

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

PRINTED: 07/11/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495299	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/28/2023
NAME OF PROVIDER OR SUPPLIER ELIZABETH ADAM CRUMP HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060		
(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 000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated standard survey was conducted 6/27/2023 through 6/28/2023. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care Requirements. Three complaints were investigated during the survey (VA00058072-substantiated with deficiency, VA00057340-substantiated with deficiency, and VA00059047-substantiated with deficiency). The census in this 180 certified bed facility was 141 at the time of the survey. The survey sample consisted of two current resident reviews and four closed record reviews.	F 000			
F 623 SS=D	Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8) §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	F 623	1) Resident #1 and #3 no longer in the center. Evidence of written resident and Ombudsman notification is available for current hospital transfers and evidence of Ombudsman and APS notification is available for current AMA transfers.		

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 90 days 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 14 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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F 623	Continued From page 1 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; (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	F 623	<p>2) The Administrator or Designee will audit residents that have left the facility AMA and/or transferred to the hospital in the last 30 days completed to ensure appropriate notification to the resident, ombudsman and/or APS.</p> <p>3) The Administrator or Designee provided re-education to the Social Services team regarding notice requirements to resident, ombudsman and/or APS on transfers to the hospital and residents that leave AMA.</p> <p>4) The Administrator or Designee will audit transfers weekly for 8 weeks to ensure there is evidence of notification to the Ombudsman, written notification to the Resident and APS notification for residents that leave AMA. Results will be presented to QAPI monthly. Any noted trends will be corrected immediately.</p> <p>5) Compliance Date: 7/27/2023</p>		

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F 623	<p>Continued From page 2</p> <p>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> <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>This REQUIREMENT is not met as evidenced by: Based on clinical record review, staff interview and facility document review it was determined that the facility staff failed to evidence written notification of discharge provided to the resident</p>	F 623			

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F 623	<p>Continued From page 3</p> <p>and/or the Office of the State Long-Term Care Ombudsman for two of six residents in the survey sample, Resident #1 and #3.</p> <p>The findings include:</p> <p>1. For Resident #1 (R1), the facility staff failed to provide a written notice of discharge to the resident and the ombudsman for a hospitalization on 2/3/2023 where they were not allowed to return to the facility upon hospital discharge.</p> <p>Resident #1 was admitted to the facility on 11/3/2022, readmitted on 1/8/2023, and discharged to the hospital on 2/3/2023.</p> <p>The progress notes for R1 documented in part, - "2/4/2023 04:33 (4:33 a.m.) No return call back from the hospital. Recalled (Name of hospital). Was informed resident was being admitted for gangrene."</p> <p>- "2/4/2023 00:01 (12:01 a.m.) Note Text : Was informed from previous shift report that resident went to dialysis earlier today and did not return. Started calling hospitals near dialysis center. Called (Name of hospital), resident was not there. Called (Name of hospital) and was informed that resident was there in the ER (emergency room). Was informed they were having phone issues and took a message and a nurse to return my call."</p> <p>The clinical record failed to evidence a 30 day discharge notice or written notice of discharge for the 2/3/2023 hospitalization was provided to the resident and the ombudsman.</p> <p>The encounter summary dated 2/3/23-2/17/23 for R1 from (Name of hospital) documented in part,</p>	F 623			

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F 623	Continued From page 4 - "(Name of hospital case manager) - 02/06/2023 10:08 AM EST: Formatting of this note might be different from the original. CM (case manager) reviewed chart. Updated clinicals have been sent via (patient navigation service) health to (Name of facility) Health and rehab (SNF/LTC). Patient is resident at facility. Once medically stable, discharge plan is to return back to facility. Confirmation from facility that they will accept back." - "(Name of hospital case manager) - 02/08/2023 11:19 AM EST: Formatting of this note might be different from the original. CM (case manager) reviewed chart. Discharge plans are to return back to SNF/(Name of facility). No plans for surgical intervention at this time. Per facility, they require insurance authorization. PT/OT (physical therapy/occupational therapy) ordered to submit for auth (authorization). All other updated clinicals have been sent via (patient navigation services) health." - "(Name of hospital case manager) - 02/09/2023 2:39 PM EST: Formatting of this note might be different from the original. Patient with discharge orders today to SNF. Requires insurance auth (authorization). (Name of facility) stated they would accept patient until today. Was informed they cannot accept back, even though they have been in communication with us since day one stating they can accept back. Called and spoke to administrator (Name of former administrator) at (Name of facility) SNF and he stated she was given 30 day notice of discharge back before Christmas and she did not appeal. Spoke to patient she said she had paid this months fee to stay and never received any form. Asked (Name of former administrator) to fax copy/proof of form and about her payment. He stated she has not paid and they will not accept back. Spoke with	F 623			

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F 623	<p>Continued From page 5</p> <p>my supervisor to see if he could get more info from their admin (Name of former administrator). Explain to patient she cannot go back there per admin and we need to look else where. She said she has been there since November, likely has used her Medicare days. Asked if she had Medicaid since we do not have it on file. She stated yes. Brought patient her purse and she gave me copy of card. Copy made of her Medicaid and sent to public benefits to upload. Explained we will have to find other placement. Referral sent through (patient navigation services) for placement. "</p> <p>- "(Name of hospital case manager) - 02/10/2023 9:21 AM EST: Formatting of this note might be different from the original. Issues with SNF (skilled nursing facility). Stated they would take patient back, now saying they cannot. Requested documents from facility showing she cannot return. Also uploaded patient Medicaid into system which we did not have. Will likley [sic] need to escalate this issue to the state due to concerns of abuse towards patient. Multiple referrals have been sent to other facilities for placement. Requested UAI (uniform assessment instrument) from (Name of hospital), done last august. Will upload once I receive. Discharge plan SNF. 1150 (11:50 a.m.): reached out to (Name of facility) to speak with admin (administrator) (Name of former administrator) again due to not providing forms requested. Message left. Escalating to ombudsman. Called hotline (phone number), message left for call back."</p> <p>On 6/27/2023 at 12:41 p.m., a request was made to ASM (administrative staff member) #5, the regional director of clinical services, for evidence of discharge notices provided to resident and</p>	F 623			

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F 623	<p>Continued From page 6</p> <p>ombudsman, evidence of any appeal to the discharge notices, evidence of bed hold offered for 2/4/2023 hospitalization and evidence that the resident was not eligible to return to the facility.</p> <p>On 6/27/2023 at 2:10 p.m., an interview was conducted with ASM #3, assistant director of nursing. ASM #3 stated that R1 smoked and would break the non-smoking policy at the facility so they had issued them a 30 day discharge notice by the former administrator and the former social worker. ASM #3 stated that R1 went to an appointment for dialysis and had been advised by the vascular physician the day before to go to the hospital so they had been sent afterwards. She stated that R1 was admitted to the hospital and due to the 30 day discharge notice she was not allowed to come back to the facility.</p> <p>On 6/27/2023 at 4:30 p.m., ASM #5, the regional director of clinical services stated that they did not have evidence of a bed hold notice provided for the hospitalization on 2/3/2023. ASM #6, the vice president of operations stated that they were unable to find the 30 day discharge notice at that time but were still looking for it. ASM #6 stated that they had contacted the ombudsman to see if they knew if the resident had appealed the discharge but they did not have anything about an appeal in their records. He stated that the 30 day discharge notice would be the evidence that R1 was not eligible to return to the facility.</p> <p>On 6/28/2023 at 9:12 a.m., an interview was conducted with OSM (other staff member) #2, the director of social services. OSM #2 stated that they had started working at the facility in January of 2023 and were aware that R1 had been issued a 30 day discharge notice prior to them working</p>	F 623			

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F 623	<p>Continued From page 7</p> <p>at the facility. OSM #2 stated that the former social worker had sent in paperwork to other facilities and had not secured an alternate facility for them but they did not have documentation to evidence that. OSM #2 stated that R1 went to dialysis and afterwards went to the emergency room and was admitted so the former administrator told them that they did not have to take her back into the facility. OSM #2 stated that if the resident did not have a notice of discharge the facility should have offered the resident to come back to the first available bed.</p> <p>The facility policy, "Discharge and Transfers" undated, documented in part, "Facility-Initiated Discharges and Transfers, CMS (Centers for Medicare & Medicaid Services) clarifies the notice requirements for facility-initiated discharges or transfers in the following circumstances: 1. Transfers while resident is still hospitalized: A. When a facility decides to discharge the resident while the resident is still hospitalized, CMS requires that the facility send a notice of discharge to the resident and resident representative and must also send a copy of the discharge notice to a representative of the Ombudsman. B. Notice to the Ombudsman must occur at the same time the notice of discharge is provided to the resident and resident representative, even though, at the time of initial emergency transfer, sending a copy of the transfer notice to the Ombudsman only needed to occur as soon as practicable, as described below..." The policy further documented, "Reasons for Discharge and Required Documentation. The medical record must show documentation of the basis for transfer or discharge. This documentation must be made before, or as close as possible to the actual time</p>	F 623			

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F 623	<p>Continued From page 8 of transfer or discharge..."</p> <p>On 6/28/2023 at 12:22 p.m., ASM #1, the interim administrator, ASM #2, the interim director of nursing, ASM #3, the assistant director of nursing, ASM #5, the regional director of clinical services and ASM #6, the vice president of operations were made aware of the concern.</p> <p>No further information was provided prior to exit.</p> <p>2. For Resident #3 (R3), the facility staff failed to evidence notification of the ombudsman and Adult Protective Services (APS) when R3 left the facility AMA (against medical advice) on 2/10/2023.</p> <p>On the most recent MDS (minimum data set), a significant change assessment with an ARD (assessment reference date) of 6/8/2023, the resident scored 15 out of 15 on the BIMS (brief interview for mental status), indicating the resident was cognitively intact for making daily decisions.</p> <p>A "Notice of Involuntary Transfer or Discharge" dated 10/19/2022 documented in part, "This letter constitutes notice that you will be transferred or discharged from (blank) on the following date: 10/17/22. Your designated family member, responsible party or legal representative, (blank), will be provided a copy of this Notice. A. Reason for Transfer or Discharge. The reason for your transfer or discharge is indicated below: Your welfare and needs cannot be met in this facility, as documented by your physician in your clinical record. (Emergency hospitalization falls in this category). Evidence that this notice was provided to the long term care ombudsman on 10/19/2022 was reviewed.</p>	F 623			

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F 623	<p>Continued From page 9</p> <p>The "Against Medical Advice (AMA Form)" for R3 dated 2/10/2023 documented the resident refusing to sign the form with signatures of witnesses of the refusal by ASM #3, the assistant director of nursing, LPN (licensed practical nurse) #2 and another staff member. The AMA form documented in part, "...The medical risks/benefits have been explained to me by a member of the medical staff and I understand those risks...Medical risks: Death, Risks to health, additional pain and/or suffering, permanent disability/disfigurement, other: Overdose..." The form was not timed and the physician signature was dated 2/13/2023.</p> <p>The progress notes for R3 documented in part, - "2/10/2023 15:49 (3:49 p.m.) Note Text : Resident was accepted to (Name of other facility) Nursing and Rehab. Spoke with resident regarding acceptance and resident refused to go, Resident left facility AMA. Risks vs benefits explained prior to leaving; resident refused to sign AMA paperwork. Resident own RP (responsible party) and NP called and notified."</p> <p>The clinical record failed to evidence notification of the long term care ombudsman or adult protective services of the AMA discharge on 2/10/2023.</p> <p>On 6/28/2023 at 8:13 a.m., a request was made to ASM (administrative staff member) #1, the interim administrator for evidence of ombudsman notification and adult protective services notification for the AMA discharge on 2/10/2023.</p> <p>On 6/28/2023 at 9:12 a.m., an interview was conducted with OSM (other staff member) #2, the</p>	F 623			

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F 623	<p>Continued From page 11</p> <p>belongings were still at that hotel. She stated that she was not sure what the police did because she had left the facility at that point. She stated that the former administrator stated that they would notify APS and the ombudsman that day and they did not know if there was evidence of that or not. She stated that APS would typically send them a letter acknowledging the notification and it would be scanned into the medical record.</p> <p>On 6/28/2023 at 11:04 a.m., a follow up interview was conducted with ASM #3, the assistant director of nursing. ASM #3 stated that they believed the AMA form refusal for R3 dated 2/10/2023 was witnessed in his room prior to him leaving for the appointment. ASM #3 stated that they had notified R3 that he could go to (Name of other facility) and he refused, started packing his belongings and stated that he was leaving the facility so they presented the AMA form and he refused to sign it. She stated when she went back to check on R3 he stated he was no longer going to leave the facility. She stated that R3 left with a CNA on 2/10/2023 with transportation and she and the unit manager had gone to pick up the CNA because she was scared where he took her. She stated that R3 had become upset with them and sped off in the motorized wheelchair when they tried to talk to him and bring him back to the facility. She stated that R3 then got the transport service to bring him back to the facility and was told by the former administrator that he could not come back in. She stated that R3 told the police that he did not receive a 30 day discharge notice and they had provided it to the police for reference. She stated that R3 had used someone's phone to get transport and was still outside of the facility when she left.</p>	F 623			

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F 623	Continued From page 12 On 6/28/2023 at 11:15 a.m., an interview was conducted with LPN (licensed practical nurse) #2. LPN #2 stated that on 2/10/2023 R3 had agreed to go to (Name of other facility) and was on one to one due to overdosing on drugs he obtained when going out of the facility. She stated that R3 agreed to have someone escort him out of the facility to appointments and was making appointments and transportation himself. She stated that she understood that R3 was advised that the AMA was to be initiated if he went out of the facility without an escort and that R3 had made an appointment with the dentist in downtown (Name of city) on 2/10/2023 when they went out with the CNA. LPN #2 stated that the CNA called for them to pick her up in (Name of city) because she did not feel safe [the resident deferred from his appointment]. She stated that she and the assistant director of nursing went to pick the CNA up and witnessed the AMA form when they were in (Name of city) picking the CNA up. She stated that R3 refused to sign the AMA form and then came back to the facility later. She stated that when R3 came back to the facility the former administrator restricted him from coming into the facility and R3 had come in the door after a visitor left. She stated that the former administrator stated that R3 could not be in facility and talked to him about leaving the facility because he had initiated the AMA. She stated that they had restricted R3 from going back to his room. She stated that the police came to the facility and said that there was nothing they could do due to all of the paperwork being in place so they just waited until he left the facility. She stated that the former administrator, social worker and assistant director of nursing had left and the resident was left outside. LPN #2 stated that she assisted him to arrange one hotel night and	F 623			

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F 623	Continued From page 13 transportation to the hotel and she paid out of her own pocket for the hotel and transportation and didn't ask for her money back. No further information was provided from facility staff regarding evidence of ombudsman notification and adult protective services notification for the AMA discharge on 2/10/2023. The facility policy, "Discharge and Transfers" undated, documented in part, "2. If resident choses [sic] to leave against medical advice (AMA) and before a safe discharge can be planned the resident must sign the AMA form (attached) and no medications are to be supplied to the resident. A. If resident refuses to sign AMA form two staff members must witness the refusal. B. The physician, Ombudsman, and APS must be notified immediately..." On 6/28/2023 at 12:22 p.m., ASM #1, the interim administrator, ASM #2, the interim director of nursing, ASM #3, the assistant director of nursing, ASM #5, the regional director of clinical services and ASM #6, the vice president of operations were made aware of the concern.	F 623			
F 625 SS=D	No further information was provided prior to exit. Notice of Bed Hold Policy Before/Upon Trnsfr CFR(s): 483.15(d)(1)(2) §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	F 625	1) Resident #1 no longer reside in the facility. Evidence of bed hold policy being sent for current hospital transfers is available.		

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F 625	<p>Continued From page 14</p> <p>specifies-</p> <p>(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;</p> <p>(ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any;</p> <p>(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</p> <p>(iv) The information specified in paragraph (e)(1) of this section.</p> <p>§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. This REQUIREMENT is not met as evidenced by:</p> <p>Based on clinical record review, staff interview and facility document review it was determined that the facility staff failed to evidence bed hold notice provided to the resident and resident representative for one of six residents in the survey sample, Resident #1.</p> <p>The findings include:</p> <p>For Resident #1 (R1), the facility staff failed to provide a bed hold notice to the resident when transferred to the hospital on 2/3/2023.</p> <p>Resident #1 was discharged to the hospital on 2/3/2023. The clinical record documented R1 was under Medicaid services at the time of</p>	F 625	<p>2) The Administrator or designee will audit hospital transfers in the last 30 days to ensure bed hold notice was provided.</p> <p>3) The Administrator or designee provided re-education to the Social Service, Business Office and Licensed nurses regarding the Transfer to Hospital policy related to evidence of bed holds.</p> <p>4) The Administrator or Designee will audit transfers weekly for 8 weeks to ensure evidence of bed hold policy was provided. Results will be presented to QAPI monthly. Any noted trends will be corrected immediately.</p> <p>5) Compliance Date: 7/27/2023</p>		

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F 625	<p>Continued From page 15 hospitalization on 2/3/2023.</p> <p>The progress notes for R1 documented in part, - "2/4/2023 04:33 (4:33 a.m.) No return call back from the hospital. Recalled (Name of hospital). Was informed resident was being admitted for gangrene." - "2/4/2023 00:01 (12:01 a.m.) Note Text : Was informed from previous shift report that resident went to dialysis earlier today and did not return. Started calling hospitals near dialysis center. Called (Name of hospital), resident was not there. Called (Name of hospital) and was informed that resident was there in the ER (emergency room). Was informed they were having phone issues and took a message and a nurse to return my call."</p> <p>The clinical record failed to evidence documentation that a bed hold notice was provided to R1 for the 2/3/2023 hospitalization. R1 was not permitted to return to the facility.</p> <p>The encounter summary dated 2/3/23-2/17/23 for R1 from (Name of hospital) documented in part, - "(Name of hospital case manager) - 02/06/2023 10:08 AM EST: ...Patient is resident at facility. Once medically stable, discharge plan is to return back to facility. Confirmation from facility that they will accept back. " - "(Name of hospital case manager) - 02/08/2023 11:19 AM EST: Formatting of this note might be different from the original. CM (case manager) reviewed chart. Discharge plans are to return back to SNF/(Name of facility). No plans for surgical intervention at this time. Per facility, they require insurance authorization. PT/OT (physical therapy/occupational therapy) ordered to submit for auth (authorization). All other updated clinicals</p>	F 625			

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F 625	<p>Continued From page 16</p> <p>have been sent via (patient navigation services) health. "</p> <p>- "(Name of hospital case manager) - 02/09/2023 2:39 PM EST:...(Name of facility) stated they would accept patient until today. Was informed they cannot accept back, even though they have been in communication with us since day one stating they can accept back. Called and spoke to administrator (Name of former administrator) at (Name of facility) SNF and he stated she was given 30 day notice of discharge back before Christmas and she did not appeal. Spoke to patient she said she had paid this months fee to stay and never received any form. Asked (Name of former administrator) to fax copy/proof of form and about her payment. He stated she has not paid and they will not accept back. Spoke with my supervisor to see if he could get more info from their admin (Name of former administrator). Explain to patient she cannot go back there per admin and we need to look else where. She said she has been there since November, likely has used her Medicare days. Asked if she had Medicaid since we do not have it on file. She stated yes. Brought patient her purse and she gave me copy of card. Copy made of her Medicaid and sent to public benefits to upload. Explained we will have to find other placement. Referral sent through (patient navigation services) for placement."</p> <p>On 6/27/2023 at 12:41 p.m., a request was made to ASM (administrative staff member) #5, the regional director of clinical services, for evidence of bed hold offered for the 2/4/2023 hospitalization.</p> <p>On 6/27/2023 at 4:30 p.m., ASM #5, the regional director of clinical services stated that they did not</p>	F 625			

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F 625	<p>Continued From page 17</p> <p>have evidence of a bed hold notice provided for the hospitalization on 2/3/2023.</p> <p>On 6/28/2023 at 9:12 a.m., an interview was conducted with OSM (other staff member) #2, the director of social services. OSM #2 stated that they had started working at the facility in January of 2023 and were aware that R1 had been issued a 30 day discharge notice prior to them working at the facility. OSM #2 stated that the former social worker had sent in paperwork to other facilities and had not secured an alternate facility for them but they did not have documentation to evidence that. OSM #2 stated that R1 went to dialysis and afterwards went to the emergency room and was admitted so the former administrator told them that they did not have to take her back into the facility. OSM #2 stated that if the resident did not have a notice of discharge the facility should have offered the resident to come back to the first available bed. She stated that she did not send bed hold notices and she thought that admissions did that and it should have been offered.</p> <p>On 6/28/2023 at 1:24 p.m., an interview was conducted with ASM #2, the interim director of nursing. ASM #2 stated that nursing provided the bed hold notices when they sent a resident to the hospital but if a resident was sent to the hospital from an outside appointment they would think that social services would send it.</p> <p>On 6/28/2023 at 1:53 p.m., ASM #2 provided the facility bed hold policy and stated that they had clarified the process with their manager and social services was responsible for providing the bed hold policy to a resident if nursing does not initiate the transfer.</p>	F 625			

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F 625	Continued From page 18 The facility policy, "Virginia Notice of Bed Hold Policy" undated, documented in part, "...Our facility is required by state and federal law to inform you of our bed hold policy. When you are transferred to a hospital or go on therapeutic leave, the following bed hold policy takes effect: Medicaid, If Medicaid is paying for your care, the state Medicaid program may pay us to hold your bed for a limited time while you are in the hospital or on therapeutic leave. In this state, Medicaid will hold your bed for the number of days indicated below or until you waive your right to have the bed held, whichever occurs first... If your hospitalization or therapeutic leave exceeds the number of days indicated above, we will readmit you to the first available bed in a semi-private room if you wish to be readmitted and: You require the services provided by the facility and the facility is able to otherwise meet your needs; and you are eligible for Medicaid nursing facility services..." On 6/28/2023 at 12:22 p.m., ASM #1, the interim administrator, ASM #2, the interim director of nursing, ASM #3, the assistant director of nursing, ASM #5, the regional director of clinical services and ASM #6, the vice president of operations were made aware of the concern.	F 625			
F 626 SS=D	No further information was provided prior to exit. Permitting Residents to Return to Facility CFR(s): 483.15(e)(1)(2) §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	F 626	1) Resident #1 no longer resides in the facility. 2) The Administrator or Designee will audit the last 30 days of hospital transfers to ensure they were permitted to return to the facility.		

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F 626	<p>Continued From page 19</p> <p>after they are hospitalized or placed on therapeutic leave. The policy must provide for the following.</p> <p>(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-</p> <p>(A) Requires the services provided by the facility; and</p> <p>(B) Is eligible for Medicare skilled nursing facility services or Medicaid nursing facility services.</p> <p>(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.</p> <p>§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.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on clinical record review, staff interview and facility document review it was determined that the facility staff failed to allow a resident to return to the facility after a hospitalization for one of six residents in the survey sample, Resident #1.</p>	F 626	<p>3) The Administrator or Designee provided re-education to Admission Director and Social Services on permitting residents to return to the facility.</p> <p>4) The Administrator or Designee will audit transfers weekly for 8 weeks to ensure residents were permitted to return to facility. Results will be presented to QAPI monthly. Any noted trends will be corrected immediately.</p> <p>5) Compliance Date: 7/27/2023</p>		

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F 626	<p>Continued From page 20</p> <p>The findings include:</p> <p>For Resident #1 (R1), the facility staff failed to allow them to return to the facility after a hospitalization on 2/3/2023.</p> <p>Resident #1 was admitted to the facility on 11/3/2022, readmitted on 1/8/2023, and discharge on 2/3/2023.</p> <p>The clinical record documented R1 being under Medicaid services at the time of hospitalization on 2/3/2023.</p> <p>The progress notes for R1 documented in part, - "2/4/2023 04:33 (4:33 a.m.) No return call back from the hospital. Recalled (Name of hospital). Was informed resident was being admitted for gangrene." - "2/4/2023 00:01 (12:01 a.m.) Note Text : Was informed from previous shift report that resident went to dialysis earlier today and did not return. Started calling hospitals near dialysis center. Called (Name of hospital), resident was not there. Called (Name of hospital) and was informed that resident was there in the ER (emergency room). Was informed they were having phone issues and took a message and a nurse to return my call."</p> <p>The clinical record failed to evidence a written notice of discharge or a bed hold notice provided to R1 for the 2/3/2023 hospitalization.</p> <p>The encounter summary dated 2/3/23-2/17/23 for R1 from (Name of hospital) documented in part, - "(Name of hospital case manager) - 02/06/2023 10:08 AM EST:...CM (case manager) reviewed</p>	F 626			

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F 626	Continued From page 21 chart. Updated clinicals have been sent via (patient navigation service) health to (Name of facility) Health and rehab (SNF/LTC). Patient is resident at facility. Once medically stable, discharge plan is to return back to facility. Confirmation from facility that they will accept back. " - "(Name of hospital case manager) - 02/08/2023 11:19 AM EST:...CM (case manager) reviewed chart. Discharge plans are to return back to SNF/ (Name of facility). No plans for surgical intervention at this time. Per facility, they require insurance authorization. PT/OT (physical therapy/occupational therapy) ordered to submit for auth (authorization). All other updated clinicals have been sent via (patient navigation services) health. " - "(Name of hospital case manager) - 02/09/2023 2:39 PM EST:...Patient with discharge orders today to SNF. Requires insurance auth. (Name of facility) stated they would accept patient until today. Was informed they cannot accept back, even though they have been in communication with us since day one stating they can accept back. Called and spoke to administrator (Name of former administrator) at (Name of facility) SNF and he stated she was given 30 day notice of discharge back before Christmas and she did not appeal. Spoke to patient she said she had paid this months fee to stay and never received any form. Asked (Name of former administrator) to fax copy/proof of form and about her payment. He stated she has not paid and they will not accept back. Spoke with my supervisor to see if he could get more info from their admin (Name of former administrator). Explain to patient she cannot go back there per admin and we need to look else where. She said she has been there since November, likely has used her Medicare	F 626			

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F 626	<p>Continued From page 22</p> <p>days. Asked if she had Medicaid since we do not have it on file. She stated yes. Brought patient her purse and she gave me copy of card. Copy made of her Medicaid and sent to public benefits to upload. Explained we will have to find other placement. Referral sent through (patient navigation services) for placement. "</p> <p>- "(Name of hospital case manager) - 02/10/2023 9:21 AM EST: Formatting of this note might be different from the original. Issues with SNF (skilled nursing facility). Stated they would take patient back, now saying they cannot. Requested documents from facility showing she cannot return. Also uploaded patient Medicaid into system which we did not have..."</p> <p>On 6/27/2023 at 9:30 a.m., during entrance conference with ASM #1, the interim administrator, he stated that the facility had 180 dually certified beds. Review of the facility census for 2/9/2023 documented an active inpatient list of 143 residents.</p> <p>On 6/27/2023 at 12:41 p.m., a request was made to ASM (administrative staff member) #5, the regional director of clinical services, for evidence of discharge notices provided to resident, evidence of any appeal to the discharge notices, evidence of bed hold offered for 2/4/2023 hospitalization and evidence that the resident was not eligible to return to the facility.</p> <p>On 6/27/2023 at 2:10 p.m., an interview was conducted with ASM #3, assistant director of nursing. ASM #3 stated that R1 smoked and would break the non-smoking policy at the facility so they had issued them a 30 day discharge notice by the former administrator and the former social worker. ASM #3 stated that R1 went to an</p>	F 626			

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F 626	<p>Continued From page 23</p> <p>appointment for dialysis and had been advised by the vascular physician the day before to go to the hospital so they had been sent afterwards. She stated that R1 was admitted to the hospital and due to the 30 day discharge notice she was not allowed to come back to the facility. She stated that she thought that the current social worker was working to find alternate placement in a smoking facility for R1 prior to the hospitalization.</p> <p>On 6/27/2023 at 4:30 p.m., ASM #5, the regional director of clinical services stated that they did not have evidence of a bed hold notice provided for the hospitalization on 2/3/2023. ASM #6, the vice president of operations stated that they were unable to find the 30 day discharge notice at that time but were still looking for it. ASM #6 stated that they had contacted the ombudsman to see if they knew if the resident had appealed the discharge but they did not have anything about an appeal in their records. He stated that the 30 day discharge notice would be the evidence that R1 was not eligible to return to the facility.</p> <p>On 6/28/2023 at 9:12 a.m., an interview was conducted with OSM (other staff member) #2, the director of social services. OSM #2 stated that they had started working at the facility in January of 2023 and were aware that R1 had been issued a 30 day discharge notice prior to them working at the facility. OSM #2 stated that the former social worker had sent in paperwork to other facilities and had not secured an alternate facility for them but they did not have documentation to evidence that. OSM #2 stated that R1 went to dialysis and afterwards went to the emergency room and was admitted so the former administrator told them that they did not have to take her back into the facility. OSM #2 stated that</p>	F 626			

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F 626	<p>Continued From page 24</p> <p>if the resident did not have a notice of discharge the facility should have offered the resident to come back to the first available bed.</p> <p>The facility policy, "Discharge and Transfers" undated, documented in part, "Facility-Initiated Discharges and Transfers, CMS (Centers for Medicare & Medicaid Services) clarifies the notice requirements for facility-initiated discharges or transfers in the following circumstances: 1. Transfers while resident is still hospitalized: A. When a facility decides to discharge the resident while the resident is still hospitalized, CMS requires that the facility send a notice of discharge to the resident and resident representative and must also send a copy of the discharge notice to a representative of the Ombudsman. B. Notice to the Ombudsman must occur at the same time the notice of discharge is provided to the resident and resident representative, even though, at the time of initial emergency transfer, sending a copy of the transfer notice to the Ombudsman only needed to occur as soon as practicable, as described below..." The policy further documented, "Reasons for Discharge and Required Documentation. The medical record must show documentation of the basis for transfer or discharge. This documentation must be made before, or as close as possible to the actual time of transfer or discharge..."</p> <p>On 6/28/2023 at 12:22 p.m., ASM #1, the interim administrator, ASM #2, the interim director of nursing, ASM #3, the assistant director of nursing, ASM #5, the regional director of clinical services and ASM #6, the vice president of operations were made aware of the concern.</p>	F 626			

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F 626	Continued From page 25	F 626			
F 656 SS=D	<p>No further information was provided prior to exit.</p> <p>Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3)</p> <p>§483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -</p> <p>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to</p>	F 656	<p>1) Residents #2 and #3 no longer reside in the facility.</p> <p>2) The Director of Nursing or Designee will audit current Residents comprehensive care plans to ensure discharge goals and planning were developed and are being implemented.</p> <p>3) The Administrator or Designee provided re-education to Social Services on developing and implementing care plans.</p> <p>4) The Administrator or designee will audit new admissions weekly for 8 weeks to ensure comprehensive care plans are being developed and implemented for discharge goals and planning. Results will be presented to QAPI monthly. Any noted trends will be corrected immediately.</p> <p>5) Compliance Date: 7/27/2023</p>		

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F 656	<p>Continued From page 26</p> <p>local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by:</p> <p>Based on responsible party interview, staff interview, clinical record review and facility document review it was determined that the facility staff failed to develop the comprehensive care plan for two of six residents in the survey sample, Resident #2 and Resident #3.</p> <p>The findings include:</p> <p>1. For Resident #2 (R2), the facility staff failed to develop the comprehensive care plan to include discharge goals and planning. R2 was discharged from the facility on 5/18/2023.</p> <p>On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 4/17/2023, the resident scored 9 out of 15 on the BIMS (brief interview for mental status), indicating the resident was moderately impaired for making daily decisions. The assessment documented no active discharge planning occurring at the time of the assessment and R2 not wanting to speak to anyone about the possibility of leaving the facility and returning to live and receive services in the community. The assessment documented R2 participation in the assessment and no family or representative</p>	F 656		

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F 656	<p>Continued From page 27 participation.</p> <p>On 6/28/2023 at 3:45 p.m., an interview was conducted with R2's guardian. She stated that R2 was discharged from the facility and currently resided with her. She stated that she was R2's guardian for medical care and decisions but (Name of non-profit organization) was the conservator for funds. When asked about R2's discharge from the facility, R2's guardian stated that the facility did not discuss any planning prior to discharge other than they were going to come to do a home assessment which never happened. She stated that one time they had set up a discharge planning meeting at the facility but had canceled it when she arrived at the facility and never discussed anything afterwards. She stated that she had told the former administrator that she wanted to bring R2 home because she felt that she would be able to get stronger at home. She stated that the facility only sent written prescriptions home with R2 and did not discuss any care instructions with them prior to discharge. She stated that R2 was still at home for now but would possibly go into another rehab facility for more therapy in the near future.</p> <p>The comprehensive care plan for R2 failed to evidence documentation of the resident's preference and potential for discharge or desire to return to the community.</p> <p>The progress notes for R2 documented in part, - "05/18/2023 12:10 (12:10 p.m.) Note Text : Resident was discharged to home. Transported via (Name of transportation service). All paperwork and doctors [sic] order and copy of DNR (do not resuscitate) given to attendants. Resident medicated with am (morning)</p>	F 656			

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F 656	Continued From page 28 medicines." - "05/17/2023 11:14 (11:14 a.m.) Physician Note, Late Entry. Note Text : Provider Documentation Date of Service: May 17, 2023. Patient: (Name of R2) (date of birth for R2) CC (chief complaint): Evaluation for hospital bed. History of Present Illness: Asked to see patient for evaluation for the appropriateness of a hospital bed. This patient has been preparing for discharge to home. Staff report that DME (durable medical equipment) Company is requesting for specific documentation indicating the needs for a hospital bed along with other assistive equipment. This patient has a history of dementia and debility along with depression and dysphagia. The plan is for her to discharge home with family. She was seen this morning resting in bed, noted to be a poor historian but appears in no distress..." - "05/12/2023 15:15 (3:15 p.m.) Physician Note, Late Entry. Note Text : Provider Documentation Date of Service: May 12, 2023. Patient: (Name of R2) (date of birth for R2) CC: Discharge planning. History Of Present Illness: Asked to see patient for evaluation of discharge planning. This patient is presently residing at (Name of facility) with history of dementia, vitamin D deficiency, hypothyroidism, depression and muscle weakness. She is planning to discharge home with family and home health. She was seen this afternoon, sitting up in her wheelchair, noted to be a poor historian but appears in no distress. Staff was interviewed and denied any acute patient concerns... Assessment/Plan (reviewed w/ patient): 1) Hypothyroidism - Chronic. Continue Synthroid. Will need continued outpatient followup for management and laboratory monitoring. 2) Dementia - Ongoing. Home health to evaluate for nursing and medication assistance. Continue with current medications and monitor. 3) Depression -	F 656			

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F 656	<p>Continued From page 29</p> <p>Patient is stable. To continue on current dose of antidepressant and be monitored, she will need continued outpatient followup for a future medication refills. 4) Muscle weakness - Ongoing. Staff to continue with supportive and assistive care while in-house. Skilled therapy/home health to evaluate upon discharge. Up with wheelchair for mobility."</p> <p>The physician orders documented in part, - "Home health: PT(physical therapy)/OT(occupational therapy)/Nursing services to evaluate and treat. Order Date: 05/15/2023."</p> <p>Review of the clinical record failed to evidence a discharge care plan, discussions with R2's guardian regarding discharge, documentation of the intent to discharge, documentation of discharge planning and arrangements for post-discharge care.</p> <p>On 6/28/2023 at 8:13 a.m., a request was made to ASM (administrative staff member) #1, the interim administrator for evidence of R2's discharge care plan.</p> <p>On 6/28/2023 at 8:20 a.m., an interview was conducted with RN (registered nurse) #1, MDS coordinator. RN #1 stated that a paper care plan was completed on admission for a baseline and then when the admission assessment was completed the comprehensive care plan was completed in the computer building on the baseline care plan. RN #1 stated that discharge goals were normally addressed in the MDS assessment but they did not know if they put them in the care plan. RN #1 stated that they only discussed whether the resident was long</p>	F 656			

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F 656	<p>Continued From page 30</p> <p>term or short term in the care plan meetings.</p> <p>On 6/28/2023 at 9:12 a.m., an interview was conducted with OSM #2, the director of social services. OSM #2 stated that on admission they determined if a resident was staying long term or short term and plans to return to the community. She stated that when she first started working at the facility in January of 2023 R2's sister had asked what needed to be done to get them discharged home. She stated that R2's sister stated that she was adding a room onto the home for her. She stated that they have care plan meetings twice a week and go over the care plan to make any changes or updates but that she did not develop any care plans or create them. She stated that the MDS staff or the nurse created and initiated the care plans.</p> <p>On 6/28/2023 at 8:41 a.m., ASM #2, the interim director of nursing provided the comprehensive care plan for R2. ASM #2 reviewed the care plan and stated that they did not see anything regarding discharge for them.</p> <p>The facility policy, "Discharge and Transfers" undated, documented in part, "...1. A resident-initiated transfer or discharge means the resident or, if appropriate, the resident representative has provided verbal or written notice of intent to leave the long-term care facility...The medical record must contain documentation or evidence of: A. The resident's or resident representative's verbal or written notice of intent to leave the facility...B. A discharge care plan, and documented discussions with the resident or, if appropriate, his/her representative, containing details of discharge planning and arrangements for</p>	F 656			

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F 656	<p>Continued From page 31</p> <p>post-discharge care. i. The comprehensive care plan should contain the resident's goals for admission and desired outcomes, which should be in alignment with the discharge if it is resident-initiated..."</p> <p>On 6/28/2023 at 12:22 p.m., ASM #1, the interim administrator, ASM #2, the interim director of nursing, ASM #3, the assistant director of nursing, ASM #5, the regional director of clinical services and ASM #6, the vice president of operations were made aware of the concern.</p> <p>No further information was provided prior to exit.</p> <p>2. For Resident #3 (R3), the facility staff failed to failed to develop the comprehensive care plan to include discharge goals and planning. R3 was discharged from the facility on 2/10/2023.</p> <p>On the most recent MDS (minimum data set), a significant change assessment with an ARD (assessment reference date) of 6/8/2023, the resident scored 15 out of 15 on the BIMS (brief interview for mental status), indicating the resident was cognitively intact for making daily decisions. The assessment documented no behaviors and R3 requiring extensive assistance of two or more persons for transfers. It further documented R3 requiring extensive assistance of one person for dressing and personal hygiene and totally dependent of one person for bathing. It documented R3 using a wheelchair and being occasionally incontinent of bowel and bladder. The assessment documented no active discharge planning for the resident to return to the community.</p> <p>A "Notice of Involuntary Transfer or Discharge"</p>	F 656			

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F 656	<p>Continued From page 32</p> <p>dated 10/19/2022 documented in part, "This letter constitutes notice that you will be transferred or discharged from (blank space) on the following date: 10/17/22. Your designated family member, responsible party or legal representative, (blank space), will be provided a copy of this Notice. A. Reason for Transfer or Discharge. The reason for your transfer or discharge is indicated below: Your welfare and needs cannot be met in this facility, as documented by your physician in your clinical record. (Emergency hospitalization falls in this category). Evidence that this notice was provided to the long term care ombudsman was reviewed.</p> <p>The comprehensive care plan failed to evidence a discharge care plan, documentation of a 30 day notice given to the resident, discharge planning or evidence care planning to find alternate placement for R3.</p> <p>The clinical record failed to evidence documentation of attempts to find alternate placement for R3 or care planning related to discharge/transfer planning.</p> <p>On 6/28/2023 at 8:20 a.m., an interview was conducted with RN (registered nurse) #1, MDS coordinator. RN #1 stated that a paper care plan was completed on admission for a baseline and then when the admission assessment was completed the comprehensive care plan was completed in the computer building on the baseline care plan. RN #1 stated that discharge goals were normally addressed in the MDS assessment but they did not know if they put them in the care plan. RN #1 stated that they discussed whether the resident was long term or short term in the care plan meetings.</p>	F 656			

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F 656	Continued From page 33 On 6/28/2023 at 9:12 a.m., an interview was conducted with OSM #2, the director of social services. OSM #2 stated that they have care plan meetings twice a week and go over the care plan to make any changes or updates but that she did not develop any care plans or create them. She stated that the MDS staff or the nurse initiated the care plans. She stated that R3 was issued the 30 day discharge notice prior to them working at the facility and they had tried to find another facility that would accept them. On 6/28/2023 at 8:41 a.m., ASM #2, the interim director of nursing provided the comprehensive care plan for R3. ASM #2 reviewed the care plan and stated that they did not see anything regarding discharge or transfer planning for them. On 6/28/2023 at 12:22 p.m., ASM #1, the interim administrator, ASM #2, the interim director of nursing, ASM #3, the assistant director of nursing, ASM #5, the regional director of clinical services and ASM #6, the vice president of operations were made aware of the concern.	F 656			
F 660 SS=D	No further information was provided prior to exit. Discharge Planning Process CFR(s): 483.21(c)(1)(i)-(ix) §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	F 660	1) Resident #2 no longer resides in the facility. 2) The Administrator or Designee audited current Residents that are planning to discharge to ensure an effective interdisciplinary discharge plan is in place.		

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F 660	Continued From page 34 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. (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	F 660	3) The Administrator or Designee provided re-education to Social Services on developing and implementing effective interdisciplinary discharge planning. 4) The Administrator or Designee will audit upcoming discharges weekly for 8 weeks to ensure an effective interdisciplinary discharge plan was developed and implemented. Results will be presented to QAPI monthly. Any noted trends will be corrected immediately. 5) Compliance Date: 7/27/2023		

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F 660	<p>Continued From page 35</p> <p>made the determination and why.</p> <p>(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.</p> <p>(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.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on responsible party interview, staff interview, clinical record review and facility document review it was determined that the facility staff failed to develop and implement an effective discharge plan for one of six residents in the survey sample, Resident #2.</p> <p>The findings include:</p> <p>For Resident #2 (R2), the facility staff failed to evidence ongoing interdisciplinary discharge planning with R2's guardian, an elderly sister,</p>	F 660			

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F 660	<p>Continued From page 36</p> <p>considering their capability to perform the required care for a dependent resident in accordance with the resident's needs as documented in the plan of care.</p> <p>R2 was discharged from the facility on 5/18/2023 to their guardian's home.</p> <p>On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 4/17/2023, the resident scored 9 out of 15 on the BIMS (brief interview for mental status), indicating the resident was moderately impaired for making daily decisions. Section G documented R2 requiring extensive assistance from two or more person for bed mobility, transfers, dressing, and toilet use and extensive assistance from one person for walking and personal hygiene. The assessment documented R2 being totally dependent on two or more persons for bathing, normally using a wheelchair and being frequently incontinent of bowel and bladder. The assessment further documented no active discharge planning occurring at the time of the assessment and R2 not wanting to speak to anyone about the possibility of leaving the facility and returning to live and receive services in the community. The assessment documented R2 participating in the assessment and no family or representative participating.</p> <p>On 6/28/2023 at 3:45 p.m., an interview was conducted with R2's guardian. She stated that R2 was discharged from the facility and currently resided with her. She stated that she was R2's guardian for medical care and decisions but (Name of non-profit organization) was the conservator for funds. When asked about R2's discharge from the facility, R2's guardian stated</p>	F 660			

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F 660	Continued From page 37 that the facility did not discuss any planning prior to discharge other than they were going to come to do a home assessment which never happened. She stated that one time they had set up a discharge planning meeting at the facility but had canceled it when she arrived at the facility and never discussed anything afterwards. She stated that she had told the former administrator that she wanted to bring R2 home because she felt that she would be able to get stronger at home. She stated that the facility only sent written prescriptions home with R2 and did not discuss any care instructions with them prior to discharge. She stated that she did not have access to R2's funds because she was not the conservator so there was a 20 day delay in getting the prescriptions filled and adult protective services had assisted them in getting them filled. She stated that there were no adverse effects from not getting medications however it was frustrating. She stated that the facility set up therapy to come in and they had been coming in teaching them exercises and a nurse came in also. R2's guardian stated that the facility was supposed to set up a home health aide to assist in personal care but they did not do it. She stated that the home health nurse came but said they did not have home health aides. She stated that she never told the facility that she already had a personal aide and told them that R2 needed 24 hour care. She stated that the former administrator had called them a few weeks before they discharged R2 and told her that they would send someone out to assess the home but no one ever showed up. She stated that when she asked about the home assessment they told her that they would not come because it was too far away. She stated that R2 was still at home for now but would possibly go into another rehab	F 660			

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F 660	<p>Continued From page 38 facility for more therapy in the near future.</p> <p>The comprehensive care plan for R2 documented in part, - "I am incontinent of urine. Date Initiated: 04/11/2022...I require assistance with one or more activity of daily living. Date Initiated: 03/06/2023..." - "Pressure ulcer actual or at risk due to: Assistance required in bed mobility, Bowel incontinence. Date Initiated: 04/11/2022..." The care plan failed to evidence documentation of the resident's preference and potential for discharge or desire to return to the community.</p> <p>The progress notes for R2 documented in part, - "05/18/2023 12:10 (12:10 p.m.) Note Text : Resident was discharged to home. Transported via (Name of transportation service). All paperwork and doctors [sic] order and copy of DNR (do not resuscitate) given to attendants. Resident medicated with am (morning) medicines."</p> <p>The progress notes failed to evidence documentation of ongoing interdisciplinary discharge planning including R2's guardian, discharge instructions or education provided to R2's guardian.</p> <p>Review of the clinical record failed to evidence a discharge care plan, discussions with R2's guardian regarding discharge, documentation of the intent to discharge, documentation of interdisciplinary discharge planning and arrangements for post-discharge care considering R2's guardian's capability to perform the required care for a dependent resident in accordance with the resident's needs, or discharge instructions provided to R2's guardian</p>	F 660			

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F 660	<p>Continued From page 39 at discharge with education provided.</p> <p>On 6/27/2023 at 12:41 p.m., a request was made to ASM (administrative staff member) #5, the regional director of clinical services, for all discharge planning notes, evidence of all outside resources set up prior to discharge and evidence of communication regarding discharge with the guardian and the conservator.</p> <p>On 6/27/2023 at approximately 3:00 p.m., ASM #2, the interim director of nursing provided a packet of documents containing a "Care Management Discharge Planning Checklist" for R2 which contained R2's name and attending physician. The checklist was blank and undated. The "Interdisciplinary Discharge Summary" for R2 documented a discharge date of 5/17/2023 and documented in part, "...Reason for discharge: Per family request...Discharge potential: Pt (patient) will require 24 (hour) care..." It further documented, "Special treatments or procedures planned for discharge: PT/ST (speech therapy) Other: Nsg (nursing) Hm (home) Hlth (health) eval. (evaluation) & tx (treatment). Drug therapy required: N/A (not applicable)..." The area for Physician Services was not signed or dated. Under "Additional Comments/Concerns it documented "Pt d/c (discharge) hm (home) (with) sister. Requires 24 (hour) care & (services). Per family 24 (hour) care & (services) will be provided. SW (social worker) has set up hm hlth (with) (Name of home health agency) & w/c (wheelchair) order (with) (Name of durable medical equipment provider)." A fax confirmation dated 05/23 (5/23/2023) at 10:20 a.m. documented a skilled home health patient referral, physician order for services, current medication list, history and physical,</p>	F 660			

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F 660	<p>Continued From page 40</p> <p>demographics and diagnosis codes sent to the home health agency. Review of the physicians order for home health documented, "5/22/2023 Pt. d/c home (with) Hm Hlth, PT/OT eval & tx (with) personal care svcs (services)." The "personal care svcs" observed to be struck out was initialed by OSM (other staff member) #2, the director of social services. The physicians orders for a standard wheelchair, wheelchair cushion and hospital bed dated 5/17/2023 addressed to the durable medical equipment provider was also included in the documents. No discharge instructions or education were provided.</p> <p>On 6/28/2023 at 8:13 a.m., a request was made to ASM #1, the interim administrator for evidence of the discharge care plan for R2 and evidence that the guardian received discharge instructions and education regarding the discharge.</p> <p>On 6/27/2023 at 3:05 p.m., an interview was conducted with LPN (licensed practical nurse) #1. LPN #1 stated that they were not involved in any discharge planning for R2. LPN #1 stated that the social worker was normally involved with discharge planning.</p> <p>On 6/27/2023 at 4:03 p.m., an interview was conducted with OSM #5, business office manager. She stated that R2's insurance should have been set up with the discharge planning process and the facility was supposed to guide the guardian on that process. She stated that she did not think that the newer staff were familiar with setting people up for success but they were supposed to set things up. She stated that she was not sure what the discharge plan was but knew R2 really needed the health care. She stated that social services set up home health</p>	F 660			

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F 660	Continued From page 41 and made sure it was covered by the insurance. On 6/28/2023 at 9:12 a.m., an interview was conducted with OSM #2, the director of social services. OSM #2 stated that when she first started working at the facility in January of 2023 R2's sister had asked what needed to be done to get them discharged home. She stated that R2's sister stated that she was adding a room onto the home for her. She stated that they had wanted to have a home evaluation, but a home evaluation could not be done except within a certain mileage range and she was not sure if it was a facility policy or a therapy policy. She stated that therapy staff went out to do the assessments. She stated that when they get orders for home health evaluations they get them for the home health evaluation, physical therapy and occupational therapy to evaluate and treat. She stated that she added nursing if she felt that they needed it, medication management, and wound care. She stated that if the home health agency could not provide the services they let them know. She stated that R2's sister told her that she had 24 hour care and she did not question it. She stated that they (facility staff) told her that she had money and she said she had 24 hour care available. When asked about the physician order dated 5/22/2023 with personal care services struck out and initialed, she stated that the home health agency must have called them and told them they didn't provide personal care services so they scratched it out. She stated that she did not set anything else up because R2's sister made it seem like she had 24 hour care. When asked about discharge planning documentation, she stated that typically the notes are just the discharge summary and that she would not have written any discharge reservations in the medical	F 660			

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F 660	<p>Continued From page 42</p> <p>record. She stated that she did not have any conversations with adult protective services in the county. She stated that she did not feel like she had a safe discharge and did not feel like her sister could take care of her.</p> <p>The facility policy, "Discharge Planning Documentation" dated 11/2020 documented in part, "...1. An initial evaluation of a resident is completed upon admission. 2. Discharge planning record will be completed within seven (7) days after admission. 3. All discharge plans will be reviewed after sixty (60) to ninety (90) days, according to the level of care. 4. At the time of discharge, a discharge summary and home-going instructions are provided to the resident or the resident's care giver which will include the following: A. Current diagnosis; B. Rehabilitation potential; C. Summary of prior treatment; D. Physician's orders for immediate care; E. Pertinent social information; F. Community referrals as needed (e.g., home health, mental health, adult day care, etc.). 5. Within twenty-four (24) to forty-eight (48) hours (or next day) after discharge to home, another nursing facility or to another type of residential facility such as a board-and-care home, a follow-up phone call, or if necessary, home visit will be made to ascertain that community services/referrals are indeed being provided according to the discharge plan. 6. Documentation of the after discharge contact will be made on the social service progress note and labeled "Post-Discharge Note."..."</p> <p>The facility policy, "Discharge and Transfers" undated, documented in part, "...1. A resident-initiated transfer or discharge means the resident or, if appropriate, the resident representative has provided verbal or written</p>	F 660			

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F 660	Continued From page 43 notice of intent to leave the long-term care facility...3. The medical record must contain documentation or evidence of: A. The resident's or resident representative's verbal or written notice of intent to leave the facility...B. A discharge care plan, and documented discussions with the resident or, if appropriate, his/her representative, containing details of discharge planning and arrangements for post-discharge care. i. The comprehensive care plan should contain the resident's goals for admission and desired outcomes, which should be in alignment with the discharge if it is resident-initiated..." On 6/28/2023 at 12:22 p.m., ASM #1, the interim administrator, ASM #2, the interim director of nursing, ASM #3, the assistant director of nursing, ASM #5, the regional director of clinical services and ASM #6, the vice president of operations were made aware of the concern.	F 660			
F 661 SS=D	No further information was provided prior to exit. Discharge Summary CFR(s): 483.21(c)(2)(i)-(iv) §483.21(c)(2) Discharge Summary When the facility anticipates discharge, a resident must have a discharge summary that includes, but is not limited to, the following: (i) A recapitulation of the resident's stay that includes, but is not limited to, diagnoses, course of illness/treatment or therapy, and pertinent lab, radiology, and consultation results. (ii) A final summary of the resident's status to include items in paragraph (b)(1) of §483.20, at the time of the discharge that is available for release to authorized persons and agencies, with	F 661	1) Resident #4 no longer resides in the facility. 2) The Administrator or Designee audited current Residents that are planning to discharge to ensure a complete discharge summary is available.		

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F 661	<p>Continued From page 44</p> <p>the consent of the resident or resident's representative.</p> <p>(iii) Reconciliation of all pre-discharge medications with the resident's post-discharge medications (both prescribed and over-the-counter).</p> <p>(iv) A post-discharge plan of care that is developed with the participation of the resident and, with the resident's consent, the resident representative(s), which will assist the resident to adjust to his or her new living environment. The post-discharge plan of care must indicate where the individual plans to reside, any arrangements that have been made for the resident's follow up care and any post-discharge medical and non-medical services.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on clinical record review, facility document review and staff interview, it was determined that the facility staff failed to evidence a complete discharge summary for one of six residents in the survey sample, Resident #4.</p> <p>The findings include:</p> <p>For Resident #4 (R4), the facility staff failed to evidence a discharge summary that included a recapitulation of the resident's stay, a final summary of the resident's status at the time of discharge, reconciliation of all pre-discharge medications with the resident's post discharge medications and a post discharge plan of care for the discharge on 2/5/2023.</p> <p>R4 was admitted to the facility on 1/29/2023 and discharged home on 2/5/2023.</p> <p>The progress notes for R4 documented in part,</p>	F 661	<p>3) The Administrator or Designee provided re-education to Social Services on completing discharge summary.</p> <p>4) The Administrator or Designee will audit upcoming discharges weekly for 8 weeks to ensure discharge summary was completed. Results will be presented to QAPI monthly. Any noted trends will be corrected immediately.</p> <p>5) Compliance Date: 7/27/2023</p>		

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

PRINTED: 07/11/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495299	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/28/2023
NAME OF PROVIDER OR SUPPLIER ELIZABETH ADAM CRUMP HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 3600 MOUNTAIN ROAD GLEN ALLEN, VA 23060		
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F 661	<p>Continued From page 45</p> <p>"2/5/2023 14:04 (2:04 p.m.) Note Text : (Name of transport) present to transport res (resident) home. res was admitted to facility for respite care. transfer/ discharge and personal items were sent with resident and transport staff. res was alert and verbal and denies pain."</p> <p>Review of the clinical record failed to evidence a discharge summary that included a recapitulation of the resident's stay, a final summary of the resident's status at the time of discharge, reconciliation of all pre-discharge medications with the resident's post discharge medications and a post discharge plan of care for the discharge on 2/5/2023.</p> <p>On 6/27/2023 at 12:41 p.m., a request was made to ASM (administrative staff member) #5, the regional director of clinical services for evidence of discharge instructions provided to the resident and the discharge summary that included a recapitulation of the resident's stay for the discharge on 2/5/2023.</p> <p>On 6/27/2023 at 4:30 p.m., ASM #6, the vice president of operations stated that they did not have any discharge documents for R4. ASM #6 stated that R4 came in for a short period on respite care before going back home and received hospice services at the facility. He stated that there should be a discharge summary in the record.</p> <p>On 6/28/2023 at approximately 1:00 p.m., ASM #2, the interim director of nursing provided the progress note dated 2/5/2023 documented above, a nurse practitioner admission review dated 1/30/2023 documenting R4 ..."being followed by hospice care, admitted for short stay</p>	F 661			

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F 661	<p>Continued From page 46</p> <p>for respite visit..." The documents provided also contained hospice documents including a Patient information report, hospice notes dated 1/9/2023-1/24/2023, a client medication report dated 1/24/2023, an Aide Care Plan Report dated 1/24/2023, a Hospice IDG (interdisciplinary group) Comprehensive Assessment and Plan of Care Update Report dated 1/24/2023, hospice orders dated 1/24/2023. ASM #2 stated that the notes documented R4's family member being out of town during the respite stay at the facility in February of 2023. The documents provided failed to evidence any facility discharge instructions provided to the resident and the discharge summary that included a recapitulation of the resident's stay for the facility discharge on 2/5/2023.</p> <p>The facility policy "Discharge Planning Documentation" dated 11/2020 documented in part, "...At the time of discharge, a discharge summary and home-going instructions are provided to the resident or the resident's caregiver which will include the following: A. Current diagnosis; B. Rehabilitation potential; C. Summary of prior treatment; D. Physician's orders for immediate care; E. Pertinent social information; F. Community referrals as needed (e.g., home health, mental health, adult day care, etc.)..."</p> <p>The facility policy "Interdisciplinary Discharge Summary" dated 11/2020 documented in part, "All resident's discharged from the facility will have an Interdisciplinary Discharge Summary completed [sic] as part of the Medical Record..."</p> <p>On 6/28/2023 at 12:22 p.m., ASM #1, the interim administrator, ASM #2, the interim director of</p>	F 661			

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F 661	Continued From page 47 nursing, ASM #3, the assistant director of nursing, ASM #5, the regional director of clinical services and ASM #6, the vice president of operations were made aware of the concern. No further information was provided prior to exit.	F 661			