

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155519	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/15/2024
NAME OF PROVIDER OR SUPPLIER  Gentle Care Strategies		STREET ADDRESS, CITY, STATE, ZIP CODE  1202 S 16th St Vincennes, IN 47591	

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)
<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>35318</p> <p>Based on interview and record review, the facility failed to ensure the written notification required for a transfer and discharge was provided to the resident's representative for 1 of 1 residents reviewed for hospitalization . (Resident 4)</p> <p>Finding includes:</p> <p>On 3/15/24 at 11:00 a.m., Resident 4's clinical record was reviewed. The diagnosis included, but was not limited to, hepatic encephalopathy.</p> <p>Resident 4's progress notes indicated the resident was sent to the hospital on 1/11/24 and 1/29/24. The clinical record lacked documentation of written notification of the Notice Transfer and Discharge forms having been provided to the resident and the resident representative.</p> <p>During an interview on 3/15/24 at 11:30 a.m., the Director of Nursing (DON) indicated the facility sent the Notice of Transfer and Discharge forms with Resident 4 when going to the hospital but did not provide the forms in writing to the resident's representative.</p> <p>On 3/15/24 at 11:58 a.m., the DON provided the facility policy, Transfer/Discharge Verification Checklist, dated 2/28/19, and indicated this was the policy currently being used by the facility. A review of the policy did not indicate sending a Notice of Transfer and Discharge form with the resident and resident representative when the resident was transferred to the hospital.</p> <p>3.1-12(a)(6)(A)(ii)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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