

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>106088</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/22/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>CLYDE E LASSEN STATE VETERANS NURSING HOME</b>		STREET ADDRESS, CITY, STATE, ZIP <b>4650 STATE RD 16 SAINT AUGUSTINE, FL 32092</b>	
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 0623  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on a review of facility records and interviews with staff, the facility failed to notify the resident and/or the resident's representative(s) of their hospital transfer(s) in writing for two (Residents #2 and #3) of three residents whose records were reviewed, from a total of nine residents in the sample. The findings include: 1. An electronic record review for Resident #2 found he was admitted to the facility on [DATE]. A Discharge Return Anticipated Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 5/31/20, noted Resident #2 had an unplanned discharge to an acute care hospital on [DATE]. He was assessed with [REDACTED]. [DIAGNOSES REDACTED]. Active discharge planning for his return to the community was not occurring at the time of the assessment. The record indicated a family member was designated as the resident's representative and power of attorney (POA). A review of the progress notes in his clinical record revealed he was sent to the emergency room (ER) on 5/31/20 with a fever and tremors. He returned to the facility and was sent back out to the emergency roiaognom on [DATE]. He was admitted for treatment at that time. Further review of the record found there was no written notification to the resident or his representative informing them of the reason or effective date for either of the hospital transfers, the location the resident was being transferred to, or any statement of the resident's appeal rights. 2. An electronic record review for Resident #3 found he was admitted to the facility on [DATE]. A Discharge Return Anticipated MDS assessment with an ARD of 12/17/19, found Resident #3 had an unplanned discharge to an acute care hospital the same day. He had moderately impaired cognitive skills and [DIAGNOSES REDACTED]. Active discharge planning to the community was not occurring during the time of the assessment. The record indicated a family member was designated as the resident's representative and POA. A review of the progress notes in his clinical record confirmed Resident #3 was transferred to the emergency room and admitted to the hospital for treatment on 12/17/19. Further review of the record found there was no written notification to the resident or his representative informing them of the reason or effective date of the transfer, the location he would be transferred to, or any statement of the resident's appeal rights. A review of the facility's Policy titled Resident Transfer to Hospital or Therapeutic Leave (Number 1602 and last revised on 11/1/17) noted the following: . 5. When a discharge or transfer is initiated by the nursing home (NH), the NH administrator . or designee . must sign the notice of discharge or transfer . (photocopy obtained) An interview was conducted with the Deputy Director of Service Operations (DDSO) at 2:05 p.m. on 6/19/20. She was asked for the written notifications for Residents #2 and #3 related to their transfers to the hospital. The DDSO stated she thought the written notification form was required only for discharges. She was unaware the written notice was also required for transfers. The DDSO confirmed the missing written notification for Resident #2 and #3's transfers. The regulation was reviewed with her and she voiced understanding of the requirements. She telephoned the Administrator at 2:10 p.m. on 6/19/20, relaying that the Administrator confirmed she had not completed the forms for Residents #2 or #3. In a second interview on 6/19/20 at 3:15 p.m., she reviewed the policy and confirmed it referenced written notification for transfers. .</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.