

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

PRINTED: 03/05/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105762	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/07/2019
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NAME OF PROVIDER OR SUPPLIER HEARTLAND HEALTH CARE CENTER PROSPERITY OAKS	STREET ADDRESS, CITY, STATE, ZIP CODE 11375 PROSPERITY FARMS ROAD PALM BEACH GARDENS, FL 33410
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F 000	<p>INITIAL COMMENTS</p> <p>An unannounced Recertification and Complaint survey CCR # 2019000002 and CCR # 2019001166 was conducted on _____ to _____ at Heartland Health Care Center Prosperity Oaks.</p> <p>For the Complaint surveys:</p> <p>CCR # 2019000002- The allegations were not substantiated.</p> <p>CCR # 2019001166- The allegations were not substantiated.</p>	F 000		
F 623 SS=E	<p>The facility is not in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8)</p> <p>§483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must-</p> <p>(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.</p> <p>(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</p> <p>(iii) Include in the notice the items described in paragraph (c)(5) of this section.</p>	F 623		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		/2019

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 623	<p>Continued From page 1</p> <p>§483.15(c)(4) Timing of the notice.</p> <p>(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.</p> <p>(ii) Notice must be made as soon as practicable before transfer or discharge when-</p> <p>(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;</p> <p>(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;</p> <p>(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;</p> <p>(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</p> <p>(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;</p> <p>(ii) The effective date of transfer or discharge;</p> <p>(iii) The location to which the resident is transferred or discharged;</p> <p>() 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;</p> <p>(v) The name, address (mailing and email) and</p>	F 623			

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F 623	<p>Continued From page 2</p> <p>telephone number of the Office of the State Long-Term Care Ombudsman;</p> <p>(vi) For nursing facility residents with intellectual and _____ or related _____, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with _____ established under Part C of the _____ Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and</p> <p>(vii) For nursing facility residents with a mental _____ or related _____, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental _____ 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).</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility</p>	F 623	<p>Without admitting or conceding either the</p>		

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F 623	<p>Continued From page 3</p> <p>failed to ensure that the resident and the resident's representative was notified in writing with all the required components, before a facility initiated transfer or discharge for 4 of 4 sampled residents (Residents #27, #29, # 115 and #267) reviewed for hospitalization.</p> <p>The findings included:</p> <p>a) Resident #27 was originally admitted to the facility on, she was discharged to the hospital on and readmitted to the facility on with a diagnosis that includes some of the following: of unspecified site, multiple of with stable disruption of ring, subsequent encounter for routine healing, and</p> <p>A review of Resident #27's nurses progress note dated at 1:40 PM revealed that the Certified Nursing Assistant (CNA) notified the nurse that she was unable to assist Resident # 27 from the toilet to her wheelchair, the nurse evaluated the resident, and noted generalized and incoherent speech. Resident #27 wasn't able to lift her left arm, no range of motion in her arm. Resident #27 was assisted into bed by two staff, the medical doctor was notified, Resident # 27 left the facility via 911, to the emergency room (ER) to be further evaluated. The responsible party was made aware, a bed hold policy, and a copy of (.) was sent.</p> <p>A review of Resident #27's Physician Order dated revealed an order to send Resident # 27 to the ER. Further review of Resident # 27's record revealed an "Acute Care Transfer" form</p>	F 623	<p>existence or scope or severity of the deficiencies, Heartland Health Care Prosperity Oaks submits this plan of correction in order to be in compliance with the regulations.</p> <p>F623 Resident #29 has since been readmitted to the facility. Resident #115 has expired. Resident #27 has since been readmitted to the facility. Resident #267 has since been readmitted to the facility.</p> <p>Other residents having the potential to be affected: Residents within the facility requiring an acute hospital discharge have received documentation provided to the resident and/or representative of their appeal rights, including name, address, and telephone number of the entity which receives such request, and information on how to obtain an appeal form and submitting the appeal hearing request, and the name, address, email, and telephone number of the Office of the State Long Term Care Ombudsman as required. An audit tool was used to track the resident discharged to acute care setting including name, date, placement and notice sent.</p> <p>Measurements or systemic changes: The appropriate staff was in-serviced on the regulation of Notice Requirement Before Transfers/Discharge related to acute care placement. The in-service included information but not limited to</p>		

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F 623	<p>Continued From page 4</p> <p>dated, upon further review of the Acute Care Transfer form revealed that the form lacked 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; and the name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman as required.</p> <p>In an interview completed on at 9:20 AM with the Social Services Director she acknowledged the findings, and further stated that they have now formulated a new form that captures all the required elements that need to be provided to the resident and the resident's representative.</p> <p>b) Resident #29 was originally admitted to the facility on and discharged to the hospital on; readmitted on with a diagnosis that includes some of the following: tension-type unspecified, and chondrocostal junction</p> <p>A review of Resident #29's progress note, dated, revealed Resident # 29 was lying on her right side exhibiting labored breathing and complaining of left arm radiating to the She was administered at 2 liters and an order was obtained for which was administered twice. The resident stated she had no relief of the 911 was called and the resident was transferred to the hospital. A bed hold policy was sent with the</p>	F 623	<p>documentation, communication with residents and/or representative, appeal rights, notification with MD as deemed needed. Monitoring of compliance will be demonstrated by the Social Service Director through the weekly quality assurance meeting with an audit tracking tool ensuring compliance with individual acute transfers/discharge of each resident.</p> <p>Monitoring to ensure the deficient practice does not reoccur: The Social Service Director will monitor this deficient practice in the quality assurance meeting each month for the next 3 months alleging compliance. Findings will be reported in the monthly quality assurance committee meeting and then randomly thereafter.</p>		

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F 623	<p>Continued From page 5</p> <p>resident. The Medical Doctor (MD) and the resident's son were notified.</p> <p>Further review of Resident # 29's record revealed an "Acute Care Transfer" form, dated It revealed that the form lacked: a statement of the resident's appeal rights; including the name, address (mailing and email); telephone number of the entity which receives such requests; information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request and the name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman as required.</p> <p>c) Review of the medical record for Resident #115, revealed an admission date of _____ with diagnoses including: _____ and _____.</p> <p>A review of the Nurses progress note dated _____ documented that the physician called and ordered that the resident be sent to the hospital emergency room due to an abnormal _____. Copy of the bedhold policy was sent, the resident's son was notified.</p> <p>A review of Resident # 115's "Acute Care Transfer Form" record revealed that the form lacked 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; information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; the name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman as required.</p>	F 623			

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F 623	<p>Continued From page 6</p> <p>In an interview completed on at 9:20 AM with the Social Services Director she acknowledged the findings.</p> <p>d) Resident #267 was readmitted to the facility on after being transferred to the hospital on for a change in condition. Medical history included: Acute Hypoxemic, Failure,, and to left, and right ankle.</p> <p>A review of the Nurses' progress notes dated at 11:51 revealed that the resident had an elevated temperature of 103.5 degrees Fahrenheit axillary, redness to, skin wet and clammy, labored breathing; 24 and saturation was 89%. The emergency medical response was notified and the resident was transferred to the hospital.</p> <p>On the Director of Social Services acknowledged that the resident Ombudsman Discharge Notification was faxed to the Ombudsman office on and family notification was mailed out.</p> <p>The "Acute Care Transfer" form was completed on Upon further review of the Acute Care Transfer form revealed that the form lacked 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; and the name, address (mailing and email) and telephone number of the Office of</p>	F 623			

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F 623	Continued From page 7 the State Long-Term Care Ombudsman as required. In an interview conducted on _____ at 2:55 PM with the Corporate Nurse, Social Service Director and Acting Director of Nursing (DON), they acknowledged the findings. In a subsequent interview conducted on _____ at 9:20 AM with the Social Services Director, she stated that they have now formulated a new form that captures all the required elements that need to be provided to the resident and the resident's representative.	F 623			

Agency for Health Care Administration

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N 000	<p>INITIAL COMMENTS</p> <p>An unannounced Relicensure and Complaint survey CCR# CCR # 2019000002 and CCR #2019001166 was conducted on _____ to _____ at Heartland Health Care Center Prosperity Oaks.</p> <p>For the Complaint surveys:</p> <p>CCR # 2019000002- The allegations were not substantiated.</p> <p>CCR # 2019001166- The allegations were not substantiated.</p> <p>The facility had deficiencies at the time of the survey.</p>	N 000		
N 506 SS=E	<p>400.0255(8), FS Discharge/ Transfer Notice</p> <p>The notice required by subsection (7) must be in writing and must contain all information required by state and federal law, rules, or regulations applicable to Medicaid or Medicare cases. The agency shall develop a standard document to be used by all facilities licensed under this part for purposes of notifying residents of a discharge or transfer. Such document must include a means for a resident to request the local long-term care ombudsman council to review the notice and request information about or assistance with initiating a fair hearing with the department's Office of Appeals Hearings. In addition to any other pertinent information included, the form shall specify the reason allowed under federal or state law that the resident is being discharged or transferred, with an explanation to support this action. Further, the form must state the effective date of the discharge or transfer and the location</p>	N 506		

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

Electronically Signed

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N 506	<p>Continued From page 1</p> <p>to which the resident is being discharged or transferred. The form must clearly describe the resident's appeal rights and the procedures for filing an appeal, including the right to request the local ombudsman council review the notice of discharge or transfer. A copy of the notice must be placed in the resident's clinical record, and a copy must be transmitted to the resident's legal guardian or representative and to the local ombudsman council within 5 business days after signature by the resident or resident designee.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that the resident and the resident's representative was notified in writing with all the required components, before a facility initiated transfer or discharge for 4 of 4 sampled residents (Residents #27, #29, # 115 and #267) reviewed for hospitalization.</p> <p>The findings included:</p> <p>a) Resident #27 was originally admitted to the facility on, she was discharged to the hospital on and readmitted to the facility on with a diagnosis that includes some of the following: of unspecified site, multiple of with stable disruption of ring, subsequent encounter for routine healing, and</p> <p>A review of Resident #27's nurses progress note dated at 1:40 PM revealed that the Certified Nursing Assistant (CNA) notified the nurse that she was unable to assist Resident # 27 from the toilet to her wheelchair, the</p>	N 506	<p>Without admitting or conceding either the existence or scope or severity of the deficiencies, Heartland Health Care Prosperity Oaks submits this plan of correction in order to be in compliance with the regulations.</p> <p>N506 Resident #29 has since been readmitted to the facility. Resident #115 has expired. Resident #27 has since been readmitted to the facility. Resident #267 has since been readmitted to the facility.</p> <p>Other residents having the potential to be affected: Residents within the facility requiring an acute hospital discharge have received documentation provided to the resident and/or representative of their appeal rights, including name, address, and telephone number of the entity which receives such request, and information on how to obtain an appeal form and</p>	

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N 506	<p>Continued From page 2</p> <p>nurse evaluated the resident, and noted generalized and incoherent speech. Resident #27 wasn't able to lift her left arm, no range of motion in her arm. Resident #27 was assisted into bed by two staff, the medical doctor was notified, Resident # 27 left the facility via 911, to the emergency room (ER) to be further evaluated. The responsible party was made aware, a bed hold policy, and a copy of () was sent.</p> <p>A review of Resident #27's Physician Order dated revealed an order to send Resident # 27 to the ER. Further review of Resident # 27's record revealed an "Acute Care Transfer" form dated , upon further review of the Acute Care Transfer form revealed that the form lacked 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; and the name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman as required.</p> <p>In an interview completed on at 9:20 AM with the Social Services Director she acknowledged the findings, and further stated that they have now formulated a new form that captures all the required elements that need to be provided to the resident and the resident's representative.</p> <p>b) Resident #29 was originally admitted to the facility on and discharged to the hospital on ; readmitted on with a diagnosis that includes some of the following:</p>	N 506	<p>submitting the appeal hearing request, and the name, address, email, and telephone number of the Office of the State Long Term Care Ombudsman as required. An audit tool was used to track the resident discharged to acute care setting including name, date, placement and notice sent.</p> <p>Measurements or systemic changes: The appropriate staff was in-serviced on the regulation of Notice Requirement Before Transfers/Discharge related to acute care placement. The in-service included information but not limited to documentation, communication with residents and/or representative, appeal rights, notification with MD as deemed needed. Monitoring of compliance will be demonstrated by the Social Service Director through the weekly quality assurance meeting with an audit tracking tool ensuring compliance with individual acute transfers/discharge of each resident.</p> <p>Monitoring to ensure the deficient practice does not recur: The Social Service Director will monitor this deficient practice in the quality assurance meeting each month for the next 3 months alleging compliance. Findings will be reported in the monthly quality assurance committee meeting and then randomly thereafter.</p>	
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NAME OF PROVIDER OR SUPPLIER HEARTLAND HEALTH CARE CENTER PROSPERITY C	STREET ADDRESS, CITY, STATE, ZIP CODE 11375 PROSPERITY FARMS ROAD PALM BEACH GARDENS, FL 33410
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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
N 506	<p>Continued From page 3</p> <p>... tension-type ... and unspecified ... and chondrocostal junction ...</p> <p>A review of Resident #29's progress note, dated ... revealed Resident # 29 was lying on her right side exhibiting labored breathing and complaining of left arm, radiating to the ... She was administered ... at 2 liters and an order was obtained for ... which was administered twice. The resident stated she had no relief of the ... 911 was called and the resident was transferred to the hospital. A bed hold policy was sent with the resident. The Medical Doctor (MD) and the resident's son were notified.</p> <p>Further review of Resident # 29's record revealed an "Acute Care Transfer" form, dated ... It revealed that the form lacked: a statement of the resident's appeal rights; including the name, address (mailing and email); telephone number of the entity which receives such requests; information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request and the name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman as required.</p> <p>c) Review of the medical record for Resident #115, revealed an admission date of ... with diagnoses including: ... and ...</p> <p>A review of the Nurses progress note dated ... documented that the physician called and ordered that the resident be sent to the hospital emergency room due to an abnormal ... Copy of the bedhold policy was sent, the</p>	N 506		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 95038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/07/2019
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NAME OF PROVIDER OR SUPPLIER
HEARTLAND HEALTH CARE CENTER PROSPERITY C

STREET ADDRESS, CITY, STATE, ZIP CODE
**11375 PROSPERITY FARMS ROAD
PALM BEACH GARDENS, FL 33410**

(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
N 506	<p>Continued From page 4</p> <p>resident's son was notified.</p> <p>A review of Resident # 115's "Acute Care Transfer Form" record revealed that the form lacked 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; information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; the name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman as required. In an interview completed on _____ at 9:20 AM with the Social Services Director she acknowledged the findings.</p> <p>d) Resident #267 was readmitted to the facility on _____ after being transferred to the hospital on _____ for a change in condition. Medical history included: Acute Hypoxemic Failure, _____ and _____ to left _____, and right ankle.</p> <p>A review of the Nurses' progress notes dated _____ at 11:51 revealed that the resident had an elevated temperature of 103.5 degrees Fahrenheit axillary, redness to _____, skin wet and clammy, labored breathing; _____ 24 and _____ saturation was 89%. The emergency medical response was notified and the resident was transferred to the hospital.</p> <p>On _____ the Director of Social Services acknowledged that the resident Ombudsman Discharge Notification was faxed to the Ombudsman office on _____ and family notification was mailed out.</p>	N 506		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 95038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/07/2019
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NAME OF PROVIDER OR SUPPLIER HEARTLAND HEALTH CARE CENTER PROSPERITY C	STREET ADDRESS, CITY, STATE, ZIP CODE 11375 PROSPERITY FARMS ROAD PALM BEACH GARDENS, FL 33410
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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 506	<p>Continued From page 5</p> <p>The "Acute Care Transfer" form was completed on Upon further review of the Acute Care Transfer form revealed that the form lacked 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; and the name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman as required.</p> <p>In an interview conducted on at 2:55 PM with the Corporate Nurse, Social Service Director and Acting Director of Nursing (DON), they acknowledged the findings. In a subsequent interview conducted on at 9:20 AM with the Social Services Director, she stated that they have now formulated a new form that captures all the required elements that need to be provided to the resident and the resident's representative.</p> <p>Class III</p>	N 506		
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