

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

PRINTED: 06/24/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315516</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/11/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>ADVANCED SUBACUTE REHABILITATION CENTER AT SEWELL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>685 SALINA ROAD</b> <b>SEWELL, NJ 08080</b>		
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F 000	INITIAL COMMENTS  Complaint #: NJ00133430, NJ00136903  Survey Date: 09/11/20  Census: 89  Sample: 5  THE FACILITY IS NOT IN COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES, BASED ON THIS COMPLAINT VISIT.	F 000			
F 580 SS=D	Notify of Changes (Injury/Delirium/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15)  §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)	F 580		9/22/20	

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

TITLE

(X6) DATE

Electronically Signed

09/18/2020

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 580	<p>Continued From page 1</p> <p>(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Complaint #: NJ00136903</p> <p>Based on interview, record review and review of other documents provided by the facility, it was determined that the facility failed to notify a resident representative and physician of a significant significant weight loss.</p> <p>This deficient practice occurred for 1 of 1 resident, (closed record of Resident #4) reviewed for notification and was evidenced by the following:</p>	F 580	<p>F580 CORRECTIVE ACTION - Resident #4 no longer resides at the facility.</p> <p>IDENTIFICATION OF LIKE RESIDENTS - Current residents with significant weight loss have been audited by the facility's Dietician to evaluate completion of notification of physician and resident representative. Audit was completed on 9/17/20. Areas of concern were</p>		

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F 580	<p>Continued From page 2</p> <p>According to the Admission Record, Resident #4 was admitted to the facility in [REDACTED] and had diagnoses which included: [REDACTED].</p> <p>Review of the Quarterly Minimum Data Set (an assessment tool) dated [REDACTED], revealed that Resident #4 had [REDACTED] that included both [REDACTED] problems. Further review of the assessment indicated that the resident required extensive assistance of two persons for transfers and required limited assistance of one person for eating.</p> <p>Review of a Physician Note (late entry) dated 04/23/30 at 8:55 PM, revealed that Resident #4 received a [REDACTED] visit from the Nurse Practitioner (NP) who documented that the resident's current weight of [REDACTED] lbs was stable and the resident had unchanged intake and received an increased amount of [REDACTED] [REDACTED] according to a chart review. The NP noted that she would appreciate input from the dietician.</p> <p>Review of a Weight Summary revealed that Resident #4 was weighed on [REDACTED] and weighed [REDACTED] lbs (pounds) by wheelchair. Further review of the document revealed that on [REDACTED] the Dietician entered a sitting weight for the resident which indicated that the resident weighed [REDACTED] lbs.</p> <p>Review of a Nutrition/Dietary Note dated [REDACTED] at 8:45 AM, revealed that Resident #4 had</p>	F 580	<p>addressed.</p> <p><b>SYSTEMIC CHANGE</b> - The Center's Nutrition Risk Committee was reestablished June 8, 2020. The committee reviews physician and resident representative notifications and verifies completion. Areas of concern will be addressed.</p> <p>- RN Unit Managers were in serviced by the DON on 9/18/2020 regarding required notification of significant weight loss to the physician and resident representative.</p> <p><b>ONGOING MONITORING</b> - The DON will audit documentation of significant weight loss weekly for the next 12 weeks to verify notification to physician and resident representative have been made as required. Results for these audits will be reviewed at the next 2 quarterly Quality Assurance Committee meetings with follow up provided as needed.</p> <p><b>DATE OF COMPLIANCE</b> - 9/22/2020</p>		

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F 580	<p>Continued From page 3</p> <p>significant weight loss of [REDACTED] in one month from [REDACTED] lbs on [REDACTED] to [REDACTED] lbs on [REDACTED]</p> <p>The Dietitian documented that the resident utilized adaptive equipment which included: scoop dish, foam utensils and a sip cup to eat and the resident's food intake was between 50-100% according to the record. The resident was ordered 4 ounce health shakes (supplements) three times daily of which the resident consumed 100%.</p> <p>The Dietician noted that Resident #4's weight loss may have been related to a lack of initiation to eat, aging and progression of disease. She also documented that the resident's BMI (body mass index) was [REDACTED] and weight gain or weight maintenance was desirable. The Dietician recommended that resident be assisted with meals as needed and encouraged oral intake, which included supplement and fluid intake to maximize nutrition. Further review of the Nutrition/Dietary Note indicated that the Dietician added fortified food with meals, encourage resident to eat snacks between meals, house shakes three times daily, monitor oral intake, weight trends and labs as available. Further review of the medical record revealed that there were no additional weights recorded for the resident.</p> <p>On 09/11/20 at at 11:15 AM, the surveyor interviewed the Certified Nursing Assistant (CNA) who stated that she worked for an outside agency and was not familiar with Resident #4. She further stated that nursing informed her if she were required to provide feeding assistance to residents when she received her assignment at the start of each shift.</p> <p>The CNA stated that she was required to</p>	F 580			

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F 580	<p>Continued From page 4</p> <p>document the percentage of each meal that the residents consumed in the computer post meals and report any changes in food intake verbally to nursing. The CNA further stated that she was also responsible to obtain resident weights and provided them to nursing for review.</p> <p>At 11:25 AM, the surveyor interviewed the Assistant Director of Nursing (ADON) #1 who stated that the CNA's were responsible to document resident meal consumption. She stated that if the resident consumed less than 25% of meals that it triggered on the dashboard. She stated that the Unit Manger (UM) was responsible to monitor the documentation and resident weights. She further stated that the previous UM no longer worked at the facility and a new acting UM recently transitioned into the position.</p> <p>At 1:00 PM, the surveyor interviewed the Dietician who stated that Resident #4's last recorded weight on [REDACTED] was [REDACTED] lbs and the prior weight on [REDACTED] was [REDACTED] lbs. She stated that the weight loss may have been due to a lack of the resident's initiation to eat and progression of [REDACTED]. The Dietician recommended for staff to assist the resident and feed the resident if the resident needed help.</p> <p>The Dietician stated that nursing was responsible to inform the family and physician of Resident #4's weight loss. She stated that the resident's weight loss that was identified on [REDACTED] was significant and the resident should have been re-weighed to confirm accuracy according to the policy. The Dietician stated that if the resident were too sick, it would be too challenging to obtain a weight.</p> <p>The Dietician noted the Resident #4's weight was</p>	F 580			

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F 580	<p>Continued From page 5</p> <p>stable in [REDACTED] but the resident had an [REDACTED] lb weight loss in [REDACTED]. She stated that ordinarily we would obtain weekly weights to monitor the weight loss progression. The Dietician stated that the resident was declining and that's probably why the weights weren't obtained thereafter. She stated that sometimes she informed the resident's family of the resident's weight loss but she didn't have documentation to support that she did that. She stated that maybe she did it but didn't document it, as she couldn't remember as it was chaotic here during that time related to [REDACTED]</p> <p>At 1:32 PM, the surveyor interviewed the Director of Nursing (DON) who stated that she obtained the position in the first week of [REDACTED] and noted that weekly weight meetings were held on Friday. She further stated that due to the [REDACTED] Outbreak there were no meetings held at the end of [REDACTED] through July. She stated that the facility reinstituted the meetings.</p> <p>The DON stated that the restorative aide obtained eight's and provided them to nursing or the dietician. She stated that that the weights were reviewed and sometimes they got a re-weigh. She stated that a re-weigh would probably be required for an weight loss of [REDACTED] lbs, but she was unsure of the policy requirement.</p> <p>The DON stated that the dietician would provide the UM with a weight that concerned her but the UM no longer worked at the facility to confirm this. She stated that the facility would typically notify the family and physician of the change of condition but there were many staff out ill during that time. The DON stated that the Progress Notes were reviewed between [REDACTED] and [REDACTED] and there was no documented evidence that the</p>	F 580			

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F 580	<p>Continued From page 6</p> <p>facility notified the family or the doctor of the resident's weight loss that reflected a change in the resident's condition.</p> <p>The surveyor reviewed the facility policy, "Change in a Resident's Condition or Status" (Revised September 2005), which revealed the following:</p> <p>Our facility shall promptly notify the resident, his or her Attending Physician, and representative (sponsor) of changes in the resident's medical/mental condition and/or status (e.g., changes in level of care...).</p> <p>Except in medical emergencies, notifications will be made within twenty-four (24) hours of a change occurring in the resident's medical/mental condition or status.</p> <p>The nurse supervisor/charge nurse will record in the resident's medical record information relative to changes in the resident's medical/mental condition or status.</p> <p>Review of the facility policy, "Weight Monitoring" (08/15/14), reviewed the following:</p> <p>It is the policy of this facility to monitor for a resident's weight to ensure that he/she maintains his/her weight within acceptable parameters.</p> <p>If there is a weight discrepancy (5 lbs or more gain/loss in 30 days, or 5% in 30 days or 10% in 180 days gain/loss, or 7.5% loss in 90 days, or a 3 lbs loss if resident weighs &lt;100) re-weigh will be done. The weight should be witnessed by the nurse for verification.</p> <p>In the event of verified weight loss/gain, the Dietician will be notified via the Dietary Alert</p>	F 580			

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F 580	Continued From page 7 Sheet. The MD and responsible party will also be notified.	F 580			
F 660 SS=D	NJAC 8:39-13.1(c) Discharge Planning Process CFR(s): 483.21(c)(1)(i)-(ix)  §483.21(c)(1) Discharge Planning Process The facility must develop and implement an effective discharge planning process that focuses on the resident's discharge goals, the preparation of residents to be active partners and effectively transition them to post-discharge care, and the reduction of factors leading to preventable readmissions. The facility's discharge planning process must be consistent with the discharge rights set forth at 483.15(b) as applicable and- (i) Ensure that the discharge needs of each resident are identified and result in the development of a discharge plan for each resident. (ii) Include regular re-evaluation of residents to identify changes that require modification of the discharge plan. The discharge plan must be updated, as needed, to reflect these changes. (iii) Involve the interdisciplinary team, as defined by §483.21(b)(2)(ii), in the ongoing process of developing the discharge plan. (iv) Consider caregiver/support person availability and the resident's or caregiver's/support person(s) capacity and capability to perform required care, as part of the identification of discharge needs. (v) Involve the resident and resident representative in the development of the discharge plan and inform the resident and resident representative of the final plan. (vi) Address the resident's goals of care and treatment preferences. (vii) Document that a resident has been asked	F 660		9/22/20	



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F 660	<p>Continued From page 8</p> <p>about their interest in receiving information regarding returning to the community.</p> <p>(A) If the resident indicates an interest in returning to the community, the facility must document any referrals to local contact agencies or other appropriate entities made for this purpose.</p> <p>(B) Facilities must update a resident's comprehensive care plan and discharge plan, as appropriate, in response to information received from referrals to local contact agencies or other appropriate entities.</p> <p>(C) If discharge to the community is determined to not be feasible, the facility must document who made the determination and why.</p> <p>(viii) For residents who are transferred to another SNF or who are discharged to a HHA, IRF, or LTCH, assist residents and their resident representatives in selecting a post-acute care provider by using data that includes, but is not limited to SNF, HHA, IRF, or LTCH standardized patient assessment data, data on quality measures, and data on resource use to the extent the data is available. The facility must ensure that the post-acute care standardized patient assessment data, data on quality measures, and data on resource use is relevant and applicable to the resident's goals of care and treatment preferences.</p> <p>(ix) Document, complete on a timely basis based on the resident's needs, and include in the clinical record, the evaluation of the resident's discharge needs and discharge plan. The results of the evaluation must be discussed with the resident or resident's representative. All relevant resident information must be incorporated into the discharge plan to facilitate its implementation and to avoid unnecessary delays in the resident's discharge or transfer.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	F 660			

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F 660	<p>Continued From page 9 Complaint #: NJ133430</p> <p>Based on observation, interview, record review and other documents provided by the facility, it was determined that the facility failed to develop, implement and document an effective discharge plan to ensure a safe and effective transition of care for 1 of 1 residents reviewed for discharge planning, (Resident # 5). This deficient practice was evidenced by the following:</p> <p>The surveyor reviewed the Admission Record of Resident #5 which revealed that the resident was admitted to the facility on [REDACTED] with diagnoses that included: [REDACTED]</p> <p>[REDACTED] The Admission Record listed the resident (self) as his/her primary responsible party under the contact portion of the document.</p> <p>A review of Resident #5's Admission Minimum Data Set (MDS) (an assessment tool) dated [REDACTED] for Mental Status (BIMS) score of [REDACTED] which indicated that the resident was [REDACTED] impaired. The Functional Status portion of the assessment specified that the resident required limited assistance of one person to transfer and ambulate with a walker or wheelchair. Additional active diagnoses noted on the assessment included: [REDACTED]</p> <p>The surveyor reviewed a Physician Note dated [REDACTED] at 10:00 PM which indicated that Resident #5 was admitted to the facility for [REDACTED] for overall [REDACTED]. Further</p>	F 660	<p>F660 CORRECTIVE ACTION</p> <ul style="list-style-type: none"> <li>- Resident #5, returned to the facility and currently resides at the facility.</li> </ul> <p>IDENTIFICATION OF LIKE RESIDENTS</p> <ul style="list-style-type: none"> <li>- The Social Worker has audited current resident discharge plans to verify safe and effective transition of care are in place prior to resident discharge. This audit was completed on 9/17/2020. Areas of concern were addressed.</li> </ul> <p>SYSTEMIC CHANGE</p> <ul style="list-style-type: none"> <li>- The Director of Social Work will provide weekly to the Utilization Review (UR) team projected discharge plans for residents transition of care. Concerns identified will be discussed collaboratively with the Inter Disciplinary Care (IDC) team for further action.</li> <li>- The Administrator will provide in-service to the UR team on implementing safe and effective transitions of care. This in-service education will be completed by 9/18/2020.</li> </ul> <p>ONGOING MONITORING</p> <ul style="list-style-type: none"> <li>- The Director of Social Work will audit residents with planned discharges weekly for the next 12 weeks to verify documentation of a safe and effective transition of care is in place prior to resident discharge. Areas of concern will be addressed. Results for these audits will be reviewed at the next 2 quarterly Quality Assurance Committee meetings with follow up provided as needed.</li> </ul>		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315516</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/11/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>ADVANCED SUBACUTE REHABILITATION CENTER AT SEWELL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>685 SALINA ROAD</b> <b>SEWELL, NJ 08080</b>		
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F 660	<p>Continued From page 10</p> <p>review of the note revealed that the resident was [REDACTED] and had an [REDACTED] and [REDACTED]. The Physician noted that the resident had an [REDACTED] and [REDACTED] wanted to go home.</p> <p>The surveyor reviewed a Skilled Note contained within the Progress Notes (PN) that was written by Licensed Practical Nurse (LPN) #1 on [REDACTED] at 6:41 PM, which documented that Resident #5 was awake, [REDACTED] and was only oriented to [REDACTED]. The LPN documented that she applied a [REDACTED] [REDACTED] to assure resident safety.</p> <p>The surveyor reviewed a Social Services Note (SSN) dated [REDACTED] at 10:11 AM, which documented that the facility Social Worker (SW) #1 phoned the apartment complex where Resident #5 resided prior to admission and spoke with the Building Manager who informed SW #1 that the apartment was available but she did have concerns related to Resident #5's [REDACTED].</p> <p>Review of an SSN dated [REDACTED] at 3:41 PM, revealed that SW #1 placed a call to Adult Protective Services (APS) regarding Resident #5's discharge and SW #1 explained that the resident wanted to return home with Visiting Nursing Services to follow initially. The SW Note specified that a call was placed to Resident Representative #2, "Who did not really want to deal with Resident #5." The SW documented that the Resident Representative #1 caregiver [sic.] was informed of discharge.</p> <p>The surveyor reviewed a Social Services note dated [REDACTED] at 3:47 PM, in which the SW</p>	F 660	DATE OF COMPLIANCE - 9/22/2020		

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F 660	<p>Continued From page 11</p> <p>documented that upon speaking with Adult Protective Services calls were placed to the Apartment Building Manager to advise of Resident #5's discharge.</p> <p>The surveyor reviewed a Progress Note written by LPN #2 on [REDACTED] at 8:10 PM, which detailed that Resident #5's [REDACTED] was taken off when the resident was discharged home. LPN #2 further stated that SW #1 had advised [REDACTED] of the pending discharge and Resident #5 left at 8:10 PM with instructions. LPN #2 documented that the resident was transported back to the facility at 10:00 PM because a family member was not at home. LPN #2 noted that the [REDACTED] was intact on the resident's [REDACTED].</p> <p>Further review of the Progress Note revealed an entry dated [REDACTED] at 1:15 PM written by LPN #3, which indicated that Resident #5 was discharged on this date with transportation to home. LPN #3 noted that the resident received all discharge paperwork and resident representative #2 was made aware. Further review of the PN revealed that on [REDACTED] at 4:33 PM, the Care Manager/Coordinator (CM/C), documented that the resident was returned to the building. The CM/C also documented that a [REDACTED] Device was placed on the resident's [REDACTED].</p> <p>On 09/11/20 at 11:25 AM, during the initial tour of building, the Assistant Director of Nursing (ADON) #1 informed the surveyor that the CM/C no longer worked for the facility and was not available for interview.</p> <p>At 11:45 AM, the surveyor interviewed the Certified Nursing Assistant (CNA) #1 on the</p>	F 660			

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F 660	<p>Continued From page 12</p> <p>██████████) who identified Resident #5 and described the resident as calm and wore a ██████████ Device.</p> <p>At 11:52 AM, the surveyor observed Resident #5 seated in a chair in the hallway. The resident was pleasant when approached and invited the surveyor into his/her room. When interviewed, the resident stated that he/she had no recollection of being discharged from the facility and could not recall ever having lived in the town that the facility attempted to discharge the resident to previously. The resident stated that he/she had a ██████████ child who was his/her only family contact as he/she was estranged from any remaining family.</p> <p>At 12:02 PM, the surveyor interviewed LPN #4 who stated that Resident #5 was admitted to the ██████████ Unit in ██████████ or ██████████ of ██████████ and the resident had an ██████████ child who resided in a ██████████ LPN #4 reviewed the resident's Admission Record on the computer in the presence of the surveyor and stated that the Resident was listed as his/her own representative and the resident's ██████████ child was listed as the first Resident Representative. LPN #4 stated that Resident #5 was determined to be unable to care for himself/herself at home. She further stated that the facility Social Worker #1 recently passed away.</p> <p>At 12:14 PM, the surveyor interviewed the Registered Nurse/Unit Manager (RN/UM) who stated that Resident #5 was admitted to the ██████████ Unit under ██████████ as the resident only had a ██████████ child who resided in a ██████████. The RN/UM stated that SW #1 informed her that the</p>	F 660			

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F 660	<p>Continued From page 13</p> <p>resident was unable to return to his/her apartment as it was no longer available.</p> <p>At 12:34 PM, the surveyor interviewed Social Worker #2 who stated that when a resident was admitted to the facility the Social Worker was responsible to validate the accuracy of the BIMS Score and if the resident was deemed to be confused a responsible party must participate in the discharge planning process. He stated that if there were no responsible party then SW would have to involve Adult Protective Services and the Ombudsman to help secure placement and figure out custodial care.</p> <p>The SW stated that if he had a resident with a BIMS Score of [REDACTED] he would involve the Administrator and Admissions for placement of the resident as the last thing that he would want was to send someone home who was unsafe. He further stated that it would be unsafe to send someone home alone with visiting nursing who had a BIMS Score of [REDACTED].</p> <p>At 2:19 PM, the surveyor conducted a telephone interview with LPN # 2 who stated that she recalled that Resident #5 was discharged and returned to the facility the same evening because transport was unable to reach anyone at the resident's home. She further stated that the resident was unable to live independently and there was no family involvement as the family did not pick up calls from the facility.</p> <p>At 2:31 PM, the surveyor interviewed the Administrator who stated that Resident #5's Resident Representative #2 did the resident's food shopping and she was under the impression that RR #2 would be at the resident's apartment to receive the resident upon return the apartment.</p>	F 660			

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F 660	<p>Continued From page 14</p> <p>The Administrator further stated that the resident was supposed to be discharge home with visiting nursing services. She stated that it wasn't a safe plan for the resident who had a BIMS Score of [REDACTED] to return to his/her apartment alone in the care of someone who was only available to assist with food shopping.</p> <p>The Administrator stated that the facility-initiated [REDACTED] for Resident #5 and the resident was placed on the [REDACTED] Unit. She further stated that two physician's and a [REDACTED] were required to deem the resident incompetent. The Administrator stated that if the SW reached out to Adult Protective Services it indicated that there was a problem. The Administrator stated that the resident's representatives wouldn't return phone calls and did not provide insight into the resident's living situation. She stated that we probably should have kept the resident here until we reached the family to ensure that they were willing to accept the resident because the resident required 24-hour supervision and assistance. She further stated that we shouldn't have discharged the resident. [REDACTED] should have been secured beforehand instead of after the fact.</p> <p>The surveyor reviewed the facility policy, "Discharge Planning" (Effective 08/15/14), which revealed the following:</p> <p>Discharge potential for all residents admitted at [REDACTED] Rehabilitation Center will be evaluated during care planning conferences.</p> <p>Information from the resident, family and all involved disciplines will identify candidates for discharge to a lower level of care, less intensive care setting, or to home.</p>	F 660			

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