

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

PRINTED: 05/02/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106025	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/05/2018
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF SARASOTA			STREET ADDRESS, CITY, STATE, ZIP CODE 8104 TUTTLE AVE SARASOTA, FL 34243		
(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	
F 000	INITIAL COMMENTS An unannounced complaint survey, CCR # 2018002270 and #2018002252 was conducted from _____ to _____ at Life Care Center of Sarasota. The facility was not in compliance with 42 CFR 483, Requirements for Long Term Care Facilities.	F 000			
F 622	Transfer and Discharge Requirements CFR(s): 483.15(c)(1)(i)-(ii)(2)(i)-(iii) §483.15(c) Transfer and discharge- §483.15(c)(1) Facility requirements- (I) The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless- (A) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility; (B) The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility; (C) The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident; (D) The health of individuals in the facility would otherwise be endangered; (E) The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. Nonpayment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for his or her stay. For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge a resident only allowable charges under Medicaid;	F 622			

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

TITLE

(X6) DATE

Electronically Signed

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 622	<p>Continued From page 1</p> <p>or</p> <p>(F) The facility ceases to operate.</p> <p>(ii) The facility may not transfer or discharge the resident while the appeal is pending, pursuant to § 431.230 of this chapter, when a resident exercises his or her right to appeal a transfer or discharge notice from the facility pursuant to § 431.220(a)(3) of this chapter, unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the facility. The facility must document the danger that failure to transfer or discharge would pose.</p> <p>§483.15(c)(2) Documentation.</p> <p>When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider.</p> <p>(i) Documentation in the resident's medical record must include:</p> <p>(A) The basis for the transfer per paragraph (c)(1)(i) of this section.</p> <p>(B) In the case of paragraph (c)(1)(i)(A) of this section, the specific resident need(s) that cannot be met, facility attempts to meet the resident needs, and the service available at the receiving facility to meet the need(s).</p> <p>(ii) The documentation required by paragraph (c)(2)(i) of this section must be made by-</p> <p>(A) The resident's physician when transfer or discharge is necessary under paragraph (c)(1)(A) or (B) of this section; and</p> <p>(B) A physician when transfer or discharge is necessary under paragraph (c)(1)(i)(C) or (D) of</p>	F 622			

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F 622	<p>Continued From page 2 this section.</p> <p>(iii) Information provided to the receiving provider must include a minimum of the following: (A) Contact information of the practitioner responsible for the care of the resident. (B) Resident representative information including contact information (C) Advance Directive information (D) All special instructions or precautions for ongoing care, as appropriate. (E) Comprehensive care plan goals; (F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care. This REQUIREMENT is not met as evidenced by: Based on record review, interviews, and facility policy review, the facility failed to ensure that it honored resident rights to remain in the facility unless one of the conditions for discharge was met for one of six residents sampled (Resident #1). The facility issued a Transfer and Discharge notice to Resident #1, but, failed to substantiate that the resident was being discharged only for permitted reasons. The recorded reason for Resident #1's discharge, after a 3 week stay, conflicted with information found in the record and provided by the Responsible Party and Case Manager. The facility failed to allow Resident #1 to remain in the building pending a discharge hearing appeal.</p> <p>Findings include:</p> <p>1. A review of the facility Transfer and Discharge policy and procedure, last revised on _____, documented the policy. As members of the</p>	F 622	<p>F622</p> <p>1. Residents Affected - Resident #1 was discharged to another facility without a 30 day notice of discharge. We are currently awaiting the determination from the Hearing Officer.</p> <p>2. All Other Residents - no other residents have been affected by this practice. All residents have the possibility of being affected by this practice.</p> <p>3. System for Correction a. Social Service and Case Management personnel were in-serviced by the Senior Executive Director on _____ on the requirements, regulations, and Life Care policies for facility initiated discharges and transfers. b. Any future resident who is being discharged via a facility initiated discharge</p>		

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F 622	<p>Continued From page 3</p> <p>interdisciplinary team. Social Services and Nursing staff participate in all transfers and discharges. Transfers and discharges will be handled appropriately to ensure proper notification and assistance to residents and families in accordance with federal and state specific regulations. The facility will provide equal care regardless of diagnosis, severity of condition, or payment source. Transfer and discharge policies are the same for residents regardless of payer source.</p> <p>The procedure included facility initiated transfers: A copy of the notice of transfer/discharge will be sent to a representative of the Office of the State Long Term Care Ombudsman for all facility initiated transfers or discharges. ...Notice to the office of the State LTC Ombudsman must occur at the same time the notice of discharge is provided to the resident and resident representative, even though at the time of initial emergency transfer, sending a copy of the transfer notice to the ombudsman only needed to occur as soon as practicable as described below for emergency transfers.</p> <p>For any other types of facility initiated discharges, the facility must provide notice of discharge to the resident and resident representative along with a copy of the notice to the Office of the State LTC Ombudsman at least 30 days prior to the discharge or as soon as possible. The copy of the notice to the ombudsman must be sent at the same time notice is provided to the resident and the resident representative.</p> <p>Discharges following completion of skilled rehabilitation may not always be a resident-initiated discharge. In cases where the resident may not object to the discharge, or has not appealed it, the discharge could still be involuntary and must meet all requirements of a</p>	F 622	<p>will be provided a 30-day notice prior to the scheduled discharge date, identifying the appropriate criteria regarding the discharge.</p> <p>c. The required documentation for discharge will be included in the patient's medical record and all paperwork will be submitted to the receiving facility.</p> <p>d. A copy of the 30-day notice will be sent to a representative of the office of the State Ombudsman and to the resident representative for all facility initiated discharges and transfers.</p> <p>e. Any patient who wishes to appeal a discharge decision by the facility will be allowed to remain in the facility until the results of the appeal have been determined.</p> <p>4. Monitor - The Case Manager will prepare a list of all facility initiated transfers and discharges each month and will provide this list to the monthly QAPI meeting to determine the accuracy of facility initiated discharges or for further review and recommendation</p>		

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F 622	<p>Continued From page 4 facility initiated transfer.</p> <p>2. A review of Resident #1's clinical file the face sheet, documented that the resident was admitted to the facility on _____ per the facesheet, following an Acute Hospital stay. The face sheet diagnosis list included, onset date of _____, & listed Non _____, unspecified; other symptoms and signs involving _____ functions following non _____; other speech and language _____ following non _____; muscle _____ (generalized) difficulty in walking; type 2 _____ and _____.</p> <p>Review of "Case Management PPS Information" documentation found:</p> <p>a. _____ --"_____ issues, slow to respond/ _____, poor awareness, prob need LTC, MMSE _____, poor safety awareness, low motivation.."</p> <p>b. _____ --"ongoing, having bad _____, _____using bed table as a walker, Not Mod I, Very poor balance, No safety awareness, Needs MC." An entry underneath this stated, "Potential DC date: ALF _____ D/C 1st part _____"</p> <p>c. _____ --"APPLYING FOR MCD."</p> <p>A review of Resident #1's "NOTICE OF RESIDENT TRANSFER OR DISCHARGE" signed by the resident on _____, provided that Resident #1 will be transferred/ discharged to (another Nursing Home name) on _____ for the following reason: "The resident's health has improved sufficiently that the resident no longer needs the service provided by this facility." A notation under "Other Order Content," found the remark that "Patient/Family initiated transfer to</p>	F 622			

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F 622	<p>Continued From page 5LTC."</p> <p>A review of Resident #1's Occupational (OT) discharge summary, dated documented, Patient with fair progress in skilled OT prior to her d/c to another LTC facility. At time of d/c, required SBA (stand by assist) for UB (upper body) and LB (lower body) bathing and dressing and CGA (care giver assist) for toileting task. with poor safety awareness with increased risk for was educated with regards to safety awareness with poor carryover. Further skilled OT is recommended for transition to another SNF (skilled nursing facility).</p> <p>A review of Resident #1's Physical () discharge summary, dated documented, Patient discharged from skilled services due to patient has reached her maximum potential at this time with progress limited by recommended patient to discharge to memory unit/care facility also continued rehab for safety environment adaption. Patient pleased with progress made.</p> <p>A review of Nursing Progress notes for Resident #1, from the date of admission, thru the date of discharge of found multiple entries that stated that the resident was alert with These dates included:</p> <p>a. "Progress Note," at 01:01 PM, "resident is alert with able to voice needs no c/o pain or noted continent of bowel and assist with ADLs and transfers continues as ordered is now in day TV will continue to monitor."</p> <p>b. "Progress Note," at 04:04 a.m., "resident alert with not able to reorient all the time. resident found to be walking</p>	F 622			

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F 622	<p>Continued From page 6</p> <p>independently in in hallway. resident keeps thinking that the . . . 's wheelchair is the resident on wheelchair multiple times, after each episode staff did sanitize wheelchair. resident will not stay in bed, nurse brought resident to the day . . . am due to restlessness."</p> <p>c. "Progress Note," at 02:52 p.m., "resident is alert with able to voice needs no c/o pain or . . . noted continent of bowel and assist with ADLs and transfers continues . . . , as ordered is now in bed resting call light in reach will continue to monitor."</p> <p>d. "Progress Note, at 02:14 p.m., "Although resident has from . . . , she was able to tell me quite confidently that she had a BM yesterday, and without problems therein."</p> <p>e. "Progress Note, (TWO days before discharge) at 01:45 p.m., "resident is alert with able to voice needs c/o pain PRN meds given somewhat effective no noted continent of bowel and assist with ADLs and transfers continues . . . , as ordered is now in bed resting call light in reach will continue to monitor."</p> <p>The record was silent as to documentation of behaviors that were a danger to other residents or herself, including exiting behaviors.</p> <p>It was noted in the financial file for Resident #1 that the resident received a Notice of Medicare Non-Coverage, dated , signed by the resident and Responsible Party on the same date that stated the effective date coverage of your current skilled services will end on (Physical , Occupational , Speech , and Skilled Nursing).</p>	F 622			

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F 622	<p>Continued From page 7</p> <p>During an original telephone interview with the Resident #1's son/responsible party on at 1:39 p.m. he stated that he felt progress had been going well at the nursing home. He said Resident #1 was appearing to improve. Then he received notice from the facility that the resident had met her time and would need to be discharged. He added that the facility advised that the resident was a short term resident and the facility did not have any long term care available to have the resident moved to and added that they felt the resident required a secured unit. The Son/Responsible Party added that the resident was faring well and was able to ambulate with assistance and not he states that the resident has had 6 . . . since being transferred. He also stated that he was surprised about the transfer and added that they were only given 1 day to find the resident another facility. He says that he is now waiting on an appeal hearing.</p> <p>A subsequent telephone interview was conducted with Resident #1's son/Responsible party on at 1:00 p.m. When asked about the discharge process that occurred in 2017 with Resident #1, he stated, they were like, we are going to discharge her next week and you gotta find a new place. They gave me a piece of paper with the nursing home facilities around and I picked one. The facility was like 4 miles and the new place (another SNF) was like 10 miles. The new facility did not have a memory care unit either.</p> <p>An interview via phone was conducted on at 9:25 a.m. with the Regional Manager for the West Region Ombudsman Program. She</p>	F 622			

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F 622	<p>Continued From page 8</p> <p>confirmed that for Resident #1, the Ombudsman office received the Notice of Transfer Discharge via fax on, (31 days after the resident discharged). She stated that the Ombudsman office reached out to the resident representative on and he requested the assistance of the Ombudsman office in the discharge matter.</p> <p>An interview was conducted on at 10:10 a.m. with the Nursing Home Administrator (NHA). She stated that no 30 day notices had been issued for any resident from thru the present. She stated that we do not have memory care, nor do we have a secure building. (Resident #1) was at risk for elopement and she needed rehab. That was discussed before the resident came to the facility. She further stated that the resident was not in a physical condition to be at risk when she entered the facility.</p> <p>At approximately 10:30 a.m. an interview conducted with the facility Case Manager (CM), Registered Nurse (RN). When asked about the reason that was checked on the (Discharge) form (for Resident #1), referring to "The resident's health has improved sufficiently so the resident no longer needs the services provided by the facility." CM confirmed that this reason was an error. The facility did not have a memory care unit and the resident was an elopement risk was the reason for the transfer.</p> <p>Review of the Census List/ that, as of the facility had 107 occupied beds of a total of 120, with 13 beds being available.</p> <p>The facility's discharge census was reviewed and revealed that Resident #1 was transferred on at 8:36 a.m. to another Skilled</p>	F 622			

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F 622	Continued From page 9 Nursing Facility (SNF). The facility's , 09:46 "Discharges Report," reflected, of 120 Total Beds, 95 were occupied with with 25 available. The completed CMS Form 672, of that date, "Residents Census and Conditions of Residents" reflected a total census of 97 with 38 Medicare, 40 Medicaid, and 19 Other. Severity/Scope = 2/1	F 622			

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35960957	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/05/2018
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N 000	<p>INITIAL COMMENTS</p> <p>Nursing Home</p> <p>An unannounced complaint survey, CCR # 2018002270 and #2018002252 was conducted from _____ to _____ at Life Care Center of Sarasota, License #130471013. The facility had deficiencies at the time of the survey.</p>	N 000		
N 040 SS=D	<p>59A-4.106(2-3) FAC Facility Policies Required</p> <p>(2) Each nursing home facility shall adopt, implement, and maintain written policies and procedures governing all services provided in the facility.</p> <p>(3) All policies and procedures shall be reviewed at least annually and revised as needed with input from, at minimum, the facility Administrator, Medical Director, and Director of Nursing.</p> <p>This Statute or Rule is not met as evidenced by: Based upon interview, record, and policy review, the facility failed to ensure that a copy of the Transfer/Discharge Notice was sent to the local Ombudsman timely, per policy, for 2 (#1 and #2) of 6 sampled residents.</p> <p>Findings included:</p> <p>1. A review of the facility Transfer and Discharge policy and procedure, last revised on _____, documented the policy: As members of the</p>	N 040	<p>N0040</p> <p>1. Residents Identified - Resident #1 was discharged to another facility without a 30-day notice of discharge. We are currently awaiting the determination from the hearing Officer. Resident #2 was discharged on _____ without a 30 day notice of discharge.</p> <p>2. All Other Residents - no other resident has been identified as having been affected by this practice. All residents</p>	

AHCA Form 3020-0001 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X8) DATE
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Electronically Signed

Agency for Health Care Administration

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LIFE CARE CENTER OF SARASOTA

**8104 TUTTLE AVE
SARASOTA, FL 34243**

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N 040

Continued From page 1

interdisciplinary team. Social Services and Nursing staff participate in all transfers and discharges. Transfers and discharges will be handled appropriately to ensure proper notification and assistance to residents and families in accordance with federal and state specific regulations. The facility will provide equal care regardless of diagnosis, severity of condition, or payment source. Transfer and discharge policies are the same for residents regardless of payer source.

The procedure included facility initiated transfers: A copy of the notice of transfer/discharge will be sent to a representative of the Office of the State Long Term Care Ombudsman for all facility initiated transfers or discharges. ...Notice to the office of the State LTC Ombudsman must occur at the same time the notice of discharge is provided to the resident and resident representative, even though at the time of initial emergency transfer, sending a copy of the transfer notice to the ombudsman only needed to occur as soon as practicable as described below for emergency transfers.

For any other types of facility initiated discharges, the facility must provide notice of discharge to the resident and resident representative along with a copy of the notice to the Office of the State LTC Ombudsman at least 30 days prior to the discharge or as soon as possible. The copy of the notice to the ombudsman must be sent at the same time notice is provided to the resident and the resident representative.

Discharges following completion of skilled rehabilitation may not always be a resident-initiated discharge. In cases where the resident may not object to the discharge, or has not appealed it, the discharge could still be involuntary and must meet all requirements of a facility initiated transfer.

N 040

have the potential of being affected by this practice.

3. System for Correction -

- a. Social Service and Case Management personnel were in-serviced by the Senior Executive Director on 23, 2018 on the regulatory requirements and Life Care policies for facility initiated discharges and transfers.
- b. Any future resident who is being discharged via a facility initiated discharge will be provided a 30-day notice prior to the scheduled discharge date identifying the appropriate criteria regarding the discharge.
- c. The required documentation for discharge will be included in the patient's medical record and all paperwork will be submitted to the receiving facility.
- d. A copy of the 30-day notice will be sent to a representative of the Office of the State Ombudsman and to the resident representative for all facility initiated discharges and transfers when the 30-day notice is issued.
- e. Any patient who wishes to appeal a discharge decision by the facility will be allowed to remain in the facility until the results of the appeal have been determined.

4. Monitor - The Case Manager or designee will prepare a monthly list of all facility initiated discharges to be presented to the monthly QAPI meeting for further review and / or recommendation. Changes will be made as appropriate

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35960957	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/05/2018
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NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF SARASOTA	STREET ADDRESS, CITY, STATE, ZIP CODE 8104 TUTTLE AVE SARASOTA, FL 34243
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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) COMPLETE DATE
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N 040	<p>Continued From page 2</p> <p>2. An interview via phone was conducted on _____ at 9:25 a.m. with the Regional Manager for the West Region Ombudsman Program. She confirmed that for Resident #1, the Ombudsman office received the Notice of Transfer Discharge via fax on _____ (31 days after the resident discharged). She stated that the Ombudsman office reached out to the resident representative on _____ and he requested the assistance of the Ombudsman office in the discharge matter.</p> <p>3. A review of Resident #2's clinical chart, the face sheet documented that the resident was admitted to the facility on _____. The listed diagnosis included: _____ and collapse, repeated _____ in other _____ communication _____, difficulty in walking and _____.</p> <p>Resident #2's clinical record documented that she was transferred/discharged to a different skilled nursing facility on _____, three weeks and one day later.</p> <p>A review of Resident #2's record found a Notice of Medicare Non-Coverage, Form 10123, that documented the "effective date coverage of your current physical _____, occupational _____, speech _____, and skilled nursing services will end on _____."</p> <p>Further review of Resident #2's file revealed a Notice of Resident Transfer or Discharge, the form was a "Med-Pass #MP5412" form. The form was dated as given to the family member on _____. The form stated: As per the admission agreement, the facility must transfer/discharge a resident when the facility determines that such action is appropriate in order to meet the</p>	N 040		
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Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35960957	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/05/2018
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N 040	<p>Continued From page 3</p> <p>resident's needs for healthcare services. This correspondence is to inform you that Resident #2 will be transferred/discharged to (another skilled nursing facility) on _____ for the following reason(s): The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in this facility.</p> <p>Continued review of Resident #2's clinical chart revealed a document titled "Discharge/Transfer order form", order dated _____ at 7:30 a.m., documented "discharge resident on _____ to (another skilled nursing center, memory care). The reason why the discharge or transfer is necessary: The resident's welfare and the resident's needs cannot be met in the facility. If so, the following three items are required:</p> <ol style="list-style-type: none"> 1. List the specific need that cannot be met: "Patient has advanced _____, wanders and requires additional supervision, structured routine as provided in a _____ Secured unit. (Family member is in agreement with this discharge plan and has requested her transfer.) 2. List the facility attempts to meet the resident's needs: Facility cannot provide a secure memory unit. 3. List the services available at the receiving facility to meet the resident needs: (Another skilled facility) has secure memory unit and can meet patients' needs as stated above. <p>A Review of Resident #2's clinical file revealed that Resident #2 or Resident #2's family member did not receive the Nursing Home Transfer and Discharge Notice, AHCA Form 3120-0002, _____, 2014, or the Fair Hearing Request for Transfer or Discharge From a Nursing Home, " AHCA Form 3120-0003, _____, 2014.</p> <p>An interview was conducted on _____ at 9:25</p>	N 040		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35960957	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/05/2018
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N 040	Continued From page 4 a.m. with the Regional manager for the West Region Ombudsman Program. She confirmed that for Resident #2, the Ombudsman office received the Notice of Transfer Discharge via fax on (35 days after Resident #2 received the discharge notice). Class III	N 040		
N 213 SS=D	400.022(1)(p), FS Right for Discharge/Transfer The right to be transferred or discharged only for medical reasons or for the welfare of other residents, and the right to be given reasonable advance notice of no less than 30 days of any involuntary transfer or discharge, except in the case of an emergency as determined by a licensed professional on the staff of the nursing home, or in the case of conflicting rules and regulations which govern Title XVIII or Title XIX of the Social Security Act. For nonpayment of a bill for care received, the resident shall be given 30 days' advance notice. A licensee certified to provide services under Title XIX of the Social Security Act may not transfer or discharge a resident solely because the source of payment for care changes. Admission to a nursing home facility operated by a licensee certified to provide services under Title XIX of the Social Security Act may not be conditioned upon a waiver of such right, and any document or provision in a document which purports to waive or preclude such right is void and unenforceable. Any licensee certified to provide services under Title XIX of the Social Security Act that obtains or attempts to obtain such a waiver from a resident or potential resident shall be construed to have violated the resident's rights as established	N 213		

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N 213	<p>Continued From page 5</p> <p>herein and is subject to disciplinary action as provided in subsection (3). The resident and the family or representative of the resident shall be consulted in choosing another facility.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review, interviews and facility policy review, the facility failed to ensure that it honored resident rights to be provided reasonable advance discharge notice for one (Resident #1) of six residents sampled. In addition, the facility failed to ensure that the resident was transferred/discharged only for medical reasons or the welfare of other residents. Further, the facility failed to ensure that a copy of the Transfer/Discharge Notice was forwarded timely to the local Ombudsman for 2 (#1 and #2) of 6 sampled residents.</p> <p>Findings include:</p> <p>A review of the facility Transfers and Discharges policy and procedure, last revised on documented the policy: As members of the interdisciplinary team, Social Services and Nursing staff participate in all transfers and discharges. Transfers and discharges will be handled appropriately to ensure proper notification and assistance to residents and families in accordance with federal and state specific regulations. The facility will provide equal care regardless of diagnosis, severity of condition, or payment source. Transfer and discharge policies are the same for residents regardless of payer source.</p> <p>The procedure included facility initiated transfers: A copy of the notice of transfer/discharge will be sent to a representative of the Office of the State Long Term Care Ombudsman for all facility</p>	N 213	<p>N0213</p> <ol style="list-style-type: none"> 1. Residents Affected - Resident # 1 was discharged to another facility without a 30-day notice of discharge. We are currently awaiting the determination of the hearing officer regarding the outcome. Resident # 2 was discharged on without a 30-day notice of discharge. 2. All Other Residents - No other resident has been identified as having been affected by this practice. All residents have the possibility of being affected by this practice. 3. System for Correction <ol style="list-style-type: none"> a. Social Service and Case Management personnel were in-serviced on by the Senior Executive Director regarding the regulatory requirements and Life Care policies for facility initiated discharges and transfers. b. Any future resident who is being discharged via a facility initiated discharge will be provided a 30-day notice prior to the scheduled discharge date identifying the appropriate criteria regarding the discharge effective c. A copy of the 30-day notice will be sent to a representative of the Office of the State Ombudsman and to the family representative for all facility initiated discharges and transfers effective 	

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N 213	<p>Continued From page 6</p> <p>initiated transfers or discharges. ...Notice to the office of the State LTC Ombudsman must occur at the same time the notice of discharge is provided to the resident and resident representative, even though at the time of initial emergency transfer, sending a copy of the transfer notice to the ombudsman only needed to occur as soon as practicable as described below for emergency transfers.</p> <p>For any other types of facility initiated discharges, the facility must provide notice of discharge to the resident and resident representative along with a copy of the notice to the Office of the State LTC Ombudsman at least 30 days prior to the discharge or as soon as possible. The copy of the notice to the ombudsman must be sent at the same time notice is provided to the resident and the resident representative.</p> <p>Discharges following completion of skilled rehabilitation may not always be a resident-initiated discharge. In cases where the resident may not object to the discharge, or has not appealed it, the discharge could still be involuntary and must meet all requirements of a facility initiated transfer.</p> <p>A review of Resident #1's clinical file the face sheet, documented that the resident was admitted to the facility on The face sheet diagnosis list included, onset date of , listed Non , unspecified; other symptoms and signs involving functions following non ; other ; speech and language following non ; muscle (generalized) difficulty in walking; type 2 and</p> <p>Resident #1's clinical record documented that the resident discharged to another nursing facility on</p>	N 213	<p>4. Monitor - The Case Manager or designee will prepare a report of all facility initiated discharges and transfers each month to determine timeliness of the reports sent to the Ombudsman Office and other requirements. This report will be presented to the monthly QAPI meeting for review and recommendation as appropriate.</p>	
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N 213	<p>Continued From page 7</p> <p>.....</p> <p>A review of Resident #1's Notice of Resident Transfer or Discharge, signed by the resident on, documented that Resident #1 will be transferred/ discharged to (another Nursing Home name) on for the following reason: The resident's health has improved sufficiently that the resident no longer needs the service provided by this facility. The form was a MedPass printed form.</p> <p>A review of Resident #1's Occupational (OT) discharge summary, dated, documented, Patient with fair progress in skilled OT prior to her d/c to another LTC facility. At time of d/c, required SBA (stand by assist) for UB (upper body) and LB (lower body) bathing and dressing and CGA (care giver assist) for toileting task. with poor safety awareness with increased risk for was educated with regards to safety awareness with poor carryover. Further skilled OT is recommended for transition to another SNF (skilled nursing facility).</p> <p>A review of Resident #1's Physical () discharge summary, dated, documented, Patient discharged from skilled services due to patient has reached her maximum potential at this time with progress limited by, recommended patient to discharge to memory unit/care facility also continued rehab for safety environment adaption. Patient pleased with progress made.</p> <p>A review of Nursing Progress notes for Resident #1, from the date of admission, thru the date of discharge of, revealed multiple entries that stated that the resident was alert with</p>	N 213		
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Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35960957	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/05/2018
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N 213	<p>Continued From page 8</p> <p>No documentation was present in the clinical file that would indicate the resident had behaviors that were a danger to other residents or herself.</p> <p>It was noted in the financial file for Resident #1 that the resident received a Notice of Medicare Non-Coverage, dated, signed by the resident on the same date that stated the effective date coverage of your current skilled services will end on (Physical Occupational, Speech, and Skilled Nursing).</p> <p>An interview was conducted on at 1:00 p.m. via phone with the family member of Resident #1. When asked about the discharge process that occurred in 2017 with Resident #1, he stated, they were like, we are going to discharge her next week and you gotta find a new place. They gave me a piece of paper with the nursing home facilities around and I picked one. Life Care is like 4 miles and new place is like 10 miles. The new facility does not have a memory care unit either.</p> <p>An interview via phone was conducted on at 9:25 a.m. with the Regional Manager for the West Region Ombudsman Program. She confirmed that for Resident #1, the Ombudsman office received the Notice of Transfer Discharge via fax on (31 days after the resident discharged). She stated that the Ombudsman office reached out to the resident representative on and he requested the assistance of the Ombudsman office in the discharge matter.</p> <p>An interview was conducted on at 10:10 a.m. with the Nursing Home Administrator (NHA). She stated that no 30 day notices had been issued for any resident from thru the</p>	N 213		
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Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35960957	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/05/2018
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N 213	<p>Continued From page 9</p> <p>present. She stated that we do not have memory care, nor do we have a secure building. (Resident #1) was at risk for elopement and she needed rehab. That was discussed before the resident came to the facility. She further stated that the resident was not in a physical condition to be at risk when she entered the facility.</p> <p>At approximately 10:30 a.m. an interview conducted with the facility Case Manager (CM), Registered Nurse (RN). When asked about the reason that was checked on the (Discharge) form (for Resident #1), referring to "The resident's health has improved sufficiently so the resident no longer needs the services provided by the facility." CM confirmed that this reason was an error. The facility did not have a memory care unit and the resident was an elopement risk was the reason for the transfer.</p> <p>A review of Resident #2's clinical chart, the face sheet documented that the resident admitted to the facility on The listed diagnosis included: and collapse, repeated in other communication difficulty in walking and</p> <p>Resident #2's clinical record documented that she was transferred/discharged to a different skilled nursing facility on</p> <p>A review of Resident #2's file revealed a Notice of Medicare Non-Coverage, 10123, that documented the effective date coverage of your current physical occupational speech and skilled nursing services will end on</p> <p>Further review of Resident #2's file revealed a Notice of Resident Transfer or Discharge, the</p>	N 213		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35960957	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/05/2018
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LIFE CARE CENTER OF SARASOTA

**8104 TUTTLE AVE
SARASOTA, FL 34243**

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N 213

Continued From page 10

form was a "Med-Pass #MP5412" form. The form was dated as given to the family member on The form stated: As per the admission agreement, the facility must transfer/discharge a resident when the facility determines that such action is appropriate in order to meet the resident's needs for healthcare services. This correspondence is to inform you that Resident #2 will be transferred/discharged to (another skilled nursing facility) on for the following reason(s): The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in this facility.

Continued review of Resident #2's clinical chart revealed a document titled "Discharge/Transfer order form", order dated at 7:30 a.m., documented "discharge resident on to (another skilled nursing center, memory care). The reason why the discharge or transfer is necessary: The resident's welfare and the resident's needs cannot be met in the facility. If so, the following three items are required:

1. List the specific need that cannot be met: "Patient has advanced wanders and requires additional supervision, structured routine as provided in a Secured unit. (Family member is in agreement with this discharge plan and has requested her transfer.)
2. List the facility attempts to meet the resident's needs: Facility cannot provide a secure memory unit.
3. List the services available at the receiving facility to meet the resident needs: (Another skilled facility) has secure memory unit and can meet patients' needs as stated above.

A Review of Resident #2's clinical file revealed that Resident #2 or Resident #2's family member did not receive Nursing Home Transfer and

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N 213	<p>Continued From page 11</p> <p>Discharge Notice, AHCA Form 3120-0002, , 2014, or the Fair Hearing Request for Transfer or Discharge From a Nursing Home, " AHCA Form 3120-0003, , 2014.</p> <p>An interview was conducted on _____ at 9:25 a.m. with the Regional manager for the West Region Ombudsman Program. She confirmed that for Resident #2, the Ombudsman office received the Notice of Transfer Discharge via fax on _____ (35 days after Resident #2 received the discharge notice). She stated that the Ombudsman office reached out to the family member but, received no response.</p> <p>CLASS III</p>	N 213		