

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

PRINTED: 11/20/2012  
FORM APPROVED  
OMB NO. 0938-0391

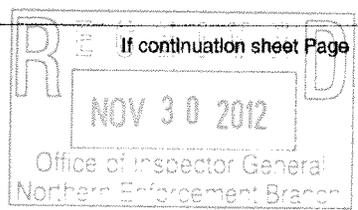
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185289</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/19/2012</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HURSTBOURNE CARE CENTRE AT STONY BROOK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2200 STONY BROOK DR LOUISVILLE, KY 40220</b>
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F 000	INITIAL COMMENTS	F 000		
F 203 SS=D	<p>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 or discharge; the effective date of transfer or</p>	F 203	<p>This plan of correction constitutes a written allegation of compliance for deficiencies cited on June 4, 2012. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet the requirements established by federal and state law.</p> <p>1. Resident #1 requested a hearing with the Commonwealth of Kentucky Cabinet for Health and Family Services and was granted a stay of discharge with a hearing date of 12-3-2012..</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_  
*[Signature]* X Ex Dir X 11-29-30

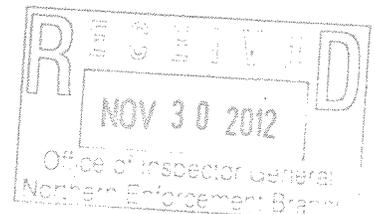
Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the Institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 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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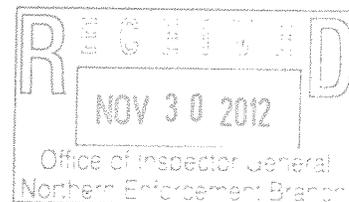
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NAME OF PROVIDER OR SUPPLIER  HURSTBOURNE CARE CENTRE AT STONY BROOK			STREET ADDRESS, CITY, STATE, ZIP CODE 2200 STONY BROOK DR LOUISVILLE, KY 40220		
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F 203	<p>Continued From page 1</p> <p>discharge; 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, record review, and review of the facility's policy Discharge Notification, it was determined the facility failed to provide a notice of discharge with the required mailing address and phone number to the Department of Kentucky Protection and Advocacy for one (1) of the four (4) sampled residents (Resident #1) diagnosed with mental illness.</p> <p>The findings include:</p> <p>Review of the facility's policy regarding Discharge Notification, revision date 06/06/12, revealed the discharge notice for nursing facility residents who are mentally ill should include the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill</p>	F 203	<p>2. All future residents will be given the attached form letter titled notice of transfer or discharge and bed hold (Which is a copy word for word of the Medicaid document BN 303 1 rev 4/10/08). This document includes phone numbers and addresses for: Health services administrative Hearings Branch; Long Term Care Ombudsman; and the Division of public advocacy.</p> <p>3. The Executive Director will in-service the Business office manager, the Assistant Business office manager and The Social Service workers regarding the proper form to use and will be directed to use only this form.</p>		



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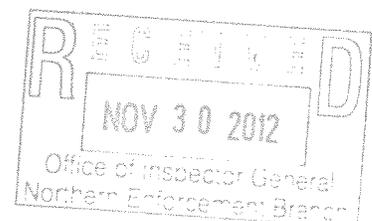
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F 203	<p>Continued From page 2 individuals.</p> <p>Review of 42 CFR 483.102 the Federal Preadmission Screening and Resident Review (PASRR) Regulation defined an individual as being considered to have a serous mental illness if the individual has a major mental disorder diagnosable under the Diagnostic and Statistical Manual of Mental Disorder, 3rd edition, revised in 1987. This mental disorder is a schizophrenic, mood, paranoid, panic or other severe anxiety disorder and the disorder results in functional limitations in major life activities. The individual typically has at least one of the following characteristics on a continuing or intermittent basis: Interpersonal functioning, the individual has serious difficulty interacting appropriately and communicating effectively with other persons; Concentration, persistence and pace, the individual has serious difficulty in sustaining focused attention for a long enough period to permit the completion of tasks; Adaption to change, the individual has serious difficulty in adapting to typical changes in circumstances associated with work, school, family, or social interaction.</p> <p>Review of Resident #1's clinical record revealed the facility admitted the resident with diagnoses of Anemia, Heart Failure, Hypertension, Diabetes, Arthritis, Seizure Disorder, Depression, and Asthma. The Minimum Data Set (MDS) assessment, dated 09/25/12, revealed a brief interview for mental status (BIMS) assessment score of 15, signifying no cognitive impairment.</p> <p>Telephone interview with the Director of Social Services, on 11/19/12 at 10:23 AM, revealed</p>	F 203	<p>4. The Executive Director will monitor this process to ensure the proper form is being used for all residents/responsible parties receiving a 30-day discharge notice, prior to being sent out and report findings of any incorrect form used at the monthly QA committee.</p>	12-3-2012	



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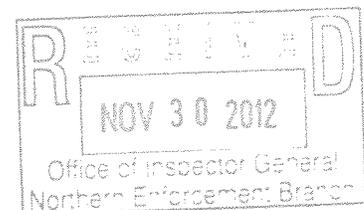
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F 203	<p>Continued From page 3</p> <p>shortly after the residents admission, the resident complained of anxiety and depression and began making comments she found concerning. The Director of Social Services revealed a psychiatric consult was completed and based on the physicians diagnosis a Preadmission Screening and Resident Review (PASRR) level II comprehensive evaluation for mental illness and intellectual disability/related condition was completed.</p> <p>Review of the Psychiatric Consult, dated 10/10/11, revealed diagnoses of Panic Disorder without agoraphobia and Depressive Disorder secondary to medical illnesses.</p> <p>Review of the PASRR level II, revealed an addendum, dated 11/01/11, revealed continued psychiatric follow-up care for the resident, especially regarding their mental status was highly advisable. The resident presents themselves well, but should their control be threatened, the resident may need considerable intervention, possible hospitalization. If single room occupancy in facility becomes unavailable for the resident, their anxiety/panic disorder will necessitate psychiatric consultation. The residents off handed comments about a siblings suicide should not be taken lightly.</p> <p>Review of Resident #1's Notice of Discharge letter revealed contact information for the Department of Kentucky Protection and Advocacy was not included.</p> <p>Interview with resident #1, on 11/15/12 at 2:03 PM, revealed he/she was very upset about their room, having a roommate, and the unit they were</p>	F 203			



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F 203	<p>Continued From page 4</p> <p>living on. The resident revealed they had been trying to obtain Medicaid since November of 2011 and had been accruing a facility bill and having to pay for incontinent supplies out of pocket. The resident revealed he/she had notified the facility multiple times about their anxiety related to the room and the medical expenses. The resident revealed he/she did not remember ever receiving information about advocacy groups.</p> <p>Interview with the Business Office Manager, on 11/15/12 at 4:35 PM, revealed at the time the facility was preparing the notice of discharge letter, they were not able to find the attachment in the policy and procedure book for Kentucky's format of the letter. The Business Office Manager revealed the format used was given to her by the Executive Director.</p> <p>Telephone interview with the Executive Director, on 11/15/12 at 7:10 PM, revealed he was notified of Resident #1's outstanding balance by the Business Office Manager which resulted in procedures to collect the debt and discharge the resident. Further interview on 11/19/12 at 10:34 AM, revealed he was not aware of where the letter format had come from. The Executive Director revealed he was not aware of Resident #1's diagnosis and said he was not that knowledgeable of the clinical aspect. When asked if he was aware of what advocacy information was or was not included in the letter, he asked to refer to the letter. After being placed on hold for two (2) minutes, the Executive Director returns to the telephone interview and revealed the letter format had come from the corporate office. The Executive Director revealed he was not aware of the regulation regarding the</p>	F 203			



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F 203	Continued From page 5 Department of Kentucky Protection and Advocacy. The Executive Director would not answer the questions pertaining to potential problems and outcomes by not providing residents with information on appropriate advocacy groups.	F 203			

