>The measures of systematic</i></p>		03/28/2024

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	resident and resident representative when the resident was transferred to the hospital. 3.1-12(a)(6)(A)(ii)				<i>changes that have been put into place to ensure that the deficient practice does not recur.</i> A mandatory in-service was conducted to the nursing staff related to the implementation of our new/updated Transfer/Verification Checklist (Exhibit 1). A new QA monitoring tool (Exhibit 2) was developed and implemented to monitor written Transfer Notifications <i>The corrective action taken to assure performance to assure compliance through Quality Assurance.</i> A new QA Audit monitoring tool (Exhibit 2) was developed and implemented to monitor Transfer Notifications. The DON/designee will utilize this weekly x 4 weeks, bi-monthly x three months, and monthly x three months. The DON/and /or designee will present these results to the Quality Assurance Committee. The QAPI Committee will make changes or recommendations as indicated.		