

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265514	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2024
NAME OF PROVIDER OR SUPPLIER Claru Deville Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 105 Spruce Street Fredericktown, MO 63645	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47445</p> <p>Based on interview and record review, the facility failed to properly notify the resident and/or the resident's representative in writing of a facility-initiated transfer when three residents (Resident #1, #2 and #3) out of three sampled residents transferred to the hospital. The facility census was 68.</p> <p>Review of the facility's policy titled Discharge/Transfer of Resident, undated, showed:</p> <ul style="list-style-type: none"> -Discharge: To leave the facility without plans or intentions to return (i.e., discharge to go home, a lower level of care or another long-term care facility); -Transfer: To leave the facility with plans or intentions to return (i.e., transfer to an acute care facility for appropriate care); -To provide safe departure from the facility and to provide sufficient information for aftercare of the resident; <p>-Discharge:</p> <ul style="list-style-type: none"> -Explain discharge guidelines and reason to resident and give copy of Transfer & Discharge Notice as required. Include resident representative; -Complete a discharge summary and post discharge plan of care form; -Have resident and/or representative or person responsible for care sign discharge summary and post discharge care form; -Give copy of form to the resident and/or representative or person(s) responsible for care; -Place signed original of form in the medical record; <p>-Transfer:</p> <ul style="list-style-type: none"> -Obtain physicians order for transfer unless it is a 911 emergency; <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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Explain transfer and reason to the resident and/or representative and give copy of signed transfer or discharge notice to the resident and/or representative or person responsible for care. NOTE: If emergency transfer, transfer or discharge notice form may be completed later, but as soon as possible;</p> <p>-Explain and give copy of bed hold form to the resident and/or representative;</p> <p>-Complete transfer form, copy any portion of the medical record necessary for care of resident (i.e., physician's orders, history, physical, etc.);</p> <p>-Send original of transfer form and portions of medical record that was copied with the resident.</p> <p>1. Review of Resident #1's medical record showed:</p> <p>- Resident transferred to the hospital for medical evaluation on 04/19/24 and did not return.</p> <p>Review of Emergency Transfer Notice for the resident, dated 04/19/24, showed:</p> <p>- Sent 04/20/24 written on top of paper;</p> <p>- Did not address the specific reason for the transfer or discharge;</p> <p>- Did not include the location to which the resident is to be transferred or discharged ;</p> <p>- Did not include an explanation of the right to appeal to the State;</p> <p>- Did not include the name, address (mail and email), and telephone number of the State entity which receives appeal hearing requests;</p> <p>- Did not include information on how to request an appeal hearing;</p> <p>- Did not include information on obtaining assistance in completing and submitting the appeal hearing request;</p> <p>- Did not include the name, address, and phone number of the representative of the Office of the State Long-Term Care Ombudsman;</p> <p>- Not signed by facility staff.</p> <p>2. Review of Resident #2's medical record showed:</p> <p>- Resident transferred to the hospital for medical evaluation on 03/26/24 and readmitted to the facility on [DATE];</p> <p>- No documentation of the written notification to the resident and/or the resident's representative of the resident's transfer to the hospital on 03/26/24.</p> <p>3. Review of Resident #3's medical record showed:</p> <p>(continued on next page)</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Resident transferred to the hospital for evaluation on 01/24/24 and readmitted to the facility on [DATE].</p> <p>Review of Emergency Transfer Notice for the resident, dated 01/24/24, showed:</p> <ul style="list-style-type: none"> - Did not address the specific reason for the transfer or discharge; - Did not include the location to which the resident is to be transferred or discharged ; - Did not include an explanation of the right to appeal to the State; - Did not include the name, address (mail and email), and telephone number of the State entity which receives appeal hearing requests; - Did not include information on how to request an appeal hearing; - Did not include information on obtaining assistance in completing and submitting the appeal hearing request; - Did not include the name, address, and phone number of the representative of the Office of the State Long-Term Care Ombudsman; - Not signed by facility staff. <p>During an interview on 05/01/24 at 10:33 A.M., Registered Nurse (RN) A said if a resident is sent to hospital, it is charted in the electronic medical record (EMR) and then it is written on the shift report to pass on to the oncoming nurses. Residents are sent to hospital with a face sheet, medication list, guardianship paperwork, insurance information, and the bed hold and transfer policy. All paperwork is sent with the Emergency Medical Services (EMS), and the EMS is to give it to whatever hospital they take the resident to. He/She said no copies are made to keep in the facility. All paperwork is reviewed with the resident, they tell them what they are getting. If the resident is alert or conscious, the nurse will tell the resident why they are being sent out, (medical, behaviors, psych eval, etc.)</p> <p>During an interview on 05/01/24 at 12:24 P.M., the Director of Nursing (DON) said the nurses make a notation in the progress note stating transfer discharge and bed hold sent with resident, guardian notified. She said no copies of the transfer/discharge notice, or the bed hold is made at time of discharge. There is an observation form, called discharge summary recompilation of stay, that is found under the observations in the EMR. She said they mail the bed hold policy guidelines and the transfer form to the guardian/responsible party; not a copy of what was sent out with the resident.</p> <p>During an interview on 05/01/24 at 12:33 P.M., the Social Service Director (SSD), said he/she sends a copy of the bed hold to the guardian or the representative to sign and send back. He/She does not send the transfer discharge; the nurses fill that out and send it with the residents. The SSD does not do anything after sending the forms, but when he/she gets them back, he/she files them in the Bed Hold Policy and Ombudsman binder.</p> <p>(continued on next page)</p>		

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F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 05/01/24 at 3:37 P.M., the Administrator said nurses make note in the EMR that transfer discharge paperwork and bed hold was sent with resident, no copy is made, and SSD will fax or mail one to the representative. See complaint MO00235060.		

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47445</p> <p>Based on interview and record review, the facility failed to inform the resident and/or legal representative of their bed hold policy at the time of transfer to the hospital for three residents (Resident #1, #2 and #3) out of three sampled residents. The facility's census was 68.</p> <p>Review of the facility's policy titled, Bed Hold Policy Guidelines, undated, showed:</p> <ul style="list-style-type: none"> - This facility will notify all residents, and/or their representative of the bed hold policy guidelines. This notification shall be given: 1. Upon admission to the facility, 2. At the time of transfer to the hospital or leave; and 3. At the time of non-covered therapeutic leave; - If the resident or resident representative wants to hold the bed, a signed authorization of the Bed Hold Selection Notice must be obtained with each physician approved hospitalization or therapeutic leave of absence. Signed authorization must be received within 48 hours of the transfer or leave, if it occurs during the week. Signed authorization must be received by the first business day following the transfer or leave if it occurs on weekend or holiday. <p>1. Review of Resident #1's medical record showed:</p> <ul style="list-style-type: none"> - Resident transferred to the hospital for medical evaluation on 04/19/24 and did not return. <p>Review of the resident's Bed Hold Guidelines, dated 04/19/24, showed:</p> <ul style="list-style-type: none"> - Resident #1's name entered; - Date 4/19/24 entered; - Did not show election or decline of bed hold; - Did not address daily rate amount; - Not signed by resident or responsible party; - Not signed by a facility representative; - No documentation of attempts made by facility to reach the resident's representative. <p>2. Review of Resident #2's medical record showed:</p> <ul style="list-style-type: none"> - Resident transferred to the hospital for medical evaluation on 03/26/24 and readmitted to the facility on [DATE]; - No documentation the resident's representative was informed in writing of the facility bed hold policy at the time of transfer. <p>(continued on next page)</p>		

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3. Review of Resident #3's medical record showed:</p> <ul style="list-style-type: none"> - Resident transferred to the hospital for medical evaluation on 01/24/24 and readmitted to the facility on [DATE]. <p>Review of the resident's Bed Hold Guidelines, dated 01/24/24, showed:</p> <ul style="list-style-type: none"> - Resident name entered; - Date 01/24/24 entered; - Did not show election or decline of bed hold; - Did not address daily rate amount; - Not signed by resident or responsible party; - Not signed by a facility representative. <p>Review of the resident's Bed Hold Guidelines, fax date 01/25/24, showed:</p> <ul style="list-style-type: none"> - Did not address daily rate amount; - Not signed by a facility representative. <p>During an interview on 05/01/24 at 10:33 A.M., Registered Nurse (RN) A said if a resident is sent to hospital, it is charted in the electronic medical record (EMR) and then it is written on the shift report to pass on to the oncoming nurses. Residents are sent to hospital with a face sheet, medication list, guardianship paperwork, insurance information, and the bed hold and transfer policy. All paperwork is sent with the Emergency Medical Services (EMS), and the EMS is to give it to whatever hospital they take the resident to. He/She said no copies are made to keep in the facility. All paperwork is reviewed with the resident, we tell them what they are getting. If the resident is alert or conscious, the nurse will tell the resident why they are being sent out, (medical, behaviors, psych eval, etc.)</p> <p>During an interview on 05/01/24 at 12:24 P.M., the Director of Nursing (DON) said the nurses make a notation in the progress note stating transfer discharge and bed hold sent with resident, guardian notified. She said no copies of the transfer/discharge notice, or the bed hold is made at time of discharge. There is an observation form, called discharge summary recompilation of stay, that is found under the observations in the EMR. She said they mail the bed hold policy guidelines and the transfer form to the guardian/responsible party; not a copy of what was sent out with the resident.</p> <p>During an interview on 05/01/24 at 12:33 P.M., the Social Services Director (SSD) said he/she sends a copy of the bed hold to the guardian or the representative to sign and send back. The SSD does not do anything after sending them, but when he/she gets them back, he/she files them in the Bed Hold Policy and Ombudsman binder. The SSD said he/she could not locate documentation of emergency transfer notice or bed hold for Resident #2 for the 03/26/24 hospital stay. He/She said it was not completed.</p> <p>(continued on next page)</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>47445</p> <p>Based on interview and record review, the facility failed to ensure a Registered Nurse (RN) was scheduled for at least eight consecutive hours per day, seven days a week. This deficiency had the potential to affect all residents. The census was 68.</p> <p>The facility did not provide a RN coverage policy.</p> <p>Review of the Nursing Daily Staffing Sheets for 04/01/24 through 05/01/24 showed:</p> <ul style="list-style-type: none"> - No RN scheduled for 04/13/24 through 04/14/24; - No RN scheduled for 04/17/24 through 04/18/24. An agency RN was scheduled for 04/18/24. He/she called in, and was not replaced by another RN; - No RN scheduled for 04/26/24 through 04/27/24. An agency RN was scheduled for 04/26/24. He/she called in, and was not replaced by another RN; - No RN scheduled for six out of 31 days. <p>Review of the current staff list showed two RNs which included the DON.</p> <p>During an interview on 05/01/24 at 3:29 P.M., RN A said he/she works Monday through Thursday and one full weekend a month, Friday Saturday, and Sunday. The facility also has agency, so if someone calls out, someone will pick up the shift.</p> <p>During an interview on 05/01/24 at 3:37 P.M., the Administrator said there should always be RN coverage, but the DON cannot always cover. The DON does come in at times and takes off a day in the week. He said they do not have a policy for nurse staffing, they follow the regulation. The administrator said the facility was trying to hire RN's, running an ad on their website, on an employment website, and on social media.</p> <p>During an interview on 05/01/24 at 3:39 P.M., the DON said if she is out of the building, she puts post up for agency staff. She said it is expected for the DON to cover the RN if no RN coverage is available. She said she is always on call, and available 24/7. The DON said the facility was trying to hire RN's, running an ad on their website, on an employment website, and on social media. The DON said marketing is done with the student nurses who come in and do clinicals, the schools, and with agency staff. She provides packets that include an application, but they can't compete with agency pay.</p>		