

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

PRINTED: 05/29/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185208	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 05/14/2014
NAME OF PROVIDER OR SUPPLIER  CARMEL MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075	

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F 000 INITIAL COMMENTS

An Abbreviated Survey investigating KY00021649 was initiated and concluded on 05/14/14. KY00021649 was substantiated with deficient practice identified at the highest Scope and Severity of a "D."

Preparation and execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of federal and state laws.

F 203 483.12(a)(4)-(6) NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE

F 203

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.

Resident #1 and Resident #4 have been discharged and placed in other skilled nursing facilities. 6/14/14

Except as specified in paragraph (a)(5)(ii) and (a)(8) 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.

All records for residents receiving a 30 day discharge notice in the past 6 months have been reviewed for accuracy and there have been no other residents affected by this practice.

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.

All policies and procedures have been reviewed and criteria have been updated to reflect correct contact information regarding the right of appeal for 30 day discharges. Updated information will be included in the 30 day discharge notices going forward.

Social Services Director will assure all notices regarding resident discharges will include the reason for the transfer or discharge; the location to which the resident is being transferred and accurate information regarding right of appeal for the discharge, and accurate phone numbers.

All postings throughout facility have been reviewed for correct address and telephone number of ombudsman by the Social Services Director.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Sister Marie Mack</i>	TITLE <i>Administrator</i>	(X6) DATE <i>06-12-14</i>
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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 Continued From page 1

The written notice specified in paragraph (a)(4) of this section must include the reason for transfer 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. This REQUIREMENT is not met as evidenced by:

Based on interview, record review and review of the facility policy, it was determined the facility failed to provide a written notice of discharge which included the required documentation for two (2) of seven (7) sampled residents (Residents #1 and #4).

For Resident #1 the facility failed to ensure the written notice of discharge contained: the effective date of the discharge; the location to which the resident was to be discharged to; an accurate telephone number to appeal the decision for transfer; and the name, address and telephone number of the State Long Term Care Ombudsman.

For Resident #4 the facility failed to ensure the

F 203 The Social Service Director and Admissions Director were in-serviced on 6/1/14 by the Administrator regarding the importance of accurate information when sending 30 day notice of discharge letters.

The Social Service Director will verify and update contact information for accuracy for the Ombudsman on a monthly basis. A Quality Assurance Audit will be completed by the Social Service Director or the Assistant Administrator weekly for 4 weeks, then biweekly for 2 months, then monthly thereafter. The Quality Assurance Audit will monitor correct information regarding: the reason for discharge, correct placement (destination) information, current correct information for contacting the State Ombudsman, and the right of appeal for all 30 day discharge notices.

The Medical Records designee will monitor all transfer/discharge records at the time of discharge to assure ongoing compliance.

All notification letters regarding Transfer/Discharge in 30 days will be reviewed by the Administrator or designee prior to mailing to assure accuracy of information.

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F 203	<p>Continued From page 2</p> <p>written notice of discharge contained: the location to which the resident was to be discharged to; an accurate telephone number to appeal the decision for transfer; and the name, address and telephone number of the State Long Term Care Ombudsman.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, "Notice of a Transfer and/or Discharge", undated, revealed when a resident was to be transferred or discharged they were to be notified in writing per the Notification of Discharge or Transfer letter. Continued review of the policy revealed the letter was to include the following information: resident's name, place of transfer/discharge, effective date and reason for discharge, statement regarding the resident's right to appeal the action to the "Cabinet for Human Resources"; and the name and address of the State Long Term Care Ombudsman.</p> <p>1. Review of Resident #1's medical record revealed the facility admitted Resident #1 on 09/06/13, with diagnoses which included Dementia with Behavioral Disturbance, Depressive Disorder and Acute Respiratory Failure. Record review revealed Resident #1 had a physical altercation on 04/22/14, with an unsampled resident which did not result in injury. Continued review revealed the facility sent Resident #1 out to a local hospital's behavioral unit on 04/23/14.</p> <p>Continued record review revealed a written notice of discharge dated 04/28/14, which was sent to Resident #1's Power of Attorney (POA), that stated the resident was being discharged as</p>	F 203			

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his/her "behaviors" posed a "direct and immediate danger to the health or safety of other residents." Continued review of the written notice of discharge revealed no documented evidence it contained: the effective date of the discharge; the location to which Resident #1 was to be discharged to; and the name, address and telephone number of the State Long Term Care Ombudsman. Further review of the written notice of discharge revealed the telephone number listed to appeal the decision for transfer was not a working number.

2. Review of Resident #4's medical record revealed the facility admitted Resident #4 on 03/04/14, with diagnoses which included Dementia without Behavioral Disturbance, Insomnia Not Otherwise Specified (NOS) and Alzheimer's Disease.

Continued review of Resident #4's medical record revealed the resident's POA signed an authorization for release of information on 04/23/14 in order for the facility to work on finding a new placement. Record review revealed a written notice of discharge dated 05/09/14, which was sent to Resident #1's POA, that stated the resident was being discharged as his/her as discharge was necessary for his/her welfare, facility could not meet his/her needs and "immediate" transfer was required for the resident's medical care needs. The letter stated Resident #4's "behaviors" were "disruptive" to other residents. Continued review of the written notice of discharge revealed no documented evidence it contained: the location to which Resident #1 was to be discharged to; or the name, address and telephone number of the State Long Term Care Ombudsman. Further

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F 203	<p>Continued From page 4</p> <p>review of the written notice of discharge revealed the telephone number listed to appeal the decision for transfer was no longer a working number.</p> <p>Interview with the Assistant Administrator on 05/14/14 at 1:48 PM, revealed the Social Services (SS) Director was on vacation at that time. The Assistant Administrator stated the SS Director was responsible for generating the written notices for discharge and for notifying residents' families of the facility's intent to discharge. According to the Assistant Administrator, the facility did fax a copy of the written notice of discharge letter to the regional Ombudsman. The Assistant Administrator stated the facility "thought" the address on the letter was the correct one for the Ombudsman. The Assistant Administrator indicated the written notice of discharge should contain the required information and the information contained in it should be correct or the resident's appeal process could be affected.</p>	F 203		