STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345418	A. BUILDING _____ B. WING _____	C 12/06/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PELICAN HEALTH AT ASHEVILLE	1984 US HIGHWAY 70 SWANNANOA, NC 28778

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F 000	INITIAL COMMENTS The survey team entered the facility on 11/25/19 to conduct a complaint investigation survey and exited on 11/26/19. Additional information was obtained on 12/06/19. Therefore, the exit date was changed to 12/06/19. A total of 7 allegations were investigated and 2 were substantiated.	F 000		
F 622 SS=D	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		12/20/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 12/20/2019

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 622	Continued From page 1	F 622		

or
(F) The facility ceases to operate.
(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.

§483.15(c)(2) Documentation.
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.
(i) Documentation in the resident's medical record must include:
(A) The basis for the transfer per paragraph (c)(1)(i) of this section.
(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).
(ii) The documentation required by paragraph (c)(2)(i) of this section must be made by-
(A) The resident's physician when transfer or discharge is necessary under paragraph (c) (1) (A) or (B) of this section; and
(B) A physician when transfer or discharge is necessary under paragraph (c)(1)(i)(C) or (D) of

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F 622	Continued From page 2 this section. (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, Medical Director and staff interviews, the facility failed to provide written documentation which stated the reason the facility could not meet the resident's needs for 1 of 3 residents reviewed for transfer and discharge (Resident #1). The findings included: Resident #1 was admitted to the facility on 09/08/18 with multiple diagnoses that included diabetes, heart failure, chronic respiratory failure, adjustment disorder with mixed disturbance of emotions and conduct, borderline personality disorder, and narcissistic personality disorder (mental condition in which people have an inflated sense of self-importance). The quarterly Minimum Data Set (MDS) dated 10/08/19 assessed Resident #1 with intact cognition. The MDS indicated Resident #1	F 622	Resident is no longer here to correct that specific deficient practice. 2) To ensure other residents were not affected by this deficient practice a 100 percent audit was completed by the DON on November 26, 2019 of all residents that were discharged in the last 30 days to ensure they meet criteria for appropriate transfer/discharge via the facility policy and procedures. No other issues were found. 3) On 11/26/19 the Regional Nurse Consultant educated the following members of the IDT: Admission Director, Administrator, Director of Nursing, Social Services Director, Business Office Manager, and the Unit Manager on the following procedures: Discharge/Transfer; Bed Hold and Readmission procedures; and F-626 tag requirements. All new staff that are hired	

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F 622	Continued From page 3 displayed delusions and verbal behavior directed toward others 4 to 6 days during the MDS assessment period. A physician's order dated 11/08/19 for Resident #1 read in part, "send to hospital for Psychiatric evaluation." A Hospital Transfer Form (HFT) dated 11/08/19 and completed by Nurse #1 revealed Resident #1 was transported to the hospital for an evaluation due to extreme behaviors that included threatening staff, yelling and cursing. The HFT included Resident #1's functional and mental status, list of diagnoses, vitals, medication allergies, code status, and date/time of the last medication he received. The discharge MDS dated 11/18/19 for Resident #1 was coded as "return not anticipated." The MDS noted the discharge was unplanned to an acute hospital. Resident #1's medical record revealed no documentation of a physician's statement describing the specific needs and behaviors that could not be managed or met at the facility, facility efforts to meet those needs, and specific services the receiving facility would provide to meet the needs of Resident #1. During an interview on 11/26/19 at 2:30 PM, the Medical Director (MD) confirmed Resident #1 was sent to the acute care hospital on 11/08/19 after threatening the Administrator's life. He stated he felt Resident #1 was at the "tipping point" and was a safety risk to the Administrator based on the escalating behaviors he displayed while at the facility. The MD revealed he was	F 622	into these roles will be trained upon hire. 4) Social services/Administrator will begin conducting audits the week of December 15th, 2019 of all discharges to ensure they meet all requirements for once a week for the first four weeks; twice a month for the second month; then once a month for the third month. They will utilize the Discharge Log Audit tool to record the results of all audits. Results of audits will be brought to monthly Quality Assurance and Performance Improvement meeting each month for 3 months. Review and revisions will be made as necessary. Date of compliance is December 22, 2019.	

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F 622	Continued From page 4 unaware of the regulation that required documentation by the resident's physician which indicated the specific needs of Resident #1 the facility could not meet, facility efforts to meet those needs or specific services the receiving facility would provide to meet his needs. The MD stated he was not asked to reassess Resident #1 or document a statement in his medical record to support the facility-initiated discharge. During an interview on 11/26/19 at 4:20 PM, the Director of Nursing confirmed there was no written physician statement in Resident #1's medical record summarizing the specific needs that could not be met, facility efforts to meet those needs or specific services provided by the receiving facility that would meet his needs.	F 622		
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 specifies- (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; (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any; (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	F 625		12/20/19

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F 625	Continued From page 5 (iv) The information specified in paragraph (e)(1) of this section. §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: Based on record review, resident, and staff interviews, the facility failed to provide written notification to the resident regarding bed hold when the resident was sent to the hospital for an evaluation for 1 of 3 residents reviewed for transfer and discharge (Resident #1). The findings included: Resident #1 was admitted to the facility on 09/08/18 with multiple diagnoses that included diabetes, heart failure, chronic respiratory failure, adjustment disorder with mixed disturbance of emotions and conduct, borderline personality disorder, and narcissistic personality disorder (mental condition in which people have an inflated sense of self-importance). The quarterly Minimum Data Set (MDS) dated 10/08/19 assessed Resident #1 with intact cognition. The MDS indicated Resident #1 displayed delusions and verbal behavior directed toward others 4 to 6 days during the MDS assessment period. A physician's order dated 11/08/19 for Resident #1 read in part, "send to hospital for Psychiatric	F 625	1) Resident is no longer here to correct that specific deficient practice 2) To ensure other residents were not affected by the deficient practice a 100 audit of discharges of the past 30 days was completed by the Administrator on 12/16/19 to ensure there was a bed hold policy given. There were another 7 residents that were identified that were affected by the deficient practice. We contacted all residents/families and presented the bed hold policy and received signatures accordingly and this will be completed by December 18, 2019 by the Admissions Director. 3) On 11/26/19 the Regional Nurse Consultant educated the following members of the IDT: Admission Director, Administrator, Director of Nursing, Social Services Director, Business Office Manager, and the Unit Manager on the following procedures: discharge/Transfer; Bed Hold and Readmission procedures; and F-626 tag requirements. All new staff in these roles will be trained upon hire. 4) Social services/Administrator will begin conducting audits the week of	

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F 625	Continued From page 6 evaluation." A Hospital Transfer Form dated 11/08/19 completed by Nurse #1 revealed Resident #1 was transported to the hospital for an evaluation due to extreme behaviors that included threatening staff, yelling and cursing. The discharge MDS dated 11/18/19 for Resident #1 was coded as "return not anticipated." The MDS noted the discharge was unplanned to an acute hospital. During an interview on 11/25/19 at 11:03 AM, the Administrator shared all residents sent out to the hospital were given a copy of the facility's bed hold agreement and policy. She added the notices were included in the discharge paperwork completed by the Nurse at the time of the hospital transfer. During a phone interview on 11/25/19 at 2:00 PM, Resident #1 confirmed he was taken from the facility to the hospital via Involuntary Commitment (IVC) on 11/08/19 for a psychiatric evaluation. Resident #1 shared he remained at the hospital in the Emergency Department (ED) until he was sent to another facility on 11/22/19. Resident #1 verified he did not receive a bed hold policy or notice from the facility when he was transferred to the hospital and added "they just kicked me out." During an interview on 11/26/19 at 3:25 PM, Nurse #1 confirmed she completed the paperwork for Resident #1's transfer to the hospital on 11/08/19 which included the facility's bed hold policy and agreement. Nurse #1 explained she attempted to review the bed hold policy and notice with Resident #1 prior to his	F 625	December 15th, 2019 of all discharges to the hospital or LOA to ensure they received the Bed Hold policy once a week for the first four weeks; twice a month for the second month; then once a month for the third month. They will utilize the Bed Hold Audit tool to record the results of all audits. Results of audits will be brought to monthly Quality Assurance and Performance Improvement meeting each month for 3 months. Review and revisions will be made as necessary. Date of compliance is December 22, 2019.	

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F 625	Continued From page 7	F 625		

transfer on 11/08/19 but he refused to discuss or sign the agreements. She added she informed Resident #1 that she would put the information in the envelope, along with the hospital transfer paperwork, for him to review later and placed the envelope on the stretcher as he was being prepared to leave the facility. Nurse #1 verified she did not keep a copy for the facility of the bed hold notice provided to Resident #1 on 11/08/19 because he had refused to sign it.

During an interview on 11/25/19 at 4:30 PM, the Admissions Director (AD) revealed she reviewed the facility's bed hold policy with the resident and/or their representative upon their admission to the facility but did not review the bed hold policy with a resident or their representative when sent out to the hospital. She was unaware of the regulatory requirements for bed hold notices or the facility's obligation to accept the resident back to the next available bed and admitted she had never read the regulation. The AD explained she thought when a resident was sent out to the hospital, the resident was entitled to 10 days. She added she would contact the family to discuss a bed hold if the resident remained in the hospital for longer than 10 days. The AD confirmed she did not provide Resident #1 with written documentation of bed hold when he was transferred to the hospital on 11/08/19.

During an interview on 11/25/19 at 5:31 PM, the Director of Nursing (DON) revealed it was approximately May 2019, right after the facility's change in ownership, when they were instructed by the corporate office which notices to issue whenever residents were sent out to the hospital and incorporated the facility's bed hold policy and notice in the discharge paperwork completed by

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F 625	Continued From page 8 the Nurse at the time of the resident's transfer. She added it was the responsibility of the Nurse completing the paperwork to review the notices with the resident or their representative and provide them with a copy. The DON stated she was at the nurses' station when Nurse #1 completed the hospital paperwork and recalled her placing the notices in the envelope sent with Resident #1 to the hospital but did not review or read what the notices stated. The DON confirmed Nurse #1 did not make copies of the notices provided to Resident #1 and stated the situation that day was "so volatile" they just tried to get him to the hospital to keep everyone safe. During an interview on 11/25/19 at 5:58 PM, the Administrator stated it was the responsibility of the Nurse preparing the hospital transfer paperwork to complete and provide the resident or their representative with a copy of the bed hold notice. The Administrator shared she was informed Resident #1 was given a bed hold notice at the time of his transfer on 11/08/19. She explained Resident #1 was highly agitated when Emergency Medical Services arrived at the facility to transport him to the hospital and was not sure if Nurse #1 did not make the facility a copy of the notices provided to Resident #1 because she simply forgot or due to the situation escalating.	F 625		
F 626 SS=J	Permitting Residents to Return to Facility CFR(s): 483.15(e)(1)(2) §483.15(e)(1) Permitting residents to return to facility. A facility must establish and follow a written policy on permitting residents to return to the facility after they are hospitalized or placed on therapeutic leave. The policy must provide for the	F 626		12/20/19

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F 626	Continued From page 9 following. (i) A resident, whose hospitalization or therapeutic leave exceeds the bed-hold period under the State plan, returns to the facility to their previous room if available or immediately upon the first availability of a bed in a semi-private room if the resident- (A) Requires the services provided by the facility; and (B) Is eligible for Medicare skilled nursing facility services or Medicaid nursing facility services. (ii) If the facility that determines that a resident who was transferred with an expectation of returning to the facility, cannot return to the facility, the facility must comply with the requirements of paragraph (c) as they apply to discharges. §483.15(e)(2) Readmission to a composite distinct part. When the facility to which a resident returns is a composite distinct part (as defined in § 483.5), the resident must be permitted to return to an available bed in the particular location of the composite distinct part in which he or she resided previously. If a bed is not available in that location at the time of return, the resident must be given the option to return to that location upon the first availability of a bed there. This REQUIREMENT is not met as evidenced by: Based on record review, Hospital Risk Manager, Medical Director, resident, and staff interviews, the facility failed to allow a resident to return to the facility after being sent to the hospital for an evaluation using the resident's behaviors prior to transfer as a basis for their decision for 1 of 3 residents reviewed for transfer and discharge (Resident #1). This resulted in Resident #1	F 626	1) Resident was offered a semi private bed in our facility in which he declined. 2) To ensure other residents were not affected by the deficient practice a 100 audit of discharges/readmissions of the past 30 days was completed by the Director of Nursing on 11/26/19 and no evidence of such a practice was found.	

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F 626	Continued From page 10 remaining in the Emergency Department (ED) for an extra 14 days without skilled nursing services. Resident #1 voiced anger about not being allowed to be readmitted to the facility and stated he felt like he had been treated like "an animal." Immediate Jeopardy began on 11/09/19 when the facility refused to allow Resident #1 to return to the facility after he was medically and psychiatrically cleared by the hospital physicians to return to the facility which resulted in Resident #1 remaining in the ED for 14 additional days until placement for him was arranged at another skilled nursing facility on 11/22/19. Immediate Jeopardy was removed on 11/26/19 when the facility implemented a credible allegation of Immediate Jeopardy removal. The facility remains out of compliance at a lower scope and severity level of D (no actual harm with the potential for more than minimal harm that is not immediate jeopardy) to complete employee education and ensure monitoring systems in place are effective. The findings included: Review of the facility's policy titled "Readmission to the Facility" that was last revised March 2017, read in part, "A Medicaid resident whose hospitalization or therapeutic leave exceeds the bed hold period allowed by the state will be readmitted to the facility upon the first availability of a bed in a semi-private room if the resident: a) requires the services provided by the facility, b) meets the admission criteria as outlined in facility policy, c) was not discharged for any reason outlined in the Transfer or Discharge Notice policy, and d) is eligible for Medicaid nursing facility services."	F 626	3) On 11/26/19 the Regional Nurse Consultant educated the following members of the IDT: Admission Director, Administrator, Director of Nursing, Social Services Director, Business Office Manager, and the Unit Manager on the following procedures: discharge/Transfer; Bed Hold and Readmission procedures; and F-626 tag requirements. All new staff in these roles will be trained upon hire. 4) Social services/Administrator will begin conducting audits the week of December 15th, 2019 of all discharges to the hospital or LOA and readmissions to ensure that all residents that discharged were allowed to return (offered a bed for readmission) per our Admission, transfer, discharge policies and procedures. The audit tool to be used is the Admission, transfer, and discharge audit tool. This will be done once a week for the first four weeks; twice a month for the second month; then once a month for the third month. Results of audits will be brought to monthly Quality Assurance and Performance Improvement meeting each month for 3 months. Review and revisions will be made as necessary. Date of compliance is December 22, 2019. The administrator is responsible for implementing and following this plan of correction.	

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F 626	Continued From page 11	F 626		

Resident #1 was admitted to the facility on 09/08/18 with multiple diagnoses that included diabetes, heart failure, chronic respiratory failure, adjustment disorder with mixed disturbance of emotions and conduct, borderline personality disorder, and narcissistic personality disorder (mental condition in which people have an inflated sense of self-importance).

The quarterly Minimum Data Set (MDS) dated 10/08/19 assessed Resident #1 with intact cognition. The MDS indicated Resident #1 displayed delusions and verbal behavior directed toward others 4 to 6 days during the MDS assessment period.

The nurse progress notes for Resident #1 revealed the following entries:
11/08/19 at 10:50 AM read in part, Resident #1 can be heard screaming from the Director of Nursing (DON) office. Resident #1 has had his morning medications but is upset and screaming loudly.
11/08/19 at 12:49 PM read in part, Resident #1 was witnessed repeatedly yelling profanities at staff this shift, verbally abusing staff every time they entered his room. Other residents were complaining about Resident #1's yelling and were scared and anxious to situation. Resident #1 was overheard stating, "I am going to kill the Administrator. She is a crook and steals everyone's money."

A physician's order dated 11/08/19 for Resident #1 read in part, "send to hospital for a Psychiatric evaluation."

The hospital records for Resident #1 included

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progress notes for the following psychiatric evaluations:
11/08/19 at 8:44 PM, written by hospital Physician #1, read in part, "presents under Involuntary Commitment (IVC) due to threats to hurt the nurses at his facility. The patient appears manic and potentially delusional. He has reported history of seizures and traumatic brain injury, which may contribute to his current presentation. I do not believe he is safe for others given his preoccupation with the staff and the statements that he would hurt the staff that would put their hands on him. Diagnosis and Plan: unspecified bipolar and related disorder, alcohol use disorder in full remission, rule out mood disorder due to general medical condition. The patient meets psychiatric admission criteria but no psych beds are currently available. We will seek appropriate services at a regional facility. Uphold the IVC."
11/09/19 at 10:40 AM, written by hospital Physician #2, read in part, "The patient's non-psychiatric medical conditions have continued to be monitored after initial medical evaluation and stabilization by the emergency medicine team and remain stabilized. The patient has no clear or compelling evidence of imminent risk of harming self or others and does not meet IVC criteria. The patient is now reasonably and adequately stabilized for discharge to outpatient services. No emergency or psychiatric medical or psychiatric condition was identified."
11/09/19 at 11:28 AM, written by hospital Physician #3, read in part, "the patient's medical record has a well-documented history of personality disorder and associated behavior with previous statement about wanting to harm people when his standards are not met. He does not have a history of violent behavior that can be identified. The patient does not have symptoms

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of a major mood disorder and does not have bipolar disorder. He is not psychotic appearing. His pressured speech appears related to personality structure and may possibly be related to his prior traumatic brain injury. He does not meet IVC criteria or need inpatient hospitalization at this time. Will release from IVC and discharge."

During a phone interview on 12/06/19 at 12:00 PM, Hospital Physician #1 confirmed she conducted a psychiatric evaluation of Resident #1 on 11/08/19. She recalled, during her evaluation, Resident #1 presented as very frustrated with the skilled nursing facility and made statements that he would hurt whomever placed their hands on him. She explained an IVC was not automatically upheld due to a diagnosis of a mental disorder but when the person presented as a danger to themselves or possibly others, IVC might be necessary to ensure the safety of all individuals. Hospital Physician #1 stated the main reason she upheld the IVC and recommended a psychiatric admission for Resident #1 was due to the report received from the facility of the threats and potential harm he made toward staff as well as the similar comments he made during his evaluation. She added it was entirely possible for someone in an agitated state, such as Resident #1, to make comments in the heat of the moment who became calmer as time elapsed causing their disposition (outlook) to change and present more appropriate. She indicated in those cases, the individual would no longer present as an immediate danger to themselves or others and would be considered safe returning to the skilled nursing facility.

Telephone attempts to speak to hospital

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F 626	Continued From page 14 Physician #2 who evaluated Resident #1 was unsuccessful. The hospital records for Resident #1 also included a medical evaluation progress note dated 11/09/19 at 3:31 PM, written by hospital Physician #4, and read in part, "Agitation - although he has reportedly been significantly agitated and belligerent in the ED, he was relatively pleasant during exam though he did perseverate (repetitive behavior) about his grievances against the nursing facility. In any event, there is no indication at all for hospital admission." The ED report dated 11/12/19 at 10:29 PM, written by hospital Physician Assistant #1 and co-signed by hospital Physician #5, read in part, Resident #1 "was discharged from the ED just prior to being sent back by his skilled nursing facility who refused to take him back into their care. Prior to this, he remained in the ED for 4 days and was cleared both medically and psychiatrically for return to the skilled nursing facility. Patient is without complaint upon return to ED. No indication for further medical or psychiatric work-up at this time. Medications ordered per his medication list. Vitals stable. Social Worker will likely need to see patient in the AM (morning) and may need to file report regarding skilled nursing facility refusing to take him back despite his desire to return and no contraindication (condition, symptom or circumstance that makes treatment or interventions risky) medically or psychiatrically to his return." The ED report dated 11/12/19 at 11:11 PM, written by hospital Physician #5, read in part,	F 626		

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Resident #1 "was discharged per his request back to his nursing home. They refused to take him back. Patient is very upset and disappointed by this development as he very much wanted to go home. He has no acute psychiatric or medical issues."

An ED report dated 11/16/19 at 11:08 AM, written by hospital Physician Assistant #2, read in part, Resident #1 "presented to the ED on 11/12/19 after being evicted from a skilled nursing facility for violent behavior. Patient is awaiting placement in a new facility. Vital signs are reviewed and are stable. There are no medical issues at this time ...remains medically clear."

The discharge MDS dated 11/18/19 for Resident #1 was coded as "return not anticipated." The MDS noted the discharge was unplanned to an acute hospital.

An ED report dated 11/22/19 at 2:28 PM, written by hospital Nurse Practitioner #1, read in part, Resident #1 was "evaluated in the ED just prior to PM transfer. At first the patient was refusing transfer but after the ED Manager spoke with him he did agree to transfer. The patient is in his normal state where he is quite talkative with rambling speech and tangential in his thoughts. He is denying any acute (sudden onset or of short duration) changes to his medical state. There is no report from the nursing staff of any concerns about this patient. Discharge order entered and medication prescription issued for his nursing home."

During a phone interview on 11/25/19 at 2:00 PM, Resident #1 confirmed he was taken from the facility to the hospital via IVC on 11/08/19 for a

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psychiatric evaluation. Resident #1 shared he remained at the hospital in the ED until he was sent to another skilled nursing facility on 11/22/19. Resident #1 stated he wanted to return to the facility where all his belongings were but was informed by hospital staff he either had to go to the skilled nursing facility located in Thomasville or be arrested and go to jail. Resident #1 stated he agreed to go to the other skilled nursing facility but was "not happy about any of it." Resident #1 verified he did not receive a 30-day discharge notice or bed hold policy from the facility when he was transferred to the hospital and added "they just kicked me out." Resident #1 voiced anger over the situation and stated he felt like he had been treated like "an animal."

During a phone interview on 11/25/19 at 1:20 PM, the Hospital Risk Manager (HRM) confirmed Resident #1 was transported to the hospital on 11/08/19 for an IVC due to threats he made toward facility staff. The HRM explained Resident #1 was cleared medically and psychiatrically by hospital physicians for return to the facility but when hospital staff contacted the facility on 11/09/19 they were informed Resident #1 would not be allowed to return to the facility. The HRM stated that starting on 11/11/19, she had multiple conversations with the facility's Administrator, Director of Nursing, and Corporate Representatives to discuss Resident #1 returning to the facility. She indicated she explained that the hospital physicians who had evaluated Resident #1 on 11/09/19 indicated his behaviors were due to a personality disorder and would not improve with medication or inpatient psychiatric treatment but the facility repeatedly refused to allow him to return. She added the facility was also informed during the conversations that

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F 626	Continued From page 17 Resident #1 remained in the ED, which was an unsafe setting for him, because he had no emergent issues that warranted a hospital admission and told them she felt they were "dumping" Resident #1 on the hospital by refusing to accept him back. The HRM reverified Resident #1 was not admitted to the hospital for medical or psychiatric treatment and remained in the ED until 11/22/19 when placement at another skilled nursing facility was arranged. The HRM stated Resident #1 voiced wanting to return to the facility where he had resided for the past year and was not happy about going to a skilled nursing facility located in Thomasville. During an interview on 11/25/19 at 4:30 PM, the facility's Admissions Director (AD) revealed she received and reviewed referrals sent from the hospital for residents needing skilled nursing placement. She added when a resident of the facility was sent out to the hospital, the referral received from the hospital was automatically approved for the resident to return to the facility when cleared for discharge. The AD confirmed she received a referral from the hospital for Resident #1 on 11/11/19 and notified the Administrator and Director of Nursing (DON). The AD added upon direction from the Administrator, she notified the hospital Resident #1 would not be allowed to return to the facility due to his verbal and threatening behaviors prior to his transfer to the acute hospital. During an interview on 11/25/19 at 5:31 PM, the DON revealed she was informed by the Administrator on 11/08/19 that per the Corporate Office, Resident #1 would not be allowed to return to the facility when he was sent to the hospital on 11/08/19. She explained it was the second time	F 626		

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Resident #1 was IVC due to communicating threats. The DON admitted she never read the hospital referral for Resident #1 received on 11/11/19 and when notified he was ready to return to the facility, told the AD "you know we aren't taking him back." The DON added, "I understand his rights were violated" and confirmed the decision not to allow Resident #1 to return to the facility was based on his behaviors while at the facility prior to his transfer to the acute care hospital on 11/08/19.

During an interview on 11/25/19 at 5:58 PM, the Administrator confirmed she was aware of the regulation and admitted when Resident #1 was transported to the acute care hospital on 11/08/19, she knew he was not safe to return to the facility and would not be allowed back. She stated she was informed by hospital staff beginning on 11/09/19 that Resident #1 was stable to return to the facility but had disagreed with them based on the initial psychiatric evaluation dated 11/08/19 and the fact that he had not received any psychiatric treatment while at the hospital. The Administrator confirmed she informed the hospital starting on 11/09/19 that Resident #1 would not be allowed to return to the facility and explained their decision not to allow him to return was based on the "intense" verbal and threatening behaviors he displayed while residing at the facility and up to the day of his IVC on 11/08/19.

During an interview on 11/26/19 at 2:30 PM, the Medical Director (MD) confirmed Resident #1 was sent to the acute care hospital on 11/08/19 after threatening the Administrator's life. He stated he felt Resident #1 was at the "tipping point" and was a safety risk to the Administrator

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F 626	Continued From page 19 based on the escalating behaviors he displayed while at the facility. He explained Resident #1 had borderline personality disorder, was very resourceful and could be a danger to others despite not being able to transfer on his own as he had "decreased range of motion but good upper body strength." The MD confirmed he discussed his concerns with the ED Physician and informed him that Resident #1 would not be allowed to return to the facility. On 11/26/19 at 1:49 PM the Administrator, DON and Regional Clinical Consultant (RCC) were notified of Immediate Jeopardy. On 11/26/19 the facility provided an acceptable credible allegation of Immediate Jeopardy removal that included: 1. Identify those recipients who have suffered, or are likely to suffer, a serious adverse outcome as a result of the noncompliance: On 11/08/19 Resident #1 was transported to Mission Hospital for Involuntary Commitment (IVC) due to threats he made toward facility staff. Resident #1 was evaluated in the emergency room for an initial psychiatric evaluation and was found not to be safe to return to the nursing facility. Resident #1 was given the diagnosis of unspecified bipolar and related disorder and was deemed appropriate and met the criteria for psychiatric admission however there were no beds available. On 11/09/19 Resident #1 received a follow up evaluation from psychiatric at which time psychiatry stated that Resident #1 was stable and was no clear or compelling evidence of imminent risk of harming himself or others and that Resident #1 did not meet IVC criteria. The facility was notified on 11/09/19 that Resident #1 was ready to return. The facility Administrator	F 626		

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spoke with the hospital and shared her concerns about the safety of her staff and other residents. The hospital did not change any medications or modify the plan of care for Resident #1. Therefore, both residents and staff would remain at risk for both physical and emotional harm by Resident #1. Since the hospital did not change Resident #1 plan of care, the Administrator and Director of Nursing made the decision not to allow him to return based on his unsafe behavior demonstrated while in the facility.

The facility had made multiple attempts to improve the setting of care for Resident #1. Resident #1 refused consistently to see or meet with psychiatrists or social workers but did agree to see Dr. #1 on 9/22/19. Dr. #1 made repeated attempts to communicate with the hospital during this hospitalization but was unable to get calls returned. Dr. #1 advised strongly that it was unsafe for Resident #1 to return to this facility. Staff had been trained by a PhD psychologist on 6/21/19 in managing Resident #1 behavior which was reportedly associated with a personality disorder with narcissism. Staff was advised to provide care in pairs, not to engage in resident #1's abusive language about other staff and residents, to assure Resident #1 was safe then excuse themselves stating they would return when resident #1 was calm in 15 minutes when Resident #1 became abusive with them. Resident #1 had faced charges when he ran his wheelchair into a nurse causing her injury which he now reports as her abuse toward him and his accidentally bumping into her. Resident #1 is well known to the magistrate and the court system in the community because of a violent history the facility did not have access to at the point of admission. Recommendations were consistently

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made by psychiatry, psychology, and the Medical Director that the nursing home setting was not an appropriate environment for Resident #1 and that this nursing home had become a toxic environment for the resident despite the efforts of staff to improve it. Based on Resident #1's history of traumatic brain injury, his impulsivity, his threats of violence against others and his physical acts against others and the open statement of intended violence against the staff made to the initial psychiatrist at the hospital on 11/08/19, the Administrator determined the facility was unable to meet Resident #1's clinical needs and denied his readmission.

Resident #1 was not permitted to return to his bed or the first available following his hospitalization due to his clinical and behavioral status endangered the safety of individuals within the facility. Since 11/08/19 no other residents have been admitted with traumatic brain injury or that endanger the safety of other individuals within the facility.

A bed offer will be made on 11/26/19 to Resident #1 to return to the facility.

2. Specify the action the entity will take to alter the process or system failure to prevent a serious adverse outcome from occurring or recurring, and when the action will be complete:

A review of the last 30 days of discharges and readmissions was completed by the Director of Nursing on 11/26/19 and no other residents were found to be affected by this practice.

On 11/26/19 The Regional Clinical Consultant re-educated the Administrator, Director of

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F 626	Continued From page 22 nursing, East Unit Manager, Social Services, Business Office Manager, and the Admissions coordinator on the following policies; Discharge, bed hold and readmission process and F tag 626 requirements. The facility alleges the removal of the Immediate Jeopardy on 11/26/19. The Administrator is responsible for assuring corrective actions are sustained. Immediate Jeopardy was removed on 11/26/19 at 9:00 PM when the credible allegation was verified. Administrative staff were interviewed and confirmed they received training from the RCC on the regulatory requirements pertaining to discharge and transfers, bed hold policy and 30-day notice of discharge. Administrative staff all voiced understanding of the requirements for each of the regulations. A review of the residents who discharged to the hospital during the past 30 days revealed all but one resident (who was still in the hospital) had returned to the facility following their hospitalization. On 11/26/19 at 8:36 PM, Resident #1 confirmed he was contacted by the facility and had declined their bed offer for him to return to the facility.	F 626		