STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs

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<td>Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8)</td>
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§483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must-
(i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman.
(ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and
(iii) Include in the notice the items described in paragraph (c)(5) of this section.

§483.15(c)(4) Timing of the notice.
(i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged.
(ii) Notice must be made as soon as practicable before transfer or discharge when-
(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;
(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;
(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;
(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or
(E) A resident has not resided in the facility for 30 days.

§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:
(i) The reason for transfer or discharge;
(ii) The effective date of transfer or discharge;
(iii) The location to which the resident is transferred or discharged;
(iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;
(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;
(vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and
(vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address

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 discloseable 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 discloseable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of
### Summary Statement of Deficiencies

**No Harm with Only a Potential for Minimal Harm for SNFs and NFs**

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and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.

§483.15(c)(6) Changes to the notice.
If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.

§483.15(c)(8) Notice in advance of facility closure
In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l).

This REQUIREMENT is not met as evidenced by:

Based on record review, staff interviews and resident interview the facility failed to notify the ombudsman of a resident's transfer to the hospital and provide a written reason for transfer to the resident/responsible party within 30 days for 1 of 1 residents reviewed for transfer/discharge (Resident #54).

Findings included:

Record review revealed Resident #54 was admitted to the facility on 4/26/2011 with diagnoses which included Acute Respiratory Failure and Congestive Heart Failure.

Review of the Quarterly Minimum Data Set (MDS) dated 2/21/2018 indicated Resident #54 was cognitively intact and required supervision to extensive assistance of 1 staff member for all activities of daily living.

Review of the physician's orders revealed an order dated 4/14/2018 to send Resident #54 to the Emergency Room for unresponsiveness.

An interview was conducted with Resident #54 on 6/5/2018 at 3:47 PM. The resident was noted to be alert and oriented. The resident indicated she was her own responsible party. The resident stated she did not receive written notification for the reason of her discharge to the hospital from the facility. The resident stated she had been in the hospital several times in the last few months and never received any written notification from the facility.

An interview was conducted with the Social Worker (SW) on 6/7/2018 at 10:04 AM. The SW indicated she did not notify the ombudsman, the resident or responsible parties in writing for the reason for the hospitalization for Resident #54. The SW stated she was unaware if anyone sent the information.

An interview was conducted with the Facility Chief Clinical Officer (CCO) 6/7/2018 at 10:17 AM. The Director of Nursing (DON) was present in the interview. The CCO indicated the Social Worker was responsible for reporting the discharges to the ombudsman and the residents/family members. The CCO
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statement there was training prior to implementation of the new requirements and the SW should have received the training. The CCO stated the expectation was the ombudsman and resident and/or responsible party would be notified of the reasons for discharge in writing per the facility policy and regulatory requirements. |