

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435088	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/21/2015
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NAME OF PROVIDER OR SUPPLIER CENTERVILLE CARE AND REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 500 VERMILLION ST CENTERVILLE, SD 57014
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F 000	INITIAL COMMENTS <i>*Addendums noted with an asterisk per 1/14/16 per telephone with facility administrator.</i>	F 000	F 000 The preparation of the following plan of correction for this deficiency does not constitute and should not be interpreted as an admission nor an agreement by the facility of the truth of the facts alleged on conclusions set forth in the statement of deficiencies. The plan of correction prepared for this deficiency was executed solely because it is required by provisions of state and federal law. Without waiving the foregoing statement, the facility states that with respect to:	
F 205 SS=E	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: Surveyor: 33265 Surveyor: 32332	F 205	F 205 Resident 1,2,3,4,5 has been discharged. All other residents that were transferred out or that are currently on a bed hold were reviewed to ensure a written notice of the bed-hold policy has been completed, <i>*and sent.</i> Administrator, DON, Social Services designee and interdisciplinary team reviewed and revised as necessary the policy and procedure about bed-hold practice <i>*to specify the length of time private pay residents who transfer out of the facility may retain their education on the notice of bed-hold policy before/upon resident transfer for all facility staff who may be responsible for transferring care and providing notice of bed-hold.</i>	2/9/2016

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>C. J. Meyer</i>	TITLE <i>Emergency Permit Holder</i>	(X6) DATE <i>1/4/2016</i>
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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.

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

PRINTED: 12/28/2015
FORM APPROVED
OMB NO. 0938-0391

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F 205	<p>Continued From page 1</p> <p>Based on interview, record review, and policy review, the provider failed to:</p> <ul style="list-style-type: none"> *Provide a written notice upon transfer to a hospital specifying the duration of the residents' bed hold during which the resident was permitted to return to the facility for five of five (1, 2, 3, 4, and 5) sampled residents who had transferred to an acute care facility. *Have a bed hold policy in place specifying the length of time all private pay residents who transferred could retain a bed before returning to the facility. <p>Findings include:</p> <ol style="list-style-type: none"> 1. Review of resident 4's medical record revealed: <ul style="list-style-type: none"> *He had been admitted to a hospital on 10/19/15. *No bed hold policy had been sent to the hospital or family. *On 10/20/15 at 12:02 p.m. licensed practical nurse (LPN) A documented she had called the resident's daughter-in-law to inform her about the bed hold policy. "No answer but left a message explaining bed hold policy et [and] if she had any questions to call." *On 10/21/15 at 9:19 a.m. the director of nursing (DON) called the daughter-in-law and left a message she had not received a call regarding the bed hold, so the facility would discharge the resident as of 10/21/15. "If you would like to discuss this further please call facility and ask for _____ [DON]." *On 10/21/15 at 9:49 LPN A had documented the daughter-in-law called to ask her about the bed hold policy. "This nurse said after I had explained the 5 day et the cost of \$ _____ a day that if she had any questions to call the nursing home et left the number. The daughter-in-law said I should have told her to call back because she didn't 	F 205	<p>Social Worker or designee will audit all resident transfers once a week for four weeks and monthly for two more months to ensure a written notice of the bed-hold policy has been completed. <i>*and sent SB/SDDOTTEL</i></p> <p>Social Worker or designee will present finding from these audits at the monthly QAPI meetings for review. <i>(six)</i></p> <p><i>*then quarterly for 6 months, SB/SDDOTTEL</i></p>
	 <i>*SB/SDDOTTEL</i>		

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F 205	<p>Continued From page 2 understand this bed hold business."</p> <p>Interview on 12/21/15 at 3:30 p.m. with LPN A revealed: *She had left a phone message with resident 4's daughter-in-law on 10/20/15 regarding the bed hold policy. *She had told the daughter-in-law there was a five day bed hold policy. *She stated the DON told her on 12/21/15 the five day bed hold policy only applied to residents receiving Medicaid benefits not private pay residents.</p> <p>Interview on 12/21/15 between 3:20 p.m. and 4:00 p.m. with the DON revealed: *She had answered the phone when the daughter-in-law called back on 10/21/15 but had transferred the call to LPN A since she had left the original message. *The bed hold policy was not given to resident 4's family. *The five day bed hold policy only applied to residents who received Medicaid benefits. *Resident 4 paid privately, so the five day bed hold did not apply to him. *There was no specified bed hold for residents who paid privately. *When questioned if resident 4's room payment stopped at midnight on the day of 10/21/15 she stated she could not answer that question.</p> <p>Interview on 12/21/15 between 3:20 p.m. and 4:00 p.m. with the administrator regarding notification of discharge revealed resident 4's family had not received a statement regarding how to appeal the discharge to the state.</p> <p>2. Review of resident 1's medical record</p>	F 205			

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F 205	<p>Continued From page 3 revealed:</p> <ul style="list-style-type: none"> *He had been transferred to a hospital on 11/13/15. *A bed hold policy had been discussed with his wife, but she had not received a written copy of the policy. *A bed hold policy was signed by LPNA on 11/14/15 and placed in his file after resident 1 called to give up his room. *There were no signatures on the bed hold policy from the resident or family members. *No signed admission agreement was located in his record. <p>Interview on 12/21/15 at 3:45 p.m. with the social services designee revealed she had been unable to locate the admission agreement.</p> <p>3. Review of resident 2's medical record revealed:</p> <ul style="list-style-type: none"> *He had been transferred to a hospital on 7/12/15. *His daughter was present in the facility on the day he was transferred. *There was no documentation a bed hold policy had been given or discussed with the resident or family. *There was no documentation a bed hold policy was faxed to the hospital. *No signed bed hold policy could be located in the medical record. *He had been discharged on 7/13/15. <p>Surveyor 33265</p> <p>4. Review of resident 3's medical record revealed:</p> <ul style="list-style-type: none"> *She had been transferred to the hospital on 7/28/15. *Her husband agreed to a bed hold per telephone 	F 205		

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F 205	<p>Continued From page 4 conversation.</p> <p>*No bed hold form had been completed for that transfer.</p> <p>*Her husband took her to an appointment with her physician on 9/10/15.</p> <p>-She was admitted to the hospital for further evaluation.</p> <p>*The husband was asked per telephone if he wanted a bed hold.</p> <p>*He refused the bed hold.</p> <p>*Bed hold form was filled out but not signed by husband.</p> <p>5. Review of resident 5's medical record revealed:</p> <p>*She was transferred to the hospital on 10/28/15.</p> <p>*She was discharged from the facility on 10/29/15.</p> <p>*There was no bed hold form filled out.</p> <p>Interview on 12/21/15 between 3:20 p.m. and 4:00 p.m. with the DON revealed:</p> <p>*She believed there had been a telephone call from the family stating they had not wanted to hold her bed.</p> <p>*No documentation of a telephone call from the family was found.</p> <p>Surveyor 32332</p> <p>6. Interview on 12/21/15 between 3:20 p.m. and 4:00 p.m. with the DON revealed:</p> <p>*Bed hold policies should have been sent with the resident/family at the time of the transfer.</p> <p>*The five day bed hold policy did not apply to residents who paid privately, so those residents who had not responded about a bed hold were discharged.</p> <p>Review of the provider's undated bed hold policy</p>	F 205			

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F 205	<p>Continued From page 5</p> <p>revealed:</p> <p>*For Medicaid residents, "Government regulations specify that Medicaid will pay for a maximum of fifteen (15) hold days per therapeutic leave per month and five (5) days per hospitalization."</p> <p>**If the source of payment for the resident's stay is Medicare Part A or Private Pay and the resident/financially responsible party requests to have the bed/room held, the resident is responsible for a private room rate to maintain their bed at the facility. If the resident also has Medicaid under this type of stay, Medicaid will pay up to five (5) days."</p> <p>**If you choose to forgo the bed-hold policy, personal items must be removed within five (5) days."</p> <p>*No documentation regarding specific bed hold days for residents who were not receiving Medicare or Medicaid benefits.</p> <p>Review of the provider's undated Resident Handbook revealed:</p> <p>*Page 13, Bed Hold Policy: "You and a family member (if known) or your legal representative must receive written information from the facility before you are transferred to a hospital or go on a therapeutic leave that tells you:</p> <p>-a. The bed-hold policy under your state plan (if any) of how long the facility will hold the bed before you return and become a resident again, and</p> <p>-b. The facility policy regarding bed-hold periods."</p> <p>*Page 21, Transfer to Hospital: "Bed hold policy will be explained to resident being transferred or legal representative for this individual and a written Bed Hold Policy will accompany them."</p> <p>Review of the provider's March 2011</p>	F 205			

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F 205	Continued From page 6 Discharge/Transfer Policy revealed: *The purpose was to define and meet the requirements for transfer/discharge regulations. *Before a resident was transferred or discharge, the provider was to notify the resident/family of the reason for the move in writing. *The notice would also have included a statement that the resident had the right to appeal the action to the state.	F 205			