

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175173	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/03/2024
NAME OF PROVIDER OR SUPPLIER Holiday Resort		STREET ADDRESS, CITY, STATE, ZIP CODE 2700 W 30th Street Emporia, KS 66801	

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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35717</p> <p>The facility reported a census of 51 residents, including 1 resident with developmental disabilities and quadriplegia. Based on observation, interview, and record review the facility failed to provide timely facility-initiated transfer and discharge notices to all 51 residents (or resident representatives as applicable) who resided in the facility, when the facility notified the residents on 12/03/24 of the impending facility-initiated closure, occurring no later than 12/06/24, three days later. The facility failed to ensure the notification requirements were met including: A written notification, at least 30 days in advance, to include the reason for the transfer or discharge, the effective date, and the specific location (such as the name of the new provider or description and/or address if the location is a residence) to which the resident is to be transferred or discharged ; An explanation of the right to appeal the transfer or discharge to the State; The name, address (mail and email), and telephone number of the State entity which receives such appeal hearing requests; Information on how to obtain an appeal form; Information on obtaining assistance in completing and submitting the appeal hearing request; the name, address (mailing and email), and phone number of the representative of the Office of the State Long-Term Care ombudsman; And for nursing facility residents with intellectual and developmental disabilities (or related disabilities) or with mental illness (or related disabilities), the notice must include the name, mailing and e-mail addresses and phone number of the state agency responsible for the protection and advocacy for these populations. The failure placed all 51 residents in immediate jeopardy to their health and safety, and at risk for an unsafe transfer/discharge, sadness/depression, and likely negative impact to their psychosocial well-being.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of the facility's Electronic Health Records (EHR) revealed the following transfers discharge notifications for the 51 residents of the facility related to the 12/06/24 facility closure announced on 12/03/24: <p>Review of Resident (R) 1's Communication Note dated 12/03/24 revealed the facility requested discharge orders for the resident to transfer to another facility on 12/04/24 (1 day later).</p> <p>Review of R1's progress notes lacked evidence staff notified the resident/resident's representative of the facility's expected closure on 12/06/24.</p> <p>(continued on next page)</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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<p>F 0623</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Review of R1's EHR lacked evidence the facility provided the resident with a written thirty-day notice of involuntary discharge with all federally required components.</p> <p>Review of R2's Communication Note 12/03/24 revealed the facility requested discharge orders for the resident to transfer to another facility (the note lacked a location and/or date of discharge).</p> <p>Review of R2's progress notes lacked evidence staff notified the resident/resident's representative of the facility's expected closure on 12/06/24.</p> <p>Review of R2's EHR lacked evidence the facility provided the resident with a written thirty-day notice of involuntary discharge with all federally required components.</p> <p>Review of R3's Communication Note dated 12/03/24 revealed the facility placed a call to the resident's representative. The note indicated the facility notified the representative of the facility plans to close and informed the representative with a list of available facilities with open beds. The note lacked any additional details related to the R3's involuntary discharge, which included a discharge date (by 12/06/24, 3 days later), physician notification, and/or plans for a safe and orderly discharge from the facility.</p> <p>Review of R3's EHR lacked evidence the facility provided the resident with a written thirty-day notice of involuntary discharge with all federally required components.</p> <p>Review of R4's Communication Note dated 12/03/24 revealed the facility requested discharge orders for the resident to transfer to another facility (the note lacked a location and/or date of discharge).</p> <p>Review of R4's Communication Note dated 12/03/24 revealed the facility placed a call to the resident's representative. The note indicated the facility notified the representative of the facility plans to close and informed the representative with a list of available facilities with open beds. The note lacked any additional details related to the R4's involuntary discharge, which included a discharge date (by 12/06/24, 3 days later), physician notification, and/or plans for a safe and orderly discharge from the facility.</p> <p>Review of R4's EHR lacked evidence the facility provided the resident with a written thirty-day notice of involuntary discharge with all federally required components.</p> <p>Review of R5's Communication Note dated 12/03/24 revealed the facility placed a call to the resident's representative. The note indicated the facility notified the representative of the facility plans to close. The note lacked any additional details related to the R5's involuntary discharge, which included a discharge date (by 12/06/24, 3 days later), physician notification, and/or plans for a safe and orderly discharge from the facility.</p> <p>Review of R5's EHR lacked evidence the facility provided the resident with a written thirty-day notice of involuntary discharge with all federally required components.</p> <p>(continued on next page)</p>		

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<p>F 0623</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Review of R43's Communication Note dated 12/03/24 revealed the facility requested discharge orders for the resident to transfer to another facility (the note lacked a location and/or date of discharge).</p> <p>Review of R43's progress notes lacked evidence staff notified the resident/resident's representative of the facility's expected closure on 12/06/24.</p> <p>Review of R43's EHR lacked evidence the facility provided the resident with a written thirty-day notice of involuntary discharge with all federally required components.</p> <p>Review of R44's Communication Note dated 12/03/24 revealed the facility placed a call to the resident's representative. The note indicated the facility notified the representative of the facility plans to close and informed the representative with a list of available facilities with open beds. The note lacked any additional details related to the R44's involuntary discharge, which included a discharge date (by 12/06/24, 3 days later), physician notification, and/or plans for a safe and orderly discharge from the facility.</p> <p>Review of R44's EHR lacked evidence the facility provided the resident with a written thirty-day notice of involuntary discharge with all federally required components.</p> <p>Review of R45's Communication Note dated 12/03/24 revealed the facility placed a call to the resident's representative. The note indicated the facility notified the representative of the facility plans to close and informed the representative with a list of available facilities with open beds. The resident's representative voiced shock over the closure. The note lacked any additional details related to the R45's involuntary discharge, which included a discharge date (by 12/06/24, 3 days later), physician notification, and/or plans for a safe and orderly discharge from the facility.</p> <p>Review of R45's EHR lacked evidence the facility provided the resident with a written thirty-day notice of involuntary discharge with all federally required components.</p> <p>Review of R46's Communication Note dated 12/03/24 revealed the facility requested discharge orders for the resident to transfer to another facility (the note lacked a location and/or date of discharge).</p> <p>Review of R46's progress notes lacked evidence staff notified the resident/resident's representative of the facility's expected closure on 12/06/24.</p> <p>Review of R46's EHR lacked evidence the facility provided the resident with a written thirty-day notice of involuntary discharge with all federally required components.</p> <p>Review of R47's Communication Note dated 12/03/24 revealed the facility requested discharge orders for the resident to transfer to another facility (the note lacked a location and/or date of discharge).</p> <p>Review of R47's progress notes lacked evidence staff notified the resident/resident's representative of the facility's expected closure on 12/06/24.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175173	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/03/2024
NAME OF PROVIDER OR SUPPLIER Holiday Resort		STREET ADDRESS, CITY, STATE, ZIP CODE 2700 W 30th Street Emporia, KS 66801	
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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Review of R47's EHR lacked evidence the facility provided the resident with a written thirty-day notice of involuntary discharge with all federally required components.</p> <p>Review of R48's Communication Note dated 12/03/24 revealed the facility placed a call to the resident's representative. The note indicated the facility notified the representative of the facility plans to close and the representative mentioned having R48 live with them but would call back when they had a minute to think about it. The note lacked any additional details related to the R48's involuntary discharge, which included a discharge date (by 12/06/24, 3 days later), physician notification, and/or plans for a safe and orderly discharge from the facility.</p> <p>Review of R49's Communication Note dated 12/03/24 revealed the facility placed a call to the resident's representative. The note indicated the facility left a voicemail with the representative with notification of the facility plans to close. The note lacked any additional details related to the R49's involuntary discharge, which included a discharge date (by 12/06/24, 3 days later), physician notification, and/or plans for a safe and orderly discharge from the facility.</p> <p>Review of R50's Communication Note dated 12/03/24 revealed the facility requested discharge orders for the resident to transfer to another facility (the note lacked a location and/or date of discharge).</p> <p>Review of R50's progress notes lacked evidence staff notified the resident/resident's representative of the facility's expected closure on 12/06/24.</p> <p>Review of R50's EHR lacked evidence the facility provided the resident with a written thirty-day notice of involuntary discharge with all federally required components.</p> <p>Review of R51's Communication Note dated 12/03/24 revealed the facility placed a call to the resident's representative. The note indicated the facility notified the representative of the facility plans to close and informed the representative with a list of available facilities with open beds. The note lacked any additional details related to the R51's involuntary discharge, which included a discharge date (by 12/06/24, 3 days later), physician notification, and/or plans for a safe and orderly discharge from the facility.</p> <p>Review of R51's EHR lacked evidence the facility provided the resident with a written thirty-day notice of involuntary discharge with all federally required components.</p> <p>Review of R52's EHR lacked evidence the facility provided the resident with a written thirty-day notice of involuntary discharge with all federally required components.</p> <p>An unannounced visit to the facility on [DATE] revealed at 09:00 AM, Administrative Staff A called his administrative staff into his office and told the administrative staff the facility was closing and would have to have all re[TRUNCATED]</p>		