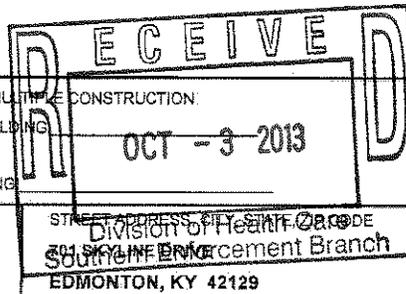


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/26/2013
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185217	(X2) MULTIPLE CONSTRUCTION: A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED C 09/13/2013
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NAME OF PROVIDER OR SUPPLIER METCALFE HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE Division of Health Care Southern Enforcement Branch EDMONTON, KY 42129
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(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
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F 000	INITIAL COMMENTS An abbreviated standard survey (KY20692) was initiated on 09/12/13 and concluded on 09/13/13. The complaint was substantiated. Deficient practice was identified with the highest scope and severity at 'D' level.	F 000	The 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 deficiency. This plan of correction is prepared and executed solely because it is required by federal and state law.	
F 203 SS=D	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. 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.	F 203	1. Resident #1 and their responsible party have received in writing a Notice of Transfer form informing them of their transfer/discharge rights in the event of future need for transfer/discharge. 2. An audit was conducted by the Administrator of clinical records for any resident currently out of the facility, to determine that written Transfer/Discharge notification was provided to the resident and family member/legal representative as required. 3. The facility protocol for Transfer/Discharge Rights Notification has been reviewed/revised to determine that this is performed as required. Licensed nursing staff, the Medical Records Clerk, and the Social Service Director have received in-service education by the Administrator on the requirement for the Notice of Transfer form to be utilized before the facility transfers or discharges a resident, and the new facility protocol for conducting this process.	10/10/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Amy Neighbor, Administrator* TITLE: Administrator DATE: 10/3/13

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 interviews and record review, the facility failed to ensure a written notice was issued to the resident and the resident's family or legal representative when the resident was transferred or discharged from the facility for one of five residents (Resident #1). Resident #1 was transferred/admitted to the local hospital on 09/06/13 and as a result was discharged from the facility on 09/06/13; however, the facility failed to send written notice of the transfer/discharge to the resident's responsible party. Staff interviews revealed transfer notices are sent with residents when transferred to the hospital. Interviews further revealed the transfer/discharge notices are not given/mailed to the resident's family or legal representative.	F 203	4. The CQI Indicator tool for the monitoring of Notice of Transfer compliance will be utilized monthly X 2 months, and then quarterly thereafter as per the established CQI calendar, under the supervision of the Administrator.		

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F 203	<p>Continued From page 2</p> <p>The findings include:</p> <p>Review of the facility policy entitled Transfer and Discharge Rights (not dated) revealed that "before effecting a transfer or discharge of a resident, our facility shall (a) notify the resident and, if known, a family member of the resident or legal representative, of the transfer or discharge and reasons therefore, and (b) record the reason in the resident's clinical record."</p> <p>Review of Resident #1's medical record revealed the resident was transferred to the local hospital on 09/06/13 after a fall. According to the nurse's notes the resident was admitted to the hospital with a diagnosis of a right hip fracture. Review of the resident's medical record revealed the resident's level of care was classified as Skilled. Further review revealed the resident was admitted to the local hospital on 09/06/13 and, as a result, was discharged from the facility on 09/06/13; however, no evidence of a written notice or reason for the discharge was found in the record.</p> <p>Interview with the Assistant Director of Nursing (ADON), LPN #11, and the Social Services Director (SSD) on 09/13/13 at 12:50 PM, 12:00 PM, and 11:40 AM revealed when residents are transferred to the hospital a Notice of Transfer or Discharge form is sent with the resident. According to the ADON, a copy of the form is not retained for the resident's record.</p> <p>Further interview with the SSD on 09/13/13 at 11:40 AM revealed Resident #1 was in a Skilled bed (Medicare level of care). The SSD stated the resident's family was notified of the transfer and the bed-hold policy was explained to the family on</p>	F 203			

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F 203	Continued From page 3 09/06/13, however, a written notice of discharge was not sent to the resident's responsible party. According to the SSD, the family decided not to hold the bed and the resident was discharged from the facility.	F 203			
F 205 SS=B	483.12(b)(1)&(2) NOTICE OF BED-HOLD POLICY BEFORE/UPON TRANSFR Before a nursing facility transfers a resident to a hospital or allows a resident to go on therapeutic leave, the nursing facility must provide written information to the resident and a family member or legal representative that specifies the duration of the bed-hold policy under the State plan, if any, during which the resident is permitted to return and resume residence in the nursing facility, and the nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (b)(3) of this section, permitting a resident to return. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and a family member or legal representative written notice which specifies the duration of the bed-hold policy described in paragraph (b)(1) of this section. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure a written bed-hold notice was provided timely to the resident and a family member or legal representative for one of five residents (Resident #1) when the resident was transferred from the facility. Resident #1 was transferred and admitted to a local hospital on	F 205	1. Resident #1 and their responsible party have received a written bed-hold notice specifying the duration of the bed hold policy. 2. An audit was conducted by the Administrator of clinical records for any resident currently out of the facility to determine that written bed-hold policy notification was provided to the resident and family member/legal representative as required. 3. The facility protocol for Bed-Hold Policy Notification has been reviewed/revised to determine that this is performed as required. Licensed nursing staff, the Medical Records Clerk and the Social Service Director have received in-service education by the Administrator on the requirement for the bed-hold policy notification to be utilized before the facility transfers or discharges a resident and the new facility protocol for conducting this process. 4. The CQI indicator tool for the monitoring of Notice of Bed-Hold Policy compliance will be utilized monthly X 2 months and then quarterly thereafter as per the established CQI calendar under the supervision of the Administrator.	10/10/13	

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F 205	<p>Continued From page 4</p> <p>09/06/13; however, no evidence of a written bed-hold notice was sent with the resident to the hospital or sent to the resident's family or legal representative. Staff interviews revealed the facility sends a bed-hold notice via mail to the family after a hospital admission. However, based on interviews, the notice is not routinely sent within twenty-four hours of the transfer.</p> <p>The findings include:</p> <p>Review of the facility's policy entitled Bed Hold Policy (not dated) revealed the resident and a family member or legal representative of the resident will be notified of the Center's Bed Hold Policy at the time of admission and upon transfer from the Center.</p> <p>Review of Resident #1's medical record revealed the resident was transferred from the facility to the local hospital on 09/06/13. The resident was admitted to the hospital with a diagnosis of a right fractured hip. Review of the resident's medical record revealed the resident's level of care was classified as Skilled. Further review revealed documentation that the resident's family member was notified via phone of the facility's bed-hold policy for the Medicare level of care and that the family declined to hold the resident's bed. The record contained no evidence of a written bed-hold notice being sent to the resident, resident's family, or legal representative.</p> <p>Interview with the Office Manager and the Social Services Director (SSD) on 09/13/13 at 11:55 AM and 11:40 AM revealed when residents are admitted, the facility bed-hold policy is explained and reviewed with the resident and responsible party. The interviews revealed when a resident is</p>	F 205			

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F 205	Continued From page 5 transferred to the hospital a Bed Hold Reservation Form is mailed to the resident's family which includes the number of days the bed will be held. The SSD explained the bed would be held for 14 days for Medicaid beds and 0 days for Medicare beds. According to the Office Manager, the facility does not routinely send the bed-hold notice within 24 hours when the resident is in a Medicaid bed. The Office Manager stated if the resident was in the hospital several days and it was getting close to the 14-day bed-hold limit then a bed-hold notice would be sent to the family/responsible party. The Office Manager stated Resident #1's family member was notified via phone of the bed-hold notice on 09/06/13. Further interview with the SSD on 09/13/13 at 11:40 AM revealed Resident #1 was in a Skilled bed (Medicare level of care). The SSD stated the resident's family was notified via phone of the transfer and the bed-hold policy was explained to the family. According to the SSD, the family decided not to hold the bed and the resident was discharged from the facility. The facility did not have evidence that the bed-hold notice was mailed to Resident #1's family.	F 205			