

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366422	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/16/2024
NAME OF PROVIDER OR SUPPLIER Elmwood Assisted Living & Skilled Nursing of Fremo		STREET ADDRESS, CITY, STATE, ZIP CODE 1545 Fangboner Rd Fremont, OH 43420	

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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35033</p> <p>Based on review of the medical record, interview, and policy review, the facility failed to ensure a resident was not improperly discharged. This affected one (#23) of three residents reviewed for discharge. The facility census was 21.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #23 revealed an admitted [DATE] and a readmitted [DATE] and a discharge date of [DATE]. Diagnoses included chronic kidney disease, major depressive disorder, anxiety, chronic pain, hypertension, emphysema, bipolar disorder, chronic obstructive pulmonary disease, chronic respiratory failure with hypoxia, cirrhosis of liver, type two diabetes mellitus, and fibromyalgia.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #23 had intact cognition. The resident required partial to moderate assistance with transfers, substantial assistance with toileting, and was not ambulatory.</p> <p>Review of a 30-day Discharge Notice dated 12/18/23 revealed Resident #23 would be discharged from the facility on 01/18/24 due to non-payment. The resident was not discharged on [DATE]. Further review of the medical documentation revealed the facility never re-issued Resident #23 another 30-day Discharge Notice prior to discharging the resident from the facility.</p> <p>Review of a discharge MDS assessment dated [DATE] revealed the resident had been discharged with return anticipated.</p> <p>Review of a nurse's note dated 03/11/24 at 7:00 P.M. revealed the resident was admitted to the hospital for pneumonia. The resident never returned to the facility.</p> <p>Review of a social service note dated 03/21/24 at 8:47 A.M. revealed on 03/12/24, the facility received a referral from the hospital for the resident to return to the facility. The facility would not allow the resident to return to the facility unless she was approved by insurance to receive skilled care. Further review of the social service note and electronic communication revealed the resident had applied for Medicaid on 01/18/24 and the facility was aware of Medicaid application on 01/19/24.</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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Interview on 05/16/24 at 10:05 A.M., the Director of Nursing (DON) verified the facility only had one 30-day discharge notice for Resident #23 in the last six months.</p> <p>Interview on 05/16/24 at 10:07 A.M., Admissions Coordinator (AC) #20 verified Resident #23 was not provided a new 30-day Discharge Notice prior to her discharge from the facility on 03/11/24. AC #20 revealed the resident's family had notified the facility the resident had applied for Medicaid. AC #20 revealed Resident #23 had applied for Medicaid on 01/18/24 but she was not aware of the exact date the application was submitted until she called the Area Agency of Aging on 03/15/24.</p> <p>Interview on 05/16/24 at 11:51 A.M., Executive Director (ED) #10 revealed the resident was not discharged after the 30-day discharge notice because the family had made a substantial payment to the facility. ED #10 revealed the resident was not allowed to return to the facility from the hospital due to non-payment. ED #10 revealed the facility had updated but not yet implemented their policy regarding the matter.</p> <p>Review of the policy, Resident Discharges, last revised 06/2023, revealed the facility would provide the resident a 30-Day Discharge Notice prior to discharge and discharge would not occur unless the resident failed to pay for stay at the facility. Nonpayment applies if the resident does not submit the necessary paperwork for third party payment.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00152725.</p>		

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<p>F 0624</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Prepare residents for a safe transfer or discharge from the nursing home.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35033</p> <p>Based on review of the medical record, interview, and policy review, the facility failed to complete safe and orderly discharge planning. This affected one resident (#23) of three residents reviewed for discharge. The facility census was 21.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #23 revealed an admitted [DATE] and a readmitted [DATE] and a discharge date of [DATE]. Diagnoses included chronic kidney disease, major depressive disorder, anxiety, chronic pain, hypertension, emphysema, bipolar disorder, chronic obstructive pulmonary disease, chronic respiratory failure with hypoxia, cirrhosis of liver, type two diabetes mellitus, and fibromyalgia.</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #23 had intact cognition. The resident required partial to moderate assistance with transfers, substantial assistance with toileting, and was not ambulatory.</p> <p>Review of a discharge MDS assessment dated [DATE] revealed the resident had been discharged with return anticipated.</p> <p>Review of the care plan for Resident #23 revealed there was no care plan in place for discharge planning.</p> <p>Review of a Interdisciplinary Care Conference/Discharge Planning note dated 12/12/23 revealed the resident would remain in the facility for long term care.</p> <p>Review of the nurse's notes from 12/18/23 through 03/11/24 revealed no documentation showing discharge planning for Resident #23.</p> <p>Review of a nurse's note dated 03/11/24 at 7:00 P.M. revealed the resident was admitted to the hospital for pneumonia. The resident was not allowed to return to the facility.</p> <p>Review of a social service note dated 03/21/24 at 8:47 A.M. revealed on 03/12/24 the facility received a referral from the hospital for the resident to return. The facility would not allow the resident to return to the facility unless she was approved by insurance to receive skilled care. Further review of the social service note revealed the resident had applied for Medicaid on 01/18/24.</p> <p>Interview on 05/16/24 at 1:30 P.M., the Director of Nursing (DON) verified the resident had not been prepared for discharge from the facility and no discharge planning had taken place for the resident.</p> <p>Review of the policy, Resident Discharges, last revised 06/2023, revealed the discharge needs of each resident would be identified and result in the development of a discharge plan and develop a discharge summary to assist the resident to adjust to their new living environment.</p> <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>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** 35033</p> <p>Based on review of the medical record, interview, and policy review, the facility failed to ensure residents were provided bed hold notices when transferred to the hospital. This affected three (#22, #23, #24) of three residents reviewed for bed hold notices. The facility census was 21.</p> <p>Findings include:</p> <p>1. Review of the medical record for Resident #22 revealed an admitted [DATE] and a discharge date of [DATE]. Diagnoses included heart failure, atrial fibrillation, hypertension, chronic obstructive pulmonary disease, cerebral infarction, fracture of unspecified park of neck of left femur.</p> <p>Review of a nurse's note dated 05/04/24 at 6:23 A.M. revealed the resident had been admitted to the hospital. Further review of the medical record revealed Resident #22 had not been provided a bed hold notice when transferred to the hospital.</p> <p>2, Review of the medical record for Resident #23 revealed an admitted [DATE] and a readmitted [DATE] and a discharge date of [DATE]. Diagnoses included chronic kidney disease, major depressive disorder, anxiety, chronic pain, hypertension, emphysema, bipolar disorder, chronic obstructive pulmonary disease, chronic respiratory failure with hypoxia, cirrhosis of liver, type two diabetes mellitus, and fibromyalgia.</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #23 had intact cognition.</p> <p>Review of a nurse's note dated 03/11/24 at 7:00 P.M. revealed the resident was admitted to the hospital for pneumonia. Further review of the medical record revealed the resident had not been provided a bed hold notice for the transfer to the hospital.</p> <p>3. Review of the medical record for Resident #24 revealed an admitted [DATE], a readmitted [DATE] and a discharge date of [DATE]. Diagnoses included heart failure, type two diabetes mellitus, hypertension, chronic kidney disease stage four, cellulitis of right lower limb.</p> <p>Review of a nurse's note dated 02/21/24 at 5:24 P.M. revealed the resident was sent to the hospital for lethargy, twitching, and non-coherent speech. Further review of the medical record revealed the resident was not provided a bed hold notice.</p> <p>Interview on 05/16/24 at 11:28 A.M., Admissions Coordinator (AC) #20 verified Resident #22, Resident #23, and Resident #24 were not provided bed hold notices when transferred to the hospital. AC #20 revealed she was unaware residents needed a notice of the bed hold policy when they went to the hospital.</p> <p>Review of the policy, Resident Transfers/Discharge, Re-hospitalization s, and Bed Hold, last revised 03/2024, revealed the facility would inform the responsible party of the Bed-Hold Policy and provide the Notice of Bed Hold when leaving the facility.</p> <p>(continued on next page)</p>		

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