

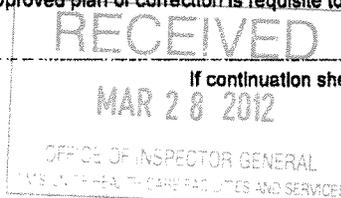
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/19/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185350	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/08/2012
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF EAST LOUISVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 2529 SIX MILE LANE LOUISVILLE, KY 40220	
(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)	(X6) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		
F 203 SS=B	<p>An abbreviated survey to investigate KY17946 was initiated and concluded on 03/08/12. The Division of Health Care substantiated the allegation and a Federal deficiency was cited. 483.12(a)(4)-(6) NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE</p> <p>Before a facility transfers or discharges a resident, the facility must notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand; record the reasons in the resident's clinical record; and include in the notice the items described in paragraph (a)(6) of this section.</p> <p>Except when specified in paragraph (a)(5)(ii) of this section, the notice of transfer or discharge required under paragraph (a)(4) of this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>Notice may be made as soon as practicable before transfer or discharge when the health of individuals in the facility would be endangered under (a)(2)(iv) of this section; the resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (a)(2)(i) of this section; an immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (a)(2)(ii) of this section; or a resident has not resided in the facility for 30 days.</p> <p>The written notice specified in paragraph (a)(4) of this section must include the reason for transfer</p>	F 203	<p>F 203</p> <ol style="list-style-type: none"> The facility's Business Office Manager contacted the residents POA and notified them that the facility would be reissuing the 30 day notice with a safe discharge location on 3/29/12. The Business Office Manager will audit by 3/29/12 all 30 day discharges issued since January 2012 to identify other residents that could have been affected by the deficient practice. All discharges identified through the audit without a discharge location on the 30 day discharge notice, will be re-issued a discharge notice with a date and safe location of discharge by 3/29/12. 	3/30/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE *Administrator* (X8) DATE *3/21/12*

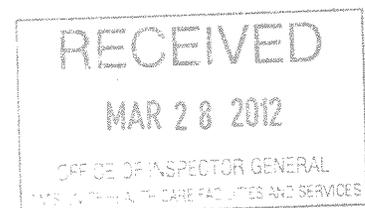
Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 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 203	<p>Continued From page 1</p> <p>or discharge; the effective date of transfer or discharge; the location to which the resident is transferred or discharged; a statement that the resident has the right to appeal the action to the State; the name, address and telephone number of the State long term care ombudsman; for nursing facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act; and for nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, review of the facility's policy, and review of the discharge letter, it was determined the facility failed to provide a thirty day discharge notice with all the required elements to one (1) of four (4) sampled residents. Resident #1.</p> <p>The findings include:</p> <p>Review of the facility's policy regarding Transfer/Discharge Criteria revealed the facility failed to include the required contents of the notice of discharge in their policy. The facility's policy stated residents would not be transferred or discharged from the facility unless: it was necessary for the resident's welfare; the</p>	F 203	<p>3. The Business Office Manager is responsible for the discharge letter process. The Business Office manager was educated by the administrator on 3/9/12 regarding the criteria required to be present on the discharge notice, the date of discharge and location the resident is discharged to. The Business Office Manger will complete all 30 day discharges and submit to the administrator for approval and signature to ensure that all required information is listed on the notice prior to sending to the resident and or POA for discharge.</p> <p>4. The Business Office Manager will audit all 30 day notices monthly to ensure a discharge date and location is listed on the notice.</p>		



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F 203	<p>Continued From page 2</p> <p>organization cannot meet his/her needs; the resident's health has improved significantly and services are no longer needed; the health or safety of other residents is endangered; a resident has failed to pay after reasonable and appropriated notice for stay at this facility; the facility ceases to operate; or the resident left against medical advice. The policy did not list the required elements of a thirty (30) day discharge letter as required per federal regulation; specifically the location where the resident would be transferred to.</p> <p>Review of the discharge letter provided to Resident #1's Power of Attorney, dated 02/13/12, revealed the facility was discharging the resident for non-payment of bill. The letter did not include the location to which the resident was to be transferred or discharged.</p> <p>Interview with the Administrator, on 03/08/12 at 4:45 PM, revealed the facility did not include the discharge location in the thirty day discharge letter when the letter was being sent for non-payment. He stated it was hoped that when the letter was received the families would then work to address the financial issues and discharge would not be necessary. He stated it was a form letter and the facility just filled in the blanks with the resident's name and address in the template.</p>	F 203	<p>The findings of this audit will be reported to the administrator, monthly for review and forward to the Quality Assurance Committee Quarterly for review and recommendation.</p>		

