



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
December 2, 2020

Administrator
Galtier A Villa Center
445 Galtier Avenue
Saint Paul, MN 55103

RE: CCN: 245340
Cycle Start Date: November 13, 2020

Dear Administrator:

On November 13, 2020, a survey was completed at your facility by the Minnesota Departments of Health and Public Safety, to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level D), as evidenced by the electronically attached CMS-2567 whereby corrections are required.

ELECTRONIC PLAN OF CORRECTION (ePoC)

Within **ten (10) calendar days** after your receipt of this notice, you must submit an acceptable ePOC for the deficiencies cited. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved.

To be acceptable, a provider's ePOC must include the following:

- How corrective action will be accomplished for those residents found to have been affected by the deficient practice.
- How the facility will identify other residents having the potential to be affected by the same deficient practice.
- What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.
- How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.
- The date that each deficiency will be corrected.
- An electronic acknowledgement signature and date by an official facility representative.

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The state agency may, in lieu of an onsite revisit, determine correction and compliance by accepting the facility's ePoC if the ePoC is reasonable, addresses the problem and provides evidence that the corrective action has occurred.

If an acceptable ePoC is not received within 10 calendar days from the receipt of this letter, we will recommend to the CMS Region V Office that one or more of the following remedies be imposed:

- Denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417);
- Civil money penalty (42 CFR 488.430 through 488.444).
- Termination of your facility's Medicare and/or Medicaid agreement (488.456(b)).

DEPARTMENT CONTACT

Questions regarding this letter and all documents submitted as a response to the resident care deficiencies (those preceded by an "F" tag), i.e., the plan of correction should be directed to:

Sarah Grebenc, Unit Supervisor
Metro B District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
85 East Seventh Place, Suite 220
P.O. Box 64900
Saint Paul, Minnesota 55164-0900
Email: sarah.grebenc@state.mn.us
Office: (651) 201-3792

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health, Licensing and Certification Program staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for the respective deficiencies (if any) is acceptable.

VERIFICATION OF SUBSTANTIAL COMPLIANCE

Upon receipt of an acceptable ePoC, a Post Certification Revisit (PCR), of your facility will be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.

If substantial compliance has been achieved, certification of your facility in the Medicare and/or Medicaid program(s) will be continued and remedies will not be imposed. Compliance is certified as of

the latest correction date on the approved ePoC, unless it is determined that either correction actually occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

FAILURE TO ACHIEVE SUBSTANTIAL COMPLIANCE BY THE THIRD OR SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

If substantial compliance with the regulations is not verified by February 13, 2021 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by May 13, 2021 (six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.

INFORMAL DISPUTE RESOLUTION (IDR) / INDEPENDENT INFORMAL DISPUTE RESOLUTION (IIDR)

In accordance with 42 CFR 488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:

Nursing Home Informal Dispute Process
Minnesota Department of Health
Health Regulation Division
P.O. Box 64900
St. Paul, Minnesota 55164-0900

This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at: https://mdhprovidercontent.web.health.state.mn.us/ltc_idr.cfm

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable electronic plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at:

https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.

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Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Douglas Larson", with a long horizontal flourish extending to the right.

Douglas Larson, Enforcement Specialist

Minnesota Department of Health

Licensing and Certification Program

Program Assurance Unit

Health Regulation Division

Telephone: 651-201-4118 Fax: 651-215-9697

Email: doug.larson@state.mn.us

cc: Licensing and Certification File



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December 2, 2020

Administrator
Galtier A Villa Center
445 Galtier Avenue
Saint Paul, MN 55103

Re: State Nursing Home Licensing Orders
Event ID: TJ1U11

Dear Administrator:

The above facility was surveyed on November 12, 2020 through November 13, 2020 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

To assist in complying with the correction order(s), a “suggested method of correction” has been added. This provision is being suggested as one method that you can follow to correct the cited deficiency. Please remember that this provision is only a suggestion and you are not required to follow it. Failure to follow the suggested method will not result in the issuance of a penalty assessment. You are reminded, however, that regardless of the method used, correction of the order within the established time frame is required. The “suggested method of correction” is for your information and assistance only.

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html. The State licensing orders are delineated on the Minnesota Department of Health State Form and are being delivered to you electronically. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the

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"Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute or rule after the statement, "This MN Requirement is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and the Time Period For Correction.

PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.

THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.

Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact:

**Sarah Grebenc, Unit Supervisor
Metro B District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
85 East Seventh Place, Suite 220
P.O. Box 64900
Saint Paul, Minnesota 55164-0900
Email: sarah.grebenc@state.mn.us
Office: (651) 201-3792**

You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.

Please note it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Please feel free to call me with any questions.

Sincerely,



Douglas Larson, Enforcement Specialist
Minnesota Department of Health
Licensing and Certification Program

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Program Assurance Unit

Health Regulation Division

Telephone: 651-201-4118 Fax: 651-215-9697

Email: doug.larson@state.mn.us

cc: Licensing and Certification File

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00480	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/13/2020
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NAME OF PROVIDER OR SUPPLIER GALTIER A VILLA CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 445 GALTIER AVENUE SAINT PAUL, MN 55103
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2 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS: On 11/12/20 - 11/13/20, an abbreviated survey was conducted to determine compliance with State Licensure. Your facility was found to be not in compliance with the MN State Licensure. Please indicate in your electronic plan of correction that you have reviewed these orders, and identify the date when they will be completed.</p>	2 000		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE
12/10/20

Minnesota Department of Health

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2 000	Continued From page 1 The following complaint was found to be substantiated: H5340062C with a licensing order issued. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form.	2 000		
21925	MN St. Statute 144.651 Subd. 29 Patients & Residents of HC Fac.Bill of Rights Subd. 29. Transfers and discharges. Residents shall not be arbitrarily transferred or discharged. Residents must be notified, in writing, of the proposed discharge or transfer and its justification no later than 30 days before discharge from the facility and seven days before transfer to another room within the facility. This notice shall include the resident's right to contest the proposed action, with the address and telephone number of the area nursing home ombudsman pursuant to the Older Americans Act, section 307(a)(12). The resident, informed of this right, may choose to relocate before the notice period ends. The notice period may be shortened in situations outside the facility's control, such as a determination by utilization review, the accommodation of newly-admitted residents, a change in the resident's medical or treatment program, the resident's own or another resident's welfare, or nonpayment for stay unless prohibited by the public program or programs paying for the resident's care, as documented in the medical record. Facilities shall make a reasonable effort to accommodate new residents without disrupting room assignments. This MN Requirement is not met as evidenced by:	21925		12/11/20

Minnesota Department of Health

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21925	<p>Continued From page 2</p> <p>Based on interview and document review the facility failed to ensure the facility failed to ensure a proper discharge process was followed to include written notification of the reason for discharge, a discharge location and appeal rights to include the number for the ombudsman for 1 of 4 residents (R1) reviewed for transfer and discharge.</p> <p>R1's facility face sheet indicated an admission date of 7/22/20, and a discharge date of 11/9/20.</p> <p>R1's significant change Minimum Data Set (MDS) dated 9/17/20, indicated intact cognition. R1 had not rejected care nor wandered. R1's behavior status had not changed compared to prior assessments. R1 required limited assistance with transfers and supervision with walking in room and locomotion on unit. R1 had a diagnosis of schizophrenia. R1 had a wander/elopement alarm which was used daily. R1 did not have an active discharge plan to return to the community.</p> <p>R1's progress note dated 10/31/20, at 9:34 p.m. indicated around 6:30 p.m. R1 was not in their room. Staff began a facility wide check for R1. The supervisor, director of nursing (DON), R1's family and police were informed and an outside search was initiated.</p> <p>R1's progress note dated 11/1/20, at 5:49 a.m. indicated R1 had not been located yet and no updates from police or family had been received. The medical record lacked any further documentation as to R1's whereabouts.</p> <p>Facility initiated reports to the state agency (SA) dated 11/1/20, and 11/3/20, indicated an investigation was started when R1 was observed to be missing from the facility. The facility</p>	21925	Corrected	

Minnesota Department of Health

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21925	<p>Continued From page 3</p> <p>cameras showed R1 left the building while staff delivered room trays and therefore not present in the common areas. R1 was assumed to have removed or cut off their wandguard. Further, R1 had the cognitive ability to do so, and made a plan to leave the facility.</p> <p>A common entry point report to the SA, dated 11/3/20, indicated R1 was admitted to the hospital on 11/1/20. The facility declined to take R1 back, which caused a placement difficulty. The facility had not provided R1 a discharge notice.</p> <p>R1's hospital discharge summary dated 11/9/20, indicated R1 was admitted to the hospital at on 11/1/20, at 1:38 p.m. accompanied by emergency medical technician (EMT) personnel. R1 was found at a hotel after eloping from Galtier Villa. R1 was admitted to hospital as vulnerable adult as nursing home will not take R1 back, since R1 was gone from the facility for over 24 hours. While in the hospital, psychiatry was consulted for assessment of capacity for discharge.</p> <p>During interview by phone on 11/12/20 at 9:18 a.m., hospital social worker (SW)-A stated on 11/1/20, R1 had to be admitted to the hospital as a vulnerable adult because the facility would not take R1 back. SW-A stated the facility would not take R1 back even though R1's condition had not changed since initial admission in July 2020. SW-A stated was not in R1's best interest to remain in the hospital. SW-A also had concerns that R1 was not notified of rights related to discharge or a bed hold. Later, on 11/4/20, the nursing home decided to accept R1 back at different location, a sister facility with a locked unit. The facility had requested hospital to start guardianship paperwork and submit it to the county.</p>	21925		

Minnesota Department of Health

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21925	<p>Continued From page 4</p> <p>During interview by phone on 11/12/20, at 11:20 a.m. family member (FM)-A stated is typical for R1 to have mental health problems and memory issues. FM-A stated had been updated that R1 left the nursing home when nobody was around. R1 was found at a hotel and brought to a hospital. FM-A stated had some concerns over how R1 was able to leave the facility and about lack of follow up from the facility. FM-A stated R1 had since been discharged and moved to a different facility.</p> <p>During interview by phone on 11/12/10, license practical nurse (LPN)-A stated was familiar with R1 and had been notified the day R1 eloped. LPN-A stated R1 normally needed constant redirection, R1 was "always trying to leave". LPN-A stated this had been the case for most of R1's stay. LPN-A stated was unsure of any changes that would prevent her coming back after the elopement. LPN-A stated would not have been responsible to issue a bed hold or discharge notice.</p> <p>During interview on 11/12/20 at 12:17 p.m. DON and Administrator stated when a resident was transferred to the hospital, that should be documented in the progress notes. Then a bed hold notice would be completed. DON and administrator stated they could not take R1 back because they needed to be in a locked unit. DON stated R1 had a long history of being high risk for elopement, had tried in the past and would wander. Subsequently, for most of R1's stay staff were to check the wanderguard on night shift for function and monitor its placement every shift. DON stated since R1 had successfully eloped from their facility, the hospital recommended a locked unit. DON stated social services would be</p>	21925		

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21925	<p>Continued From page 5</p> <p>responsible to issue notices related to resident rights to be informed of discharge or transfer. Facility documentation that R1 was reassessed and determined not to be able to come back to the facility. The assessment was requested but not provided.</p> <p>During interview on 11/12/20 at 1:22 p.m. social services director (SSD) stated was familiar with R1. SSD stated typically when a resident goes to the hospital, social services would check in and ask if they want their bed hold. SSD stated had not done this because R1 eloped on a weekend and when SSD returned to work on the next business day facility management and the admissions office decided R1 was not appropriate to return. SSD stated was unsure who would do the 30 day notice of rights related to discharge or transfer.</p> <p>During interview by phone on 11/12/20, at 3:30 pm, registered nurse (RN)-A stated was familiar with R1 and had been called the day R1 eloped. RN-A had initiated a check of all the current resident including other residents with wanderguard's to ensure proper function and placement. RN-A stated the facility was able to care for residents that were at risk for elopement. RN-A stated would not have been responsible for issuing a bed hold or discharge notice.</p> <p>During interview by phone on 11/13/20, at 9:13 a.m. admissions coordinator (AC)-A stated had been involved in the readmissions consult for R1. AC-A stated the hospital had called to see if R1 could be readmitted. AC-A stated there was a concern that R1 had eloped and they were unsure R1's safety could be maintained if readmitted. AC-A stated was not responsible to document this in the medical record, it was</p>	21925		

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21925	<p>Continued From page 6</p> <p>discussed as a team.</p> <p>During interview by phone on 11/13/20, at 9:35 a.m. R1 stated was doing "ok" and had been moved from the hospital to a different nursing home. R1 stated had not been provided any paperwork from the facility related to her discharge and transfer.</p> <p>During interview by phone on 11/13/20, at 3:00 p.m., administrator stated their documentation may have been lacking because their focus was the COVID-19 outbreak. The DON stated if there had been a safe way for R1 to return they would have allowed her back.</p> <p>Facility policy Transfer and Discharge Guideline dated 11/28/20, indicated the rights of residents who voluntarily or involuntarily are discharged from the facility will be upheld and a resident will not be involuntarily discharged unless the circumstances meet specific criteria defined by regulations and laws. The resident and representative will receive timely notification, adequate preparation, orientation and information to make the transfer as orderly and as safe as possible. The notice contains information about the transfer and information about the resident's appeal rights. If the transfer is due to an emergency, the notice will be issued as soon as practicable. The facility forwards a copy of all discharge notices to the Office of the State Long-Term Care Ombudsman and required state agencies as indicated.</p> <p>SUGGESTED METHOD OF CORRECTION: The administrator, director of nursing (DON), or designee could review and/or develop policy and procedures that written notification was provided to the resident and their representative before a</p>	21925		

Minnesota Department of Health

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21925	Continued From page 7 transfer. The facility could educate staff on these policies and audit periodically. The results of these audits will be reviewed by the quality assessment committee to ensure compliance. TIME PERIOD FOR CORRECTION: Twenty One (21) days.	21925		

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

PRINTED: 12/14/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245340	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/13/2020
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F 000	INITIAL COMMENTS On 11/12/20 - 11/13/20, an abbreviated survey was completed at your facility to conduct a complaint investigation. Your facility was found not to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. The following complaint was found to be substantiated: H5340062C, with a deficiency cited at F623. The facility's plan of correction (POC) will serve as your allegation of compliance upon the Department's acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance. Upon receipt of an acceptable electronic POC, an on-site revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.	F 000			
F 623 SS=D	Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8) §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State	F 623		12/11/20	

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

TITLE

(X6) DATE

Electronically Signed

12/10/2020

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 623	<p>Continued From page 1</p> <p>Long-Term Care Ombudsman.</p> <p>(ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and</p> <p>(iii) Include in the notice the items described in paragraph (c)(5) of this section.</p> <p>§483.15(c)(4) Timing of the notice.</p> <p>(i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>(ii) Notice must be made as soon as practicable before transfer or discharge when-</p> <p>(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;</p> <p>(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;</p> <p>(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;</p> <p>(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or</p> <p>(E) A resident has not resided in the facility for 30 days.</p> <p>§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:</p> <p>(i) The reason for transfer or discharge;</p> <p>(ii) The effective date of transfer or discharge;</p> <p>(iii) The location to which the resident is transferred or discharged;</p>	F 623			

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F 623	<p>Continued From page 2</p> <p>(iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;</p> <p>(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;</p> <p>(vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and</p> <p>(vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>§483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.</p> <p>§483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure</p>	F 623			

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F 623	<p>Continued From page 3</p> <p>to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l).</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and document review the facility failed to ensure the facility failed to ensure a proper discharge process was followed to include written notification of the reason for discharge, a discharge location and appeal rights to include the number for the ombudsman for 1 of 4 residents (R1) reviewed for transfer and discharge.</p> <p>R1's facility face sheet indicated an admission date of 7/22/20, and a discharge date of 11/9/20.</p> <p>R1's significant change Minimum Data Set (MDS) dated 9/17/20, indicated intact cognition. R1 had not rejected care nor wandered. R1's behavior status had not changed compared to prior assessments. R1 required limited assistance with transfers and supervision with walking in room and locomotion on unit. R1 had a diagnosis of schizophrenia. R1 had a wander/elopement alarm which was used daily. R1 did not have an active discharge plan to return to the community.</p> <p>R1's progress note dated 10/31/20, at 9:34 p.m. indicated around 6:30 p.m. R1 was not in their room. Staff began a facility wide check for R1. The supervisor, director of nursing (DON), R1's family and police were informed and an outside search was initiated.</p> <p>R1's progress note dated 11/1/20, at 5:49 a.m.</p>	F 623	<p>R1 no longer resides at the Galtier a Villa Center.</p> <p>Residents that reside at Galtier a villa center have the potential to be affected by this practice. Policies have been reviewed and are current. The process for discharging a resident will be followed to include; written notification explaining the reason for discharge, a discharge location, and information on appeal rights.</p> <p>The Social Services department have been educated on issuing involuntary discharge notices. The education was given on December 10th, 2020 by Stephanie Quam, Administrator.</p> <p>Administrator/ Designee will audit involuntary discharge notices weekly for 3 weeks then monthly for 3 months. Results of audits will be reviewed at QAPI committee monthly for continued opportunities for quality improvement.</p>		

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F 623	<p>Continued From page 4</p> <p>indicated R1 had not been located yet and no updates from police or family had been received. The medical record lacked any further documentation as to R1's whereabouts.</p> <p>Facility initiated reports to the state agency (SA) dated 11/1/20, and 11/3/20, indicated an investigation was started when R1 was observed to be missing from the facility. The facility cameras showed R1 left the building while staff delivered room trays and therefore not present in the common areas. R1 was assumed to have removed or cut off their wanderguard. Further, R1 had the cognitive ability to do so, and made a plan to leave the facility.</p> <p>A common entry point report to the SA, dated 11/3/20, indicated R1 was admitted to the hospital on 11/1/20. The facility declined to take R1 back, which caused a placement difficulty. The facility had not provided R1 a discharge notice.</p> <p>R1's hospital discharge summary dated 11/9/20, indicated R1 was admitted to the hospital at on 11/1/20, at 1:38 p.m. accompanied by emergency medical technician (EMT) personnel. R1 was found at a hotel after eloping from Galtier Villa. R1 was admitted to hospital as vulnerable adult as nursing home will not take R1 back, since R1 was gone from the facility for over 24 hours. While in the hospital, psychiatry was consulted for assessment of capacity for discharge.</p> <p>During interview by phone on 11/12/20 at 9:18 a.m., hospital social worker (SW)-A stated on 11/1/20, R1 had to be admitted to the hospital as a vulnerable adult because the facility would not take R1 back. SW-A stated the facility would not take R1 back even though R1's condition had not</p>	F 623			

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F 623	<p>Continued From page 5</p> <p>changed since initial admission in July 2020. SW-A stated was not in R1's best interest to remain in the hospital. SW-A also had concerns that R1 was not notified of rights related to discharge or a bed hold. Later, on 11/4/20, the nursing home decided to accept R1 back at different location, a sister facility with a locked unit. The facility had requested hospital to start guardianship paperwork and submit it to the county.</p> <p>During interview by phone on 11/12/20, at 11:20 a.m. family member (FM)-A stated is typical for R1 to have mental health problems and memory issues. FM-A stated had been updated that R1 left the nursing home when nobody was around. R1 was found at a hotel and brought to a hospital. FM-A stated had some concerns over how R1 was able to leave the facility and about lack of follow up from the facility. FM-A stated R1 had since been discharged and moved to a different facility.</p> <p>During interview by phone on 11/12/10, license practical nurse (LPN)-A stated was familiar with R1 and had been notified the day R1 eloped. LPN-A stated R1 normally needed constant redirection, R1 was "always trying to leave". LPN-A stated this had been the case for most of R1's stay. LPN-A stated was unsure of any changes that would prevent her coming back after the elopement. LPN-A stated would not have been responsible to issue a bed hold or discharge notice.</p> <p>During interview on 11/12/20 at 12:17 p.m. DON and Administrator stated when a resident was transferred to the hospital, that should be documented in the progress notes. Then a bed</p>	F 623			

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F 623	<p>Continued From page 6</p> <p>hold notice would be completed. DON and administrator stated they could not take R1 back because they needed to be in a locked unit. DON stated R1 had a long history of being high risk for elopement, had tried in the past and would wander. Subsequently, for most of R1's stay staff were to check the wanderguard on night shift for function and monitor its placement every shift. DON stated since R1 had successfully eloped from their facility, the hospital recommended a locked unit. DON stated social services would be responsible to issue notices related to resident rights to be informed of discharge or transfer. Facility documentation that R1 was reassessed and determined not to be able to come back to the facility. The assessment was requested but not provided.</p> <p>During interview on 11/12/20 at 1:22 p.m. social services director (SSD) stated was familiar with R1. SSD stated typically when a resident goes to the hospital, social services would check in and ask if they want their bed hold. SSD stated had not done this because R1 eloped on a weekend and when SSD returned to work on the next business day facility management and the admissions office decided R1 was not appropriate to return. SSD stated was unsure who would do the 30 day notice of rights related to discharge or transfer.</p> <p>During interview by phone on 11/12/20, at 3:30 pm, registered nurse (RN)-A stated was familiar with R1 and had been called the day R1 eloped. RN-A had initiated a check of all the current resident including other residents with wanderguard's to ensure proper function and placement. RN-A stated the facility was able to care for residents that were at risk for elopement.</p>	F 623			

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F 623	<p>Continued From page 7</p> <p>RN-A stated would not have been responsible for issuing a bed hold or discharge notice.</p> <p>During interview by phone on 11/13/20, at 9:13 a.m. admissions coordinator (AC)-A stated had been involved in the readmissions consult for R1. AC-A stated the hospital had called to see if R1 could be readmitted. AC-A stated there was a concern that R1 had eloped and they were unsure R1's safety could be maintained if readmitted. AC-A stated was not responsible to document this in the medical record, it was discussed as a team.</p> <p>During interview by phone on 11/13/20, at 9:35 a.m. R1 stated was doing "ok" and had been moved from the hospital to a different nursing home. R1 stated had not been provided any paperwork from the facility related to her discharge and transfer.</p> <p>During interview by phone on 11/13/20, at 3:00 p.m., administrator stated their documentation may have been lacking because their focus was the COVID-19 outbreak. The DON stated if there had been a safe way for R1 to return they would have allowed her back.</p> <p>Facility policy Transfer and Discharge Guideline dated 11/28/20, indicated the rights of residents who voluntarily or involuntarily are discharged from the facility will be upheld and a resident will not be involuntarily discharged unless the circumstances meet specific criteria defined by regulations and laws. The resident and representative will receive timely notification, adequate preparation, orientation and information to make the transfer as orderly and as safe as possible. The notice contains information about</p>	F 623			

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F 623	Continued From page 8 the transfer and information about the resident's appeal rights. If the transfer is due to an emergency, the notice will be issued as soon as practicable. The facility forwards a copy of all discharge notices to the Office of the State Long-Term Care Ombudsman and required state agencies as indicated.	F 623			