



**DELAWARE HEALTH AND SOCIAL SERVICES**

Division of Health Care Quality

Office of Long-Term Care Residents Protection

263 Chapman Road, Ste 200, Cambridge Bldg.  
Newark, Delaware 19702  
(302) 421-7400

**STATE SURVEY REPORT**

NAME OF FACILITY: Newark Manor

DATE SURVEY COMPLETED: January 11, 2024

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
<p>3201</p> <p>3201.1.0</p> <p>3201.1.2</p>	<p>The State Report incorporates by reference and also cites the findings specified in the Federal Report.</p> <p>A Recertification and Complaint survey was conducted by Healthcare Management Solutions, LLC on behalf of the State of Delaware, Department of Health and Social Services, Division of Health Care Quality. The facility was found not to be in substantial compliance with 42 CFR 483 subpart B.</p> <p>Survey Dates: 01/08/24 - 01/11/24</p> <p>Survey Census: 59</p> <p>Sample Size: 26</p> <p>Supplemental Residents: 0</p> <p><b>Regulations for Skilled and Intermediate Care Nursing Facilities</b></p> <p><b>Scope</b></p> <p>Nursing facilities shall be subject to all applicable local, state and federal code requirements. The provisions of 42 CFR Ch. IV Part 483, Subpart B, requirements for Long Term Care Facilities, and any amendments or modifications thereto, are hereby adopted as the regulatory requirements for skilled and intermediate care nursing facilities in Delaware. Subpart B of Part 483 is hereby referred to, and made part of this Regulation, as if fully set out herein. All applicable code requirements of the State Fire Prevention Commission are hereby adopted and incorporated by reference.</p> <p>This requirement is not met as evidenced by:</p>		

Provider's Signature [Signature]

Title Administrator

Date 1-30-24



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	Cross Refer to the CMS 2567-L survey completed January 11, 2024: E004, F600, F623 and F625.		

Provider's Signature 

Title Administrator

Date 1-30-24

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

PRINTED: 02/02/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>08A020</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/11/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>NEWARK MANOR NURSING HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>254 WEST MAIN STREET NEWARK, DE 19711</b>		
(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	
E 000	Initial Comments	E 000			
E 004	<p>Develop EP Plan, Review and Update Annually CFR(s): 483.73(a)</p> <p>§403.748(a), §416.54(a), §418.113(a), §441.184(a), §460.84(a), §482.15(a), §483.73(a), §483.475(a), §484.102(a), §485.68(a), §485.542(a), §485.625(a), §485.727(a), §485.920(a), §486.360(a), §491.12(a), §494.62(a).</p> <p>The [facility] must comply with all applicable Federal, State and local emergency preparedness requirements. The [facility] must develop establish and maintain a comprehensive emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements:</p> <p>(a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be [reviewed], and updated at least every 2 years. The plan must do all of the following:</p> <p>* [For hospitals at §482.15 and CAHs at §485.625(a):] Emergency Plan. The [hospital or CAH] must comply with all applicable Federal, State, and local emergency preparedness requirements. The [hospital or CAH] must</p>	E 004		1/31/24	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

01/25/2024

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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E 004	Continued From page 1 develop and maintain a comprehensive emergency preparedness program that meets the requirements of this section, utilizing an all-hazards approach.  * [For LTC Facilities at §483.73(a):] Emergency Plan. The LTC facility must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually.  * [For ESRD Facilities at §494.62(a):] Emergency Plan. The ESRD facility must develop and maintain an emergency preparedness plan that must be [evaluated], and updated at least every 2 years.  This REQUIREMENT is not met as evidenced by: Based on review of the Emergency Preparedness Plan and interviews, the facility failed to conduct emergency preparedness annual reviews and updates to their plan.  Findings include:  Review of the Emergency Preparedness book revealed the facility's last annual review and updates were held in 2021.  During an interview on 01/11/24 at 12:30 PM, the Administrator stated there had been no annual reviews and updates for any Emergency Preparedness book since 2021.	E 004	1. Emergency plan was promptly updated with any pertinent changes.  2. All residents have the potential to be affected by the deficient practice as cited.  3. Administrator will review Emergency plan at minimum every January and document on the change log that the plan was updated or reviewed.  4. Administrator will present the date of the most recent review in QA in the second QA meeting annually.		
F 000	INITIAL COMMENTS  A Recertification and Complaint survey was conducted by Healthcare Management Solutions,	F 000			

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F 000	Continued From page 2 LLC on behalf of the State of Delaware, Department of Health and Social Services, Division of Health Care Quality. The facility was found not to be in substantial compliance with 42 CFR 483 subpart B.  Survey Dates: 01/08/24-01/11/24 Survey Census: 59 Sample Size: 26 Supplemental Residents: 0	F 000			
F 600 SS=D	Free from Abuse and Neglect CFR(s): 483.12(a)(1)  §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.  §483.12(a) The facility must-  §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on interviews, record review, review of facility reported incidents (FRI), and review of the facility's policy, the facility failed to ensure residents were free from abuse for one of two residents reviewed for abuse (Resident (R) 2) out of a total sample of 26 residents.  Findings include:	F 600	1. Resident R312 no longer resides in the facility. Resident R2 still resides in the facility and continues to participate in his plan of care.  2. It has been determined that all residents have the potential to be affected by deficient practice as cited.	1/31/24	

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F 600	Continued From page 3  Review of facility's policy titled, "Freedom from Abuse, Neglect, Mistreatment, Serious Injury, Misappropriation of Property, Exploitation, Sexual Abuse, Injury of unknown origin and crime," dated 05/2022, revealed "[name of the facility] affirms that all persons admitted to the facility shall be treated with dignity and respect. Each resident is entitled to and shall receive appropriate and quality care, free of adverse preventable risks, consistent with their assessed needs and available resources. Staff shall be assured that resident care and treatment is administered in a safe, professional, and humane manner. Any instances of suspected, alleged, or witnessed resident abuse neglect mistreatment, serious injury, misappropriation of property, exploitation, sexual abuse, injury of unknown origin, and reasonable suspected crime must be reported by the covered individuals (owner, operator, employee, manager, agent or contractor of such long term care (LTC) facility) to facility administration or State survey agency and local law enforcement agency in the jurisdiction of the facility. Furthermore, not later than two hours after forming the suspicion if the event that causes the suspicion results in serious bodily injury, or not later than 24 hours if the events that cause the suspicion do not result in serious bodily injury. The nurse on duty at the time of the incident, or supervisor will submit an incident report to the office of long-term care residents' protection (OLTCRP) via their online portal."  1. Review of R312's undated "Face Sheet," located in the resident's electronic medical record (EMR) under the "Profile" tab revealed R312 was admitted to the facility on 07/15/22 with diagnoses which included Alzheimer's disease	F 600	3. Current staff will be re-educated on facility's policy titled, "Freedom from Abuse, Neglect, Mistreatment, Serious Injury, Misappropriation of Property, Exploitation, Sexual Abuse, Injury of unknown origin and crime," to ensure that all persons admitted to the facility shall be treated with dignity and respect. Each resident is entitled to and shall receive appropriate and quality care, free of adverse preventable risks, consistent with their assessed needs and available resources. Staff Educator or designee will educate all new employees during their classroom orientation. All staff will be mandated to complete yearly education. Staff will be re-educated on behavior monitoring and will be able to identify adverse behaviors as they occur. Staff will implement interventions to ensure that all residents are free from abuse and mistreatment.  4. The Director of Nursing or designee will review the 24 hour report each morning to monitor for new behaviors. Behavior monitoring will be reviewed on those with known Behaviors, each shift. Identified behaviors will be reviewed by the clinical team and appropriate interventions will be initiated. A log of events and interventions will be kept by the Director of Nursing.  Nursing supervisor will round on every unit to ensure no event or complaints of		

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F 600	<p>Continued From page 4 and anxiety.</p> <p>Review of an "Incident Note" (facility provided) dated 12/09/22 revealed "Called to R312's room because he was very agitated, and staff reported he struck his roommate [R2] on the right side of his cheek. R312 continued to strike out at staff who finally calmed R312 and removed his roommate [R2] from the room."</p> <p>Review of the facility provided "Incident/Accident Report" dated 12/09/22 revealed "R312 noted with aggression and was reported that he hit his roommate [R2] on the face."</p> <p>2. Review of R2's undated "Face Sheet," located in the resident's EMR under the "Profile" tab revealed R2 was re-admitted to the facility on 05/21/2020 with a diagnosis including dementia and major depressive disorder (MDD).</p> <p>Review of R2's "Progress Note" (facility provided) dated 12/09/22 revealed "R2 was struck by R312 on the right cheek while sitting in his wheelchair at 07:15 AM [7:15 AM]. Staff immediately moved R2 to a safe location. Right cheek is reddened but R2 denied pain at the time. Team health notified through voicemail and are awaiting a call back."</p> <p>Review of facility provided "Incident/Accident Report" dated 12/09/22 revealed "R2 was sitting in his wheelchair when R312 became agitated and struck him on right cheek. Area was reddened."</p> <p>Interview with R2 on 01/09/24 at 09:00 AM, alert yet confused, said that nobody has hit him while he has been at the facility. He had no evidence of</p>	F 600	<p>abuse or neglect or any forms of violation of residents rights had occurred, each shift.</p> <p>Events Identified will be brought to the attention of the Director of Nursing, immediately. This will allow immediate interventions to be initiated to ensure that the residents are free from abuse and mistreatment. The results of these audits will be reported to the quarterly QA meeting for further actions or recommendations.</p> <p>F600 RCA: Incident dated 12/09/22, resident R312 struck resident R2 on the right cheek. Facility did not prevent abuse as stated in facili's policy titled "Freedom from Abuse, Neglect, Mistreatment, Serious Injury, Misappropriation of Property, Exploitation, Sexual Abuse, Injury of unknown origin and crime,". Resident's, R312, plan of care states that the resident is/has potential to be physically aggressive towards staff. Plan of care did not address the potential to be aggressive towards residents. Root cause of the incident is that there was no plan of care regarding the potential of physical aggression towards residents, therefore there were no interventions in place to prevent or to de-escalate physical aggression towards R2.</p> <p>Timeline: Monitor Daily X4 weeks(began 01/11/24) Weekly X4 weeks</p>		

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F 600	<p>Continued From page 5 bruising on his skin.</p> <p>Review of "Incident Reporting Application" (initial reporting) dated 12/09/22 revealed "Received report R312 noted with physical aggression towards R2. R312 noted hitting R2 on his right cheek and mouth. Residents were separated, redirected, and given snacks to calm down. R312 was later sent to the hospital for further evaluation and treatment. R2 was noted with abrasion on the right cheek and bruise to the lip. First aid administered, R2 denied pain and stated he was okay."</p> <p>Review of "Witness Statement" for Registered Nurse (RN) 1, dated 12/09/22, revealed "Called to resident's room after resident hit R2 on left cheek. R312 very agitated and trying to hit staff who were trying to calm him down."</p> <p>Review of "Witness Statement" for Certified Nursing Assistant (CNA) 1 dated 12/09/22 revealed "At 07:15 AM [7:15 AM], I was in the dining room when I heard the R2 from room [R2's room] calling for help, help me, help me. I ran to see what was going on with the resident. As I got to the room door, I saw the nurse and another CNA trying to calm and redirect R312 who was being aggressive hitting his roommate [R2] in the face. I asked R2 why he was calling for help and he said that his roommate [R312] was hitting him. R312's face was read (sic). I, the nurse, and another CNA redirected R312 to his bed and offered him snacks while we took his R2 to the dining room for breakfast. The charge nurse/supervisor was notified."</p> <p>Review of "Investigation Follow-Up" dated 12/09/22 revealed "R2 was dressed and ready to</p>	F 600	Monthly X3 and brought to QAPI		



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F 600	<p>Continued From page 6</p> <p>be sent to the dining room when R312 struck him on his face. R2 was asked what happened he stated I do not know, R312 just hit me. R312 is noted with a red mark on right cheek, no other injuries observed. R2 denied pain and stated that I am fine. Separate R312 from R2 and room change."</p> <p>Review of "Follow Up" (5-day report) dated 12/12/22 revealed "Resident altercation between R312 and R2-not issues prior to the incident-one resident hit another with a one two punch. R312 who punched other R2 had behavior concerns and had demonstrated aggressive, hitting behaviors. R312 with aggressive behaviors sent to the hospital for evaluation and medical management (remains in the hospital at this time). R2 who was hit in face has no complaints of discomfort or pain. Currently investigating room change to separate the two residents. Resident rounding and rooms change when necessary."</p> <p>Interview with Administrator on 01/09/24 at 10:30 AM, he said that R312 was sent out to the hospital for further evaluation after he hit R2 in the face. While R312 was at the hospital, R312 expired.</p> <p>Interview with CNA1 on 01/10/24 at 3:08 PM, she said that she did witness the incident when R312 hit R2. Said that R312 was walking on R2's side of the bedroom, staff redirected him several times without success, and R312 hit R2. Unable to recall where R2 was hit at. Said that R312 had a history of aggressive behavior toward staff, but not residents.</p> <p>During an interview on 01/10/24 at 3:15 PM, the Director of Nursing (DON) stated if there was a</p>	F 600		

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F 600	Continued From page 7 resident-to-resident altercation, she expected staff to intervene and separate the residents. After separating the residents, she expected staff to assess residents and give treatment to any resident that is hurt. The DON also stated she expected staff to send out the aggressive resident for evaluation. The DON further stated staff would notify her, so she could notify the appropriate agencies within two hours.	F 600			
F 623 SS=D	Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8)  §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	F 623		1/31/24	

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F 623	<p>Continued From page 8</p> <p>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.</p> <p>§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:</p> <p>(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</p>	F 623			

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F 623	<p>Continued From page 9</p> <p>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 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.</p> <p>§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.</p> <p>§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, interview and facility policy review, the facility failed to provide the resident and/or their responsible party a written transfer notice at the time the resident was transferred to the hospital; and failed to send a copy of the notice to the Long Term Care (LTC) Ombudsman for two residents (Resident (R) 54, and R312) of two reviewed for hospitalizations in a total sample of 26 residents.</p>	F 623	<p>1. R312 no longer resides in the facility. Resident R54 resides in the facility. No adverse effects related to deficient practice as cited.</p> <p>2. It has been determined that all residents transferred out of the facility have the potential to be affected by this deficient practice.</p>		

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F 623	Continued From page 10 Findings include:  Review of facility's updated policy titled, "Discharge to Hospital/Another Long-Term Care (LTC) Facility," revealed "To assure that comprehensive information regarding a resident's plan of care is communicated between facilities. Policy: 1. Obtain transfer or discharge order from the physician. 2. Notify the family and administration. 3. Complete Interagency Form B. Place in an envelope with the resident's name and the name of the receiving facility. When a resident is being transferred to another LTC facility. Send a copy of the immunization record. 4. Arrange for transport (unless accepting facility has arranged). 5. Notify the receiving facility of the resident's transfer and explain the resident's condition. 6. When determination is made that the resident is to be admitted to another facility: a. Notify administration b. Notify dietary c. Notify pharmacy d. Notify housekeeping 7. Contact the business office: a. Bed being held-put resident's belongings away neatly in room b. Bed not being held-Certified Nursing Assistant (CNA) to pack resident's belongings and check with the clothing sheet. Label all boxes, bags, suitcases with the resident's name and have maintenance put in storage until the family comes for the items." The policy did not entail being given written notices.  1. Review of R54's undated "Face Sheet," located under the "Profile" tab of the electronic medical	F 623	3. Facility policy titled Emergency/ Discharge to Hospital/Another Long Term Care Facility updated to include notification of the local Ombudsman. Administrator or designee will In-service the Social Service Director to send a 30-day log of transfer and discharges to the local Ombudsman's email box as instructed during the exit interview by the 15th day of each month.  4. The Director of Nursing will audit the the transfer and discharge log is emailed to the Ombudsman monthly X3 months until 100% compliance over three consecutive months. The results of these audits will be presented to the Quality Assurance Committee.		

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F 623	<p>Continued From page 11 record (EMR) revealed R54 was admitted to the facility on 05/03/23.</p> <p>Review of R54's "Progress Notes" located in the "Progress Notes" tab of the EMR revealed R54 was sent to the hospital on 10/15/23.</p> <p>Review of R54's EMR revealed no documented evidence that written notification regarding R54's transfer to the hospital was sent to R54's responsible party or sent to the Ombudsman.</p> <p>During an interview on 01/10/24 at 12:03 PM, the Long Term Care Ombudsman confirmed she had not received any notifications of the resident's transfer from the facility or any other resident transfer for the past year.</p> <p>During an interview on 01/10/24 at 1:00 PM, the Social Services Director (SSD) confirmed residents and/or resident's responsible party were not provided a written notice of transfer upon transfer to the hospital.</p> <p>During an interview on 01/10/24 at 1:50 PM, the Director of Nursing (DON) was asked about written notification of transfer being provided to R54's responsible party and the Ombudsman. The DON stated, upon resident transfer, nursing notified the resident's responsible party by telephone. The DON stated she was not aware of written resident transfer notifications being sent to the ombudsman. The DON said she did not know written notification of transfer needed to be completed and provided to the residents' responsible party and the ombudsman.</p> <p>2. Review of R312's undated "Face Sheet," provided by the facility, revealed R312 was</p>	F 623			

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F 623	Continued From page 12 admitted to the facility on 07/15/22 with diagnoses which included Alzheimer's disease and anxiety.  Review of "Incident Reporting Application" (initial reporting) dated 12/09/22 revealed "Received report R312 noted with physical aggression towards R2 ...R312 was later sent to the hospital for further evaluation and treatment.  Review of R312's electronic medical record (EMR) and thinned medical record revealed no documented evidence that a written transfer notice was provided to R312, R312's family, and/or Ombudsman.  During an interview on 01/10/24 at 1:00 PM, the Social Service Director (SSD) confirmed the resident, family, and/or resident representative (RP) were not given a written notice of transfer. The SSD also indicated the Ombudsman is not notified of residents' transfers to the hospital.  During an interview on 01/10/24 at 1:50 PM, the Director of Nursing (DON) confirmed that the facility's policy did not address providing written notification of transfer to the resident, family and/or RP. The DON also confirmed the policy did not address notification to the Ombudsman.	F 623			
F 625 SS=D	Notice of Bed Hold Policy Before/Upon Trnsfr CFR(s): 483.15(d)(1)(2)  §483.15(d) Notice of bed-hold policy and return-  §483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that	F 625		1/31/24	

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F 625	<p>Continued From page 13</p> <p>specifies-</p> <p>(i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility;</p> <p>(ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any;</p> <p>(iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and</p> <p>(iv) The information specified in paragraph (e)(1) of this section.</p> <p>§483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, interview, and facility policy review, the facility failed to provide written information regarding the facility's bed hold policy to the resident and the resident's responsible party at the time of transfer or within 24 hours of the transfer for two of three residents (Resident (R) 54 and 312) reviewed for hospitalizations of a total sample of 26 residents.</p> <p>Findings include:</p> <p>Review of facility policy titled, "Bed Hold (BH) Policy," (admission package) undated, revealed, "A. Medical Assistance/Medicaid Residents. If the resident is transferred to a hospital by the order of a physician, [name of facility] will hold resident's</p>	F 625	<p>1. R312 no longer resides in the facility. Resident R54 did not exhaust their 30-day hold, no private funds were necessary for their return.</p> <p>2. It has been determined that all residents who are transferred out of the facility have the potential to be affected by deficient practice as cited.</p> <p>3. Current practice of facility is as follows: The bed hold policy is provided during admission. As of 01.11.2024, the facility bed hold policy (attached) will accompany the resident during the transfer by supervisor</p>		



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F 625	<p>Continued From page 14</p> <p>bed for up to seven days commencing on the first day of leave, in accordance with Medicaid bed-hold policy. If a patient or resident is transferred out of a facility to an acute care facility or other specialized treatment facility, the facility must accept the patient or resident back into the facility when the resident no longer needs acute or specialized care and there is space available in the facility. If no space is available, the resident shall be accepted into the next available bed. B. Private Pay Residents. BH payment will be \$150.00 per day."</p> <p>1. Review of R312's undated "Face Sheet," provided by the facility revealed R312 was admitted to the facility on 07/15/22 with diagnoses including Alzheimer's disease and anxiety.</p> <p>Review of "Incident Reporting Application" (initial reporting) dated 12/09/22 revealed "Received report R312 noted with physical aggression towards R2 ...R312 was later sent to the hospital for further evaluation and treatment.</p> <p>No evidence in the electronic medical record (EMR) and/or thinned chart revealed that a bed hold notice was given to R312 and/or R312's family upon transfer to the hospital on 12/09/22.</p> <p>2. Review of R54's undated "Face Sheet" located under the "Profile" tab of the electronic medical record (EMR) revealed R54 was admitted to the facility on 05/03/23.</p> <p>Review of R54's "Progress Notes" located in the "Progress Notes" tab of the EMR revealed R54 was sent to the hospital on 10/15/23. Review of R54's EMR revealed no documented evidence that the facility provided written information</p>	F 625	<p>and documented in the transfer note. As of 01.11.2024, a Notice of Transfer or Discharge (attached) will be provided to the resident's representative via email or mailed through USPS with (1) business day of transfer by Social Service Director or Designee.</p> <p>Staff Educator competed In-servicing the nursing staff members on Facility Bed Hold policy and Notice of Transfer or Discharge process on 01.19.2024. Staff educator or designee will be responsible for educating new nursing staff on Facility Bed Hold policy and Notice of Transfer or Discharge process during orientation.</p> <p>4. The Director of Nursing or designee will audit (attached) 100% of Transfer or Discharge transfers for resident notification and resident representative notification weekly X4 weeks, then monthly X2 months to ensure compliance. The results of these audits will be presented to the Quality Assurance Committee.</p>		

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F 625	<p>Continued From page 15 regarding the facility's bed hold policy to the resident and the resident's responsible party at the time of transfer or within 24 hours of the transfer.</p> <p>During an interview on 01/10/24 at 12:03 PM, the Long-Term Care Ombudsman stated she had concerns regarding the facility not sending her bed hold notices for the past year.</p> <p>Interview with Social Services Director (SSD) on 01/10/24 at 1:00 PM, confirmed no bed hold notices were given at time of transfer or within 24 hours of the transfer.</p> <p>During an interview on 01/10/24 at 1:50 PM, the Director of Nursing (DON) stated residents and their responsible parties were provided written information regarding the facility's bed hold policy upon admission. The DON stated information about the facility's bed hold policy had not been provided to residents and their responsible parties upon the resident's transfer to the hospital. At 2:30 PM, the DON stated the facility was using the bed hold policy for 30 days, not seven.</p>	F 625			