

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525513	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Kinnic Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1663 E Division St River Falls, WI 54022	
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** 26006</p> <p>Based on record review, interview, and policy review, the facility failed to ensure written notice of transfer was provided for three residents (R) (R2, R7, and R8) of three residents reviewed for hospitalization s. These failures had the potential to contribute to confusion at discharge or a lack of understanding of appeal rights.</p> <p>Findings include:</p> <p>Review of the policy titled, Transfer and Discharge (including AMA [against medical advice]), dated August 2020, revealed, The facility's transfer/discharge notice will be provided to the resident and resident's representative in a language and manner in which they can understand. The notice will include all of the following at the time it is provided:</p> <ul style="list-style-type: none"> a. The specific reason and basis for transfer or discharge b. The effective date of transfer or discharge c. The specific location . to which the resident is to be transferred or discharged d. An explanation of the right to appeal the transfer or discharge to the State e. The name, address (mailing and email) and telephone number of the State entity which receives such appeal hearing requests f. Information on how to obtain an appeal form g. Information on obtaining assistance in completing and submitting the appeal hearing request h. The name, address (mailing and email), and phone number of the representative of the Office of the State Long-Term Care Ombudsman . <p>1. Review of R2's Admission Record, located under the Profile tab of the electronic medical record (EMR), revealed he was admitted on [DATE].</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>Review of R2's discharge Minimum Data Set (MDS), with an assessment reference date (ARD) of 11/02/24, revealed he was discharged on [DATE] to short term general hospital with a return anticipated.</p> <p>Review of R2's EMR revealed there was no evidence of written notice of transfer with the required information included given to R2 or to his responsible party.</p> <p>During an interview on 02/26/25 at 11:26 AM, Registered Nurse (RN) 2 stated she was the nurse on duty when R2 was transferred to the hospital on 11/02/24. RN2 stated she did not provide any written notice of the reason and location for transfer, with the necessary ombudsman and appeals information to R2, or to his responsible party who was at the facility at the time of the emergent transfer., RN2 stated she provided verbal notification of the reason and location of transfer to R2's responsible party.</p> <p>In an email sent by the Administrator on 02/28/25 at 11:56 AM, the Administrator explained she had located the notice of transfer for R2. She provided an attachment with blank pages and a signature page of a transfer form with no resident name on it. The attachment was again emailed by the Administrator on 03/03/25 at 10:09 AM and contained a Notice of Resident Transfer or Discharge, dated 11/02/24, which included the reason for transfer, the name of the receiving hospital, and the contact information for the State long-term care Ombudsman. The contact information for the state survey agency in order to file an appeal was not included. The form documented, Verbal phone call 11-4-24 - [wife] understood. There was no signature from R2's wife or evidence she was provided with the form containing the necessary documentation.</p> <p>2. Review of R7's Profile tab of the EMR revealed he was admitted on [DATE].</p> <p>Review of R7's discharge MDS, with an ARD of 10/14/24, revealed he was discharged to a short-term general hospital on 10/14/24 with a return anticipated.</p> <p>In an email sent by the Administrator on 02/28/25 at 11:56 AM, the Administrator explained she had located the notice of transfer for R7. She provided an attachment with blank pages and a signature page of a transfer form with no resident name on it. The attachment was again emailed by the Administrator on 03/03/25 at 10:09 AM and contained a Notice of Resident Transfer or Discharge, dated 10/14/24, which included the reason for transfer, the name of the receiving hospital, and the contact information for the State long-term care Ombudsman, and the contact information for the state survey agency in order to file an appeal. The form documented, Spoke [with] dtr [daughter] - resident unable [at] time of transfer, understood. There was no signature from R7's daughter or evidence she was provided with the form containing the necessary documentation.</p> <p>3. Review of R8's Profile tab of the EMR revealed she was admitted on [DATE] with a diagnosis of left femur fracture. She was discharged from the facility on 11/16/24.</p> <p>Review of R8's discharge MDS, with an ARD of 11/16/24, revealed she was discharged on [DATE] to a critical access hospital with a return anticipated.</p> <p>Review of R8's EMR revealed there was no evidence of written notice of transfer with the required information included given to R8 or to her responsible party.</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>In an email sent by the Administrator on 02/28/25 at 11:56 AM, the Administrator explained she had located the notice of transfer for R8. She provided an attachment with blank pages and a signature page of a transfer form with no resident name on it. The attachment was again emailed by the Administrator on 03/03/25 at 10:09 AM and contained a Notice of Resident Transfer or Discharge, dated 11/18/24, which included the reason for transfer, the name of the receiving hospital, and the contact information for the State long-term care Ombudsman. The contact information for the state survey agency in order to file an appeal was not included. The form documented, Verbal phone call [with daughter] - will pick up copy. There was no signature from R8's daughter or evidence she was provided with the form containing the necessary documentation.</p> <p>During a concurrent interview on 02/26/25 at 12:38 PM, the Administrator stated a written notice of bed hold was provided to the residents (R2, R7, and R8) or their responsible party upon transfer, but the notice did not contain the location and reason of transfer or appeal rights and contact information. The DON also stated the written bed hold notice was given to the residents or their responsible party at transfer, but there was no written notice of the reason for transfer, transfer location, or appeal rights and contact information that was typically provided.</p> <p>In a follow-up interview on 02/26/25 at 1:18 PM, the Administrator stated there was a transfer form the facility used with the required information; however, she could not find evidence of written notice of transfer for R2, R7, or R8.</p>		