

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265727	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/28/2024
NAME OF PROVIDER OR SUPPLIER  Carmel Hills Wellness & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  810 East Walnut Independence, MO 64050	
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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35013</p> <p>Based on interview and record review, the facility staff failed to provide an appropriate immediate discharge letter for one sampled resident (Resident #5) out of nine sampled residents. The facility census was 160 residents.</p> <p>Record review of the facility's policy for Transfer and Discharge revised 10/24/22 showed:</p> <p>-The purpose of the policy was to ensure that residents were transferred and discharged from the facility in compliance with state and federal laws and to provide complete, safe, and appropriate discharge planning and necessary information to the continuing care provider.</p> <p>-In a situation where the facility initiated a discharge while the resident was in the hospital following an emergency transfer, the facility must have had evidence that the resident's status at the time the resident sought to return to the facility (not at the time the resident was transferred for acute care) met one of the criteria for discharge outline in the policy.</p> <p>-The resident had the right to return to the facility pending an appeal of any facility-initiated discharge unless the return would endanger the health or safety of the resident or other individuals in the facility and the facility was to document the danger that the failure to transfer or discharge the resident would have posed.</p> <p>1. Review of Resident #5's facility Admission Record showed he/she was admitted on [DATE] with the following diagnoses:</p> <p>-Spinal stenosis- (narrowing of the spinal canal)</p> <p>-Type II diabetes Mellitus-(a complex disorder of carbohydrate, fat, and protein metabolism that is primarily a result of a deficiency or complete lack of insulin secretion in the pancreas or resistance to insulin)</p> <p>-History of drug abuse.</p> <p>Review of the resident's quarterly Minimum Data Set (MDS-a federally mandated assessment tool completed by facility staff and used for care planning) dated 4/5/24 showed he/she:</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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Was cognitively intact.</p> <p>-Had no history of negative behaviors.</p> <p>-Required only supervision for all self-cares and mobility.</p> <p>Review of the resident's Nurse's Notes dated 6/13/24 at 3:44 P.M., showed:</p> <p>-The resident's behavior had increased and he/she had an altercation with his/her roommate.</p> <p>-The resident was sent to the hospital for evaluation.</p> <p>Review of the resident's Notice of Transfer or discharge date d 6/13/24 showed:</p> <p>-The resident was issued a discharge to a hospital.</p> <p>-The reason for discharge was the resident's behavior became increasingly aggressive, including medication refusal, staff confrontations, and belligerence.</p> <p>-The resident showed homicidal threats directed towards his/her roommate, involving menacing actions with a belt.</p> <p>-On 6/13/24 the facility Administrator and Corporate Nurse spoke with the hospital nurse who stated the resident had been assessed by the hospital physician who determined the resident was at his/her cognitive baseline, with no acute changes.</p> <p>-Due to the ongoing threats compromising resident safety, the facility discharged the resident to the hospital and did not agree to re-admit him/her.</p> <p>During an interview on 6/14/24 at 6:48 A.M., Hospital Employee said:</p> <p>-The resident was brought to the hospital for a psychiatric evaluation.</p> <p>-The resident was cleared and determined ready to send back to the facility, an unknown facility nurse said the resident could not come back.</p> <p>-The Administrator was contacted and said the resident could not come back, the facility had done an emergency eviction.</p> <p>During an interview on 6/27/24 at 2:50 P.M., the Ombudsman said:</p> <p>-He/she had gotten a copy of the Emergency Discharge for the resident.</p> <p>-He/she noted the disposition was a hospital which was not correct.</p> <p>During an interview on 6/27/24 at 3:15 P.M., the Facility Administrator said:</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>-He/she told the hospital nurse that the resident had threatened to kill his/her roommate, holding up a belt with a buckle stating he/she was going to beat and strangle him/her.</p> <p>-The resident had luckily been stopped by staff in time to stop the resident from harming anyone.</p> <p>-The resident continued to threaten staff and residents.</p> <p>-It was his/her understanding that if a resident was an active threat to other residents residing in the facility, he/she could make the determination to deny re-admission to the facility from the hospital and that he/she could make the hospital the disposition of the resident.</p> <p>-He/she could not have found appropriate placement for the resident within the short amount of time he/she had.</p> <p>-The resident had never shown this type of behavior before, so they were not prepared in the facility to safely handle the resident's care and keep everyone safe.</p> <p>-He/she expected the hospital to place the resident in a psychiatric setting until the resident was back at his/her baseline and no longer threatening.</p> <p>MO00237584</p>