

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>455450</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/04/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MERIDIAN CARE MONTE VISTA</b>		STREET ADDRESS, CITY, STATE, ZIP <b>616 W RUSSELL PL SAN ANTONIO, TX 78212</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<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 interview and record review, the facility failed to notify the resident, resident's representative, and the Office of the State Long-Term Care Ombudsman of the transfer or discharge and the reasons for the move in writing and in a language and manner they understood for 2 of 3 residents (Residents #1 and #3) reviewed for Discharge Rights, in that: 1. Resident #1's RP and the the Office of the State Long-Term Care Ombudsman were not notified in writing of the effective date of transfer or discharge for Resident #1, the reason for the transfer/discharge, the location to which the resident would be transferred, or the right of appeal. 2. Resident #3's RP and the the Office of the State Long-Term Care Ombudsman were not notified in writing of the effective date of transfer or discharge for Resident #3, the reason for the transfer/discharge, the location to which the resident would be transferred, or the right of appeal. This deficient practice could place residents who were transferred or discharged to the hospital at risk of having their discharge rights violated. The findings were: 1. Record review of Resident #1's face sheet, dated 02/06/2020, revealed the resident was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #1's Admission MDS, dated [DATE], revealed the resident had a BIMS of 10, which indicated the resident was moderately cognitively impaired. Record review of Resident #1's nurse progress note, dated 02/06/2020 at 4:34 p.m., revealed the resident was sent to the hospital by EMS for evaluation after the resident assaulted his roommate and his roommate's wife. Record review of Resident #1's transfer form, dated 02/06/2020 sent with the resident to the hospital, revealed Resident #1 needed assistance with ADLs, was incontinent of bladder, had cognitive and visual impairments, was, becoming aggressive, and, increased confusion, and, cannot go home, becoming more dependent on care. During an interview with the Administrator on 03/04/2020 at 11:30 a.m. the Administrator stated, He (Resident #1) hit her (Resident #2's spouse) in the face. Don't know if it was open or closed fist. He (Resident #1) grabbed (Resident #2's spouse) necklace and broke it. (Resident #1) then scratched (Resident #2) on the back of the neck. They were roommates for 2-3 weeks. (Resident #1) was here first. (Resident #1) had no history of hitting anyone, just some verbal aggression toward a prior roommate. After he (Resident #1) left us and went to the ED, we did not accept him (Resident #1) back because of the threat he (Resident #1) posed to residents. We don't have a locked unit. (The hospital) hospital called us twice. We told them we don't want (Resident #1) back. During an interview with Resident #1's RP on 03/04/2020 at 1:30 p.m., the resident's RP stated he was not informed in writing Resident #1 was being discharged from the facility. Resident #1's RP further stated prior to this incident, all reports he had received were that both the facility and Resident #1, liked each other, and Resident #1 was happy at the facility. Resident #1's RP stated he had no contact with anyone from the facility after Resident #1 was transferred to the hospital. 2. Record review of Resident #3's face sheet, dated 03/05/2020, revealed the resident was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #3's Quarterly MDS, dated [DATE], revealed the resident had a BIMS score of 5, which indicated the resident was severely cognitively impaired. Record review of Resident #3's Physician Discharge Note, dated 12/14/2019, revealed the resident was transferred to the hospital and discharged from the facility on 12/14/2019. During an interview with Resident #3's RP on 03/04/2020 at 1:45 p.m., the resident's RP stated she was not informed Resident #3 would not be returning to the facility after his discharge from the hospital. Resident #3's RP stated she was told, 2-3 days, after Resident #3's admission to the hospital by the hospital social worker the resident, would not be welcomed back at this facility, and numerous calls to the facility by the hospital social worker were not returned. Resident #3's RP further stated she did not receive a written notification of the transfer. During an interview with the Administrator on 03/04/2020 at 4:32 p.m., the Administrator confirmed the facility had not informed Resident #1, Resident #1's RP, Resident #3's RP, or the Ombudsman in writing of Resident #1's or Resident #3's discharge from the facility. The Administrator stated, I told Resident #1's RP over the phone. The facility did not provide a policy on notification of transfer or discharge or resident transfer and discharge rights.</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.