

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

PRINTED: 04/23/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185415	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 04/09/2014
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NAME OF PROVIDER OR SUPPLIER  ELLIOTT NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE RT 32 EAST, HOWARD CREEK RD SANDY HOOK, KY 41171
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F 000 INITIAL COMMENTS

An Abbreviated Survey was conducted on 04/08/14 through 04/09/14 investigating KY00021490. KY00021490 was substantiated with a related deficiency cited at a Scope and Severity of a "D".

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The statements made in this plan of correction are not an admission and do not constitute agreement with the alleged deficiencies herein. To remain in compliance with all state and federal regulations, the center has taken or will take the following action.

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

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.

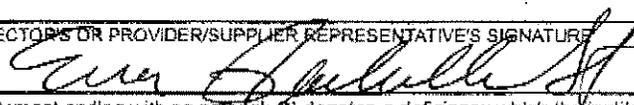
F 203

It is the policy of Elliott Nursing & Rehabilitation Center (ENRC) to ensure that residents, and if known, a family member or legal representative of the resident are notified in writing and in a language and manner they understand of the transfer or discharge.  
Resident #1 and Resident#2 voluntarily discharged to a smoking facility on 1/30/14. An audit will be conducted by the Administrator by 5/2/2014 on all residents who were transferred or discharged in the prior three months to ensure residents, family members, and legal representatives if known, were notified in writing and in a language and manner they understand. If it is determined that a resident was discharged without being notified in writing and in a language and manner they understand of the transfer or discharge, the Administrator or Social Services Director will send written notice by 5/9/2014. The Social Service Director, all registered nurses and licensed practical nurses will receive additional education regarding the importance of ensuring that residents, and if known, a family member or legal representative of the resident are notified in writing and in a language and manner they understand of the transfer or discharge.

5/12/14

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.

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE Administrator (X6) DATE 5/20/14

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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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 record review, interview and review of the facility's policy, it was determined the facility failed to provide written notification to each resident prior to discharge from the facility for two (2) of five (5) sampled residents (Residents #1 and #2). Additionally, the facility failed to provide Resident #1 and Resident #2 with a statement indicating the resident had the right to appeal the discharge to the State and the name, address and telephone number of the State Long Term Care Ombudsman.

The findings include:

Review of the facility's policy titled, "Notification of Transfer/Discharge Policy", effective 07/01/05, revealed the facility adopted policies and

F 203 This education will be completed by the Administrator, Director of Nursing or RN Supervisor by 4/30/2014.

The facility admission packet contains information regarding resident rights specifically related to the Transfer/Discharge notice requirements. Beginning on 5/8/14, the Social Services Director initiated a process of signature acknowledgement by the Resident and/or Responsible party to indicate receipt of verbal and written information regarding these rights. Additionally, a copy is provided to the resident and/or responsible party regarding the Transfer/Discharge rights.

The facility discusses admissions and discharges each morning (M-F) in the Daily Stand Up Meeting. The Administrator or DON will ensure that prior to any discharge, except as specified in paragraph (a) (5) (ii) and (a) (8) of this section, appropriate notice will be provided by the facility to the resident and/or responsible party at least 30 days prior to the resident being transferred or discharged. This notice shall be provided in writing and in a language and manner they understand; the reasons will be recorded in the clinical record; and the notice will include the items described in paragraph (a) (6) of the section.

No resident will be transferred or discharged, except as specified in paragraph (a) (5) (ii) and (a) (8), without a proper 30 day written notice with all requirements included and in a manner that the resident can understand. This process and check system will remain ongoing at all times.

No transfer/discharge, other than those meeting criteria listed under (a) (5) (ii) and (a) (8) of 483.12, have occurred since surveyor exit on 4/9/14.

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F 203 . Continued From page 2

educated staff regarding state and federal regulations that provided for protection of the residents' right not to be transferred without adequate notice, education of staff and residents and documentation of transfers/discharges. Notice of transfer/discharge was to be given to the resident and responsible party as soon as practicable before transfer or discharge occurred. A copy of the notice to the resident/responsible party was to be signed and dated by the resident/responsible party and retained in the resident's file. Residents and families were to be informed of their rights under the policy. All discharges and transfers were to be effectively completed and not in violation of any regulation.

Review of the facility's policy titled, "Residents' Right Summary Policy" dated 05/01/12, which was included in the facility's admission documentation, revealed the facility was to inform the resident both orally and in writing in a language the resident understood, of his/her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility.

1. Record review revealed the facility admitted Resident #1 on 08/08/13, with diagnoses which included Acute and Chronic Respiratory Failure, Pneumonia, and Chronic Airway Obstruction. Continued review revealed Resident #1 was discharged to another facility on 01/30/14, due to the resident not following the facility's no smoking policy. Record review revealed Resident #1 voluntarily chose to move to a another facility which allowed smoking. Record review revealed no documented evidence Resident #1 was provided written notification notification of intent to discharge prior to the actual discharge. Further

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The Administrator or Director of Nursing will audit all transfer and discharge records for 4 weeks to ensure compliance with 483.12 Notice requirements before transfer or discharge. The Administrator or Director of Nursing will audit 2 transfer and discharge records weekly thereafter for an additional 3 months to ensure compliance with 483.12 Notice requirements before transfer or discharge. The Administrator will deliver the results of these audits to the Quality Assurance Process Improvement Committee. At the end of 4 months the Quality Assurance Process Committee will review the results of these audits to determine a schedule of how often additional audits will need to be completed.

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review of the record revealed no documented evidence Resident #1 received notification that he/she had the right to appeal the action to the State Agency or the name, address and telephone number of the State Long Term Care Ombudsman.

2. Record review revealed the facility admitted Resident #2 on 09/01/13, with diagnoses which included Chronic Airway Obstruction and Aftercare for Hip Fracture. Record review revealed Resident #2 was discharged to another facility on 01/30/14, due to the resident not following the facility's no smoking policy. Continued review of the Record revealed Resident #2 voluntarily chose to move to another facility which allowed smoking. Record review revealed no documented evidence Resident #2 was provided written notification notification of intent to discharge prior to the actual discharge. Further review of the record revealed no documented evidence Resident #1 received notification that he/she had the right to appeal the action to the State Agency or the name, address and telephone number of the State Long Term Care Ombudsman.

Interview with the Regional Vice President (RVP) on 04/09/14 at 2:00 PM, revealed she was in the facility because the Administrator was on annual leave and was out of town. The RVP revealed she was not aware the facility needed to give a written notice of transfer/discharge when a resident voluntarily chose to go to another facility. The RVP commented "I suppose the facility should have given them" (Resident #1 and Resident #2) "a notice in writing".

Telephone interview with the Administrator on

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F 203	Continued From page 4 04/09/14 at 5:00 PM, revealed she did not give Resident #1 and Resident #2 a notice of transfer/discharge in writing because the two (2) residents left the facility voluntarily to go to another facility which allowed smoking. The Administrator indicated she realized later the facility should have given the two (2) residents and their families a notice in writing as per facility policy.	F 203		
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