

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 335478	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/12/2020
NAME OF PROVIDER OF SUPPLIER ESSEX CENTER FOR REHABILITATION AND HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP PO BOX 127 ELIZABETHTOWN, NY 12932	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0660 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Plan the resident's discharge to meet the resident's goals and needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, record review and interviews during an abbreviated survey (Case #NY 208), the facility did not ensure development and implementation of an effective discharge process for 1 (Resident #1) of 3 residents reviewed. Specifically, the facility did not ensure Resident #1 was provided prescriptions for necessary physician-ordered medications. This was evidenced by: The untitled policy & procedure (P&P) dated 8/2019, documented procedures for resident discharge. The P&P did not address the provision of resident medications or prescriptions upon discharge. Resident #1: Resident #1 was admitted to the facility with [DIAGNOSES REDACTED]. A Tele-Health Medicine physician progress notes [REDACTED].#1 was assessed for discharge on 7/26/2020. The assessment and plan documented the resident was safe to be discharged home and that all medications should be continued at home. The medications to be continued were identified on the Tele-Health Medicine physician progress notes [REDACTED].#1 was discharged on a Sunday (7/26/2020) per family request. Electronic prescriptions (E-script) could not be signed by the physician until the day of discharge, so the nurse completing the discharge should have called the physician to sign the E-scripts. The nurse did not call the physician and as a result, Resident #1's prescriptions could not be filled. During an interview on 8/5/2020 at 12:15 PM, the Director of Social Services stated she usually did resident discharges, including ensuring resident medications were ordered, but because Resident #1 was discharged on a Sunday, she did not do Resident #1's discharge. She became aware of the resident being sent home, out of state without medications when the Resident #1's daughter called on 7/27/2020 asking for assistance with the prescribed medications. During an interview on 8/5/2020 at 12:45 PM the DON identified the nurse responsible for Resident #1's discharge as Licensed Practical Nurse (LPN) #1 and stated the LPN had not been educated on the facility's discharge process. During an interview on 8/5/2020 at 1:15 PM, LPN #1 stated the Director of Social Work told her on Friday (7/24/2020) about the discharge and they reviewed the paperwork for Resident #1's discharge. She was told the physician was aware of the discharge and the prescriptions that needed to be signed. LPN #1 stated she did not know the physician needed to be called so did not call the physician to have Resident #1's discharge prescriptions signed. 10 NYCRR 415.11(d)(3)</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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.