



**DELAWARE HEALTH  
AND SOCIAL SERVICES**

Division of Health Care Quality  
Office of Long Term Care  
Residents

Protection

DHSS - DHCQ  
281 Chapman Road Suite 200  
Newark, DE 19702

**STATE SURVEY REPORT**  
Page 1

**NAME OF FACILITY:** Atlantic Shores Rehab & Health Center  
2023

**DATE SURVEY COMPLETED:** November 16,

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
<p>3201</p> <p>3201.1.0</p> <p>3201.1.2</p>	<p>The State Report incorporates by reference and also cites the findings specified in the Federal Report.</p> <p>An unannounced Complaint Survey was conducted at this facility from November 6, 2023 through November 16, 2023. The deficiencies contained in this report are based on interviews, review of clinical records and other facility documentation as indicated. The facility census on the first day of the survey was 135. The survey sample size was nine.</p> <p>Regulations for Skilled and Intermediate Care Facilities</p> <p>Scope</p> <p>Nursing facilities shall be subject to all applicable local, state and federal code requirements. The provisions of 42 CFR Ch. IV Part 483, Subpart B, requirements for Long Term Care Facilities, and any amendments or modifications thereto, are hereby adopted as the regulatory requirements for skilled and intermediate care nursing facilities in Delaware. Subpart B of Part 483 is hereby referred to, and made part of this Regulation, as if fully set out herein. All applicable code requirements of the State Fire Prevention Commission are hereby adopted and incorporated by reference.</p> <p>This requirement is not met as evidenced by:</p> <p>Cross Refer to the CMS 2567-L survey completed November 16, 2023: F609, F622, F623 and F660.</p>	<p>Please Cross Refer to the CMS 2567-L survey ending November 16, 2023 responses posted on ePOC: F609, F622, F623, and F660.</p>	<p>1/3/2024</p>

Provider's Signature Mon A. P. Amos Title Administrator Date 12/20/23



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>085037</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/16/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ATLANTIC SHORES REHABILITATION &amp; HEALTH CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>231 SOUTH WASHINGTON STREET MILLSBORO, DE 19966</b>
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F 000	<p><b>INITIAL COMMENTS</b></p> <p>An unannounced Complaint Survey was conducted at this facility from November 6, 2023 through November 16, 2023. The deficiencies contained in this report are based on interviews, review of clinical records and other facility documentation as indicated. The facility census on the first day of the survey was 135. The survey sample size was nine. Findings include:</p> <p>Abbreviations/definitions used in this report are as follows:</p> <p>Abuse - to hurt, injure or damage OR mental, physical, sexual, involuntary seclusion or misappropriation of resident property; ADON - Assistant Director of Nursing; Autism - A serious developmental disorder that impairs the ability to communicate and interact; BIMS (Brief Interview for Mental Status) - assessment of the resident's mental status. The total possible BIMS Score ranges from 0 to 15 with 15 being the best. 0-7: Severe impairment (never/rarely made decisions) 08-12: Moderately impaired (decisions poor; cues/supervision required) 13-15: Cognitively intact (decisions consistent/reasonable); BOM - Business Office Manager; Care Plan- outlines the plan of action that will be implemented during a patient's medical care; CNA- Certified Nursing Assistant; DHCQ - Division of Health Care Quality; Discharge - movement of a resident from a bed in one certified facility to a bed in another certified facility or other location in the community, when return to the original facility is not expected;</p>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <b>Electronically Signed</b>	TITLE	(X6) DATE <b>12/11/2023</b>
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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.

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F 000	Continued From page 1 DON - Director of Nursing; Facility - initiated transfer or discharge - a transfer or discharge which the resident objects to, or did not originate through a resident's verbal or written request, and /or is not in alignment with the resident's stated goals for care and preferences; Intervention - action taken to improve a situation, especially a medical disorder; LPN - Licensed Practical Nurse; MD - Medical Director; MDS assessment- federally mandated comprehensive, standardized, clinical assessment of all residents in Medicare/Medicaid nursing homes that evaluates functional capabilities and health needs; Medicaid - a health insurance program for low - income individuals of all ages with focus on long term care; Mental and Verbal Abuse - the use of verbal or nonverbal conduct which causes or has the potential to cause the resident to experience humiliation, intimidation, fear, shame, agitation, or degradation; NFLOC (Nursing Facility Level of Care) - a formal level of care designation commonly used to determine if a person is eligible for Medicaid - funded, nursing home care; Ombudsman - an advocate for older adult receiving long term care services; Physical Abuse - includes, but is not limited to, hitting, slapping, punching, biting and kicking; Resident - initiated transfer or discharge - means the resident or, if appropriate, the resident representative had provided verbal or written notice of intent to leave the facility (leaving the facility does not include the general expression of a desire to return home or the elopement of residents with cognitive impairment); RN - Registered Nurse;	F 000			

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F 000	Continued From page 2 Transfer - movement of a resident from a bed in one certified facility to a bed in another certified when the resident expects to return to the original facility.	F 000			
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4)  §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:  §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.  §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on record review, interview and review of	F 609	A. R4 was immediately removed from	12/28/23	

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F 609	Continued From page 3 other facility documents, it was determined that for one (R4) out of the nine sampled residents, the facility failed to identify and immediately report allegations of physical and/or emotional abuse. Findings include:  The facility's undated Abuse Policy and Procedure documented: Investigation and Reporting - Once an allegation of abuse has been made, the supervisor who initially receives the report must inform the Administrator/Director of Nursing immediately and intimate gathering requested information. - The Administrator, Director of Nursing or designee shall notify the Department of Health via the Event Reporting System electronically, or by phone in the event of the electronic system being unavailable. - Reporting requirements in response to allegations of abuse, neglect, exploitation or mistreatment will be made immediately to the Administrator, DON or designee and the State Survey Agency. - The facility will report these allegations immediately but no later than 2 hours of any allegation which includes injuries of unknown source and misappropriation of resident property if the events that cause the allegation involve abuse or result in serious bodily injury. - The facility will report no later than 24 hours if the events that cause the allegations did not involve abuse and do not result in serious bodily injury to the Administrator, DON or Designee and state survey agency.  R4's clinical records revealed:  11/11/22 - R4 was admitted to the facility with	F 609	R8 on 9/26 and assessed with no physical injury. R4 was immediately removed from R9 on 11/5 and assessed with no adverse effect. E17, E18 and E19 will be educated on procedures for reporting of alleged violations.  B. All residents involved in a resident-to-resident altercation within the last 14 days will be reviewed. Allegations meeting the regulation for abuse will be reported as indicated.  C. The root cause was determined to be the lack of understanding of reporting requirements regarding resident-to-resident altercations.  The Consulting Nurse/Designee will educate the nurse management team on the reporting requirements for resident-to-resident altercation and reporting requirements to the State Agency based on initial allegation.  D. Daily audit of resident-to-resident altercation will be conducted by Nursing Home Administrator/Designee to ensure appropriate reporting x 7 days until 100% compliance is achieved and sustained. Following will be a weekly audit x 4, then monthly x 3 months with a goal of 100% achieved and sustained. In an event where compliance is consistently below the goal, the Interdisciplinary Team (IDT) will meet with the QA Committee to review the process and revision will be made to maintain and sustain compliance.		

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F 609	<p>Continued From page 4 diagnoses including autism.</p> <p>9/26/23 4:19 PM - A nurse progress note documented, "Resident [R4] reported that another resident [R8] hit him on the left side of his forehead as he was trying to go into his own room. The other resident [R8] was visiting [R4's] roommate at the time of incident ..."</p> <p>There was a lack of evidence that the resident to resident altercation/abuse was reported to the State Authority.</p> <p>11/15/23 9:30 AM - In an interview, E10 (NHA) stated that the incident was not reported to the State because "...it did not result in physical any injury."</p> <p>11/5/23 2:11 PM - A nurse progress note documented, "Contacted by nurse [E17] to speak with...sister [F3], who voiced strong concerns about his [R4] safety on this unit, with the roommate whom whom he is placed...".</p> <p>11/6/23 7:24 PM - A nurse progress note documented, "Resident [R4] transferred to (room) per family's request due to roommate's aggressive behaviors...".</p> <p>11/15/23 11:48 AM - In an interview, E17 (LPN) stated that she was R4's nurse on the 3-11 shift on 11/5/23. R4's family member came up to the nurses station in the afternoon to tell her that she was worried of R4's new roommate who was bullying [R4] who had autism. E17 stated, "I didn't observe the actual bullying incident between [R4] and [R9] but the family member stated that resident [R9] was not letting [R4] in the closet to get his things and stated that [R9] was blocking</p>	F 609	Audit findings will be reported to QA committee monthly x 3 months.	

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F 609	Continued From page 5 [R4] from getting near the closet. I notified my Supervisor when I learned about this."  11/15/23 - Review of the State agency incident report data lacked of evidence that the incident of alleged emotional abuse of R4 by R9 was reported to the State.  11/15/23 2:21 PM - In an interview, E18 (RN) stated that he did not initiate an incident report after he was made aware of R4's family's concern over the roommates aggressive behavior towards R4.  11/15/23 2:45 PM - In an interview, E19 (RN) stated that she did not initiate an incident report after she was made aware of R4's family's concern over the roommates behavior towards [R4].  11/16/23 12:07 PM - During an interview, E10 (Corporate Nurse) confirmed that any allegation of abuse must be reported to the State Agency even before the facility investigation. The facility can unsubstantiate the allegation through their investigation, but when the facility first gains knowledge of the allegation of abuse it must immediately report pending investigation.	F 609			
F 622 SS=D	Transfer and Discharge Requirements CFR(s): 483.15(c)(1)(i)(ii)(2)(i)-(iii)  §483.15(c) Transfer and discharge- §483.15(c)(1) Facility requirements-	F 622			1/3/24



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F 622	Continued From page 6 (i) The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless- (A) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility; (B) The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility; (C) The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident; (D) The health of individuals in the facility would otherwise be endangered; (E) The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. Nonpayment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for his or her stay. For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge a resident only allowable charges under Medicaid; or (F) The facility ceases to operate. (ii) The facility may not transfer or discharge the resident while the appeal is pending, pursuant to § 431.230 of this chapter, when a resident exercises his or her right to appeal a transfer or discharge notice from the facility pursuant to § 431.220(a)(3) of this chapter, unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the facility. The facility must document the danger that failure to transfer or discharge would pose.	F 622			

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F 622	Continued From page 7  §483.15(c)(2) Documentation. When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider. (i) Documentation in the resident's medical record must include: (A) The basis for the transfer per paragraph (c)(1)(i) of this section. (B) In the case of paragraph (c)(1)(i)(A) of this section, the specific resident need(s) that cannot be met, facility attempts to meet the resident needs, and the service available at the receiving facility to meet the need(s). (ii) The documentation required by paragraph (c)(2)(i) of this section must be made by- (A) The resident's physician when transfer or discharge is necessary under paragraph (c)(1)(A) or (B) of this section; and (B) A physician when transfer or discharge is necessary under paragraph (c)(1)(i)(C) or (D) of this section. (iii) Information provided to the receiving provider must include a minimum of the following: (A) Contact information of the practitioner responsible for the care of the resident. (B) Resident representative information including contact information (C) Advance Directive information (D) All special instructions or precautions for ongoing care, as appropriate. (E) Comprehensive care plan goals; (F) All other necessary information, including a	F 622			

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F 622	<p>Continued From page 8</p> <p>copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview, record review and review of other facility documents, it was determined that for one (R1) out of four residents reviewed for discharge, the facility failed to ensure that R1's transfer and discharge requirement was met when he was discharged on 10/31/23 despite requesting a discharge appeal. Findings include:</p> <p>Cross refer to F623 example 1 and F660</p> <p>Review of R1's clinical record revealed the following:</p> <p>4/26/22 - Resident was admitted to the facility.</p> <p>The facility's document titled, "Resident Admission Agreement &amp; Reference Guide", revised 3/1/22, documented: "VIII. TRANSFER, DISCHARGE AND LATE PAYMENT...A...B...C...D. NON-PAYMENT...The Resident may be discharged after thirty (30) days' notice where:...An appeal of a denial of benefits is not pending..."</p> <p>9/21/23 - A State document titled, "Basic Payment Class Assignment" revealed that R1 was assessed by P2 (Medicaid Assessment Nurse) and it was determined that R1 did not meet the requirements for nursing home care.</p> <p>9/26/23 - A State document titled, "Notice to Close Your Medical Assistance" revealed that R1 will no longer get Medical Assistance payment for</p>	F 622	<p>A. No correction available. R1 is no longer in the facility. E14 will be educated on transfer/discharge requirements and resident's rights.</p> <p>B. All residents could be affected by discharge processes. Residents discharged in the last 14 days will be reviewed to ensure residents right to appeal with a hearing date is honored.</p> <p>C. The root cause was determined to be the lack of facility's understanding of the requirement for discharge.</p> <p>Change in Nursing Home Administrator management effective 11/20/23.</p> <p>Regional Social Services and Activity Coordinator/Designee will educate Social Services department staff, nursing administration staff, and Business Office Manager regarding Resident Rights, Transfer Notices and Notice to the Ombudsman to ensure thorough understanding and compliance of resident discharge rights and the required transfer and discharge notices by discharge type (resident-initiated types and facility-initiated types). Specifically, to ensure appropriate discharge practices are followed: (1) State-approved notice of</p>		

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F 622	<p>Continued From page 9</p> <p>the nursing home program with a case closure date of 10/31/23.</p> <p>10/2/23 - The facility's 30 day discharge notice to R1 revealed that "...effective October 31st, 2023 [R1] will be discharged to (hotel and address) ...for...reason...Your health has improved sufficiently so you no longer need the services provided by our facility. Pursuant to the Delaware Health and Social Services determination to close your Nursing Home coverage effective 10/31/23...You have the right to request a fair hearing to appeal this discharge action, as described in accordance with 16 DE Admin code 3102, and 16 DE Code Section 1127 of the Department of Health and Social Services. If you elect to pursue an appeal, your written request must be received by (facility) within thirty (30) days from the date of the discharge notice that is received by you, your family or your legal representative. You must send a copy of your request for an appeal to the Delaware Division of Health Care Quality, and to the Delaware State Long Term Care Ombudsman Office".</p> <p>10/2/23 5:20 PM - A social worker progress note by E14 (SW) documented that a 30 day notice to termination of Medicaid Services through the State was delivered to R1. E14 reviewed documentation with R1 who verbalized understanding of his rights to appeal and actions that would be required of him. E14 further documented that R1 will consider an appeal.</p> <p>10/26/23 8:31 AM - An email correspondence from the Sate Agency addressed to E1 (NHA), P3 (State Ombudsman Director), P1 (State Ombudsman), E14 (SW), P6 (Nursing Facility Transition Case Manager) and P5 (Case</p>	F 622	<p>discharge is provided at least 30days prior to discharge; (2) Rescinded notices are communicated and a new 30day notice provided if applicable; (3) Resident is not discharged during a pending appeal; (4) The community transition case manager receives necessary information; and (5) Comprehensive discharge plan is developed and implemented.</p> <p>D. Weekly audit by Social Servies Director/Designee will be conducted to assure resident rights of discharge and requirements by type of discharge x 4 weeks until a 100% compliance is achieved, then monthly x 3 months with a goal of 100% is achieved and sustained. In an event where compliance is consistently below the goal, the Interdisciplinary Team (IDT) will meet with the QA Committee to review the process and revision will be made to maintain and sustain compliance.</p> <p>Audit findings will be to QA committee monthly x 3 months.</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>085037</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/16/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>ATLANTIC SHORES REHABILITATION &amp; HEALTH CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>231 SOUTH WASHINGTON STREET MILLSBORO, DE 19966</b>		
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F 622	<p>Continued From page 10 Management Supervisor) revealed R1's upcoming discharge hearing and for the hearing participants' availability.</p> <p>10/27/23 1:18 AM - An email correspondence from E1 addressed to the State (DHCQ), P3, P1, E14, P6 and P5 documented, "(facility) is withdrawing and rescinding our 30 day notice of discharge to [R1]. Upon advice from legal counsel, he is welcome to stay upon payment of services. My apologies for the confusion".</p> <p>10/31/23 - A facility Transfer/Discharge notice revealed that, "...[R1] requested this voluntary discharge and the discharge is appropriate because [R1's] health has improved sufficiently so [R1] no longer need the services provided by the facility..."</p> <p>11/7/23 1:47 PM - In a telephone interview, P6 stated that R1 appealed his discharge and should have been able to stay until his discharge hearing in December (2023).</p> <p>11/8/23 9:00 AM - In a telephone interview with R1, he stated that, "They [facility] came to me on 10/30/23, the day before I was discharged and told me that I will be discharged because I did not meet the requirements of the State program for nursing home care. They caught me off guard! I didn't realize that they really discharged me and let me go. I submitted an appeal for discharge hearing. They told me they could send me to a hotel or I could still stay here but I have to pay. I don't have money to pay. I don't have a choice. They sent me to a hotel."</p> <p>11/8/23 11:18 AM - In a telephone interview, P1 stated that the facility rescinded R1's 30 day</p>	F 622		

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F 622	Continued From page 11 discharge notice despite R1's pending discharge hearing.  11/9/23 - In an email correspondence with the surveyor, P3 documented that a discharge appeal hearing for R1 was in place and scheduled. P3 further documented that it was not clear if R1 was in agreement with the private pay option that the facility gave him when the facility rescinded the discharge on 10/27/23.  11/15/23 - A written statement by E1 documented, "...October (sic) informed by BOM (Business Office Manager) that we received notice of services ending October 31...at some point toward the end of the latter point of the month I received legal counsel that a 30 day notice of discharge was not required or applicable, because he was welcome to stay if he had payment for staying...I rescinded the 30 day notice..Repealing the 30 day notice made null and void any appeals that may have been outstanding regarding the discharge notice. If there were other appeals to Medicaid, I am unaware and do not have first hand knowledge".  The facility failed to ensure that R1's right to appeal for the discharge and have a hearing was honored when he was discharged on 10/31/23.  11/16/23 2:00 PM - Findings were discussed with E10 (Corporate Nurse).  11/16/23 - Findings were reviewed with E10 (Corporate Nurse), E3 (ADON) and E11 (RN Staff Development) during the Exit Conference beginning at approximately 5:30 PM.	F 622			
F 623 SS=D	Notice Requirements Before Transfer/Discharge	F 623		1/3/24	

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F 623	<p>Continued From page 12 CFR(s): 483.15(c)(3)-(6)(8)</p> <p>§483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must-</p> <ul style="list-style-type: none"> <li>(i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman.</li> <li>(ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and</li> <li>(iii) Include in the notice the items described in paragraph (c)(5) of this section.</li> </ul> <p>§483.15(c)(4) Timing of the notice.</p> <ul style="list-style-type: none"> <li>(i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged.</li> <li>(ii) Notice must be made as soon as practicable before transfer or discharge when- <ul style="list-style-type: none"> <li>(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;</li> <li>(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;</li> <li>(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;</li> <li>(D) An immediate transfer or discharge is required by the resident's urgent medical needs,</li> </ul> </li> </ul>	F 623		
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F 623	Continued From page 13 under paragraph (c)(1)(i)(A) of this section; or (E) A resident has not resided in the facility for 30 days.  §483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following: (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.	F 623			



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F 623	<p>Continued From page 14</p> <p>§483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.</p> <p>§483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l). This REQUIREMENT is not met as evidenced by: Based on interview, record review and review of other facility documents, it was determined that for two (R1 and R2) out of four residents reviewed for discharge, the facility failed to ensure that the notice requirements before discharge were met. For R1, the facility failed to notify the resident and update the notice as soon as practicable when information became available that the 30 day discharge notice dated 10/2/23 was rescinded by the facility on 10/27/23. In addition, the facility failed to communicate to the receiving community case manager necessary information to ensure a safe and effective transition of care. For R2, the facility failed to ensure that a written discharge notice was provided at least 30 days before his discharge on 11/1/23. Findings include:</p> <p>Cross refer to F622 and F660</p>	F 623	<p>Example 1. A. No correction available. R1 is no longer in the facility.</p> <p>Example 2. A. No correction available. R2 is no longer in the facility.  B. All residents could be affected by discharge processes. Residents discharged in the last 14 day will be reviewed to ensure notice of discharge requirements were followed.  C. The root cause was determined to be the lack of facility's understanding of the requirement for discharge.</p> <p>Change in Nursing Home Administrator management effective 11/20/23.</p>		

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F 623	<p>Continued From page 15</p> <p>1. Review of R1's clinical record revealed the following:</p> <p>4/26/22 - Resident was admitted to the facility.</p> <p>a. 10/2/23 - R1 was issued a 30 day discharge notice by the facility.</p> <p>10/27/23 1:18 AM - An email correspondence from E1 (NHA) addressed to the State Agency, P3 (State Ombudsman Director), P1 (State Ombudsman), E14 (SW), P6 (Transition Case Manager) and P5 (Case Management Supervisor) documented, "[facility] is withdrawing and rescinding our 30 day notice of discharge to [R1]. Upon advice from legal counsel, he is welcome to stay upon payment of services. My apologies for the confusion".</p> <p>10/31/23 - R1 was discharged from the facility.</p> <p>10/31/23 - R1's record lacked evidence that a new 30 day discharge notice was provided.</p> <p>11/8/23 9:00 AM - In a telephone interview, R1 stated that the day before the facility discharged him (10/30/23), the staff came in the room and told him he will be discharged. R1 further stated, "They [facility] caught me off guard! I didn't realize that they really discharged me and let me go. I submitted an appeal for discharge hearing. They told me they could send me to a hotel or I could still stay here but I have to pay. I don't have money to pay. I don't have a choice. They sent me to a hotel."</p> <p>11/15/23 - A written statement by E1 documented, "...I rescinded the 30 day notice and authorized staff to give [R1] option of payment of bill, or</p>	F 623	<p>Regional Social Services and Activity Coordinator/Designee will educate Social Services department staff, nursing administration staff, and Business Office Manager regarding Resident Rights, Transfer Notices and Notice to the Ombudsman to ensure thorough understanding and compliance of resident discharge rights and the required transfer and discharge notices by discharge type (resident-initiated types and facility-initiated types). Specifically, to ensure appropriate discharge practices are followed: (1) State-approved notice of discharge is provided at least 30days prior to discharge; (2) Rescinded notices are communicated and a new 30day notice provided if applicable; (3) Resident is not discharged during a pending appeal; (4) The community transition case manager receives necessary information; and (5) Comprehensive discharge plan is developed and implemented.</p> <p>D. Weekly audit by Social Services Director/Designee will be conducted to assure resident rights of discharge and requirements by type of discharge x 4 weeks until a 100% compliance is achieved, then monthly x 3 months with a goal of 100% is achieved and sustained. In an event where compliance is consistently below the goal, the Interdisciplinary Team (IDT) will meet with the QA Committee to review the process and revision will be made to maintain and sustain compliance.</p>		

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F 623	<p>Continued From page 16</p> <p>option of 3 day stay in hotel, at our expense. Repealing the 30 day notice made null and void any appeals that may have been outstanding regarding the discharge notice..."</p> <p>The facility failed to provide a new 30 day discharge notice to R1 when the original notice dated 10/2/23 was rescinded by the facility on 10/27/23.</p> <p>11/16/23 2:00 PM - Findings were discussed with E10 (Corporate Nurse).</p> <p>b. 10/4/23 7:45 PM - A social worker progress note by E14 (SW) documented that an email was sent to P6 (Nursing Facility Transition Case Manager) for assistance with R1's transition back into the community after discharge from the facility scheduled for 10/31/23.</p> <p>10/31/23 - R1 was discharged to the community.</p> <p>11/1/23 3:16 PM - An email correspondence from P6 addressed to E1 (NHA), State Agency, P3 (State Ombudsman Director), P1 (State Ombudsman), E14 (SW) and P5 (Case Management Supervisor) documented that P6 received a report that R1 was discharged on 10/31/23 and if someone can tell her what happened and where was R1 discharged to. P6 further documented that R1 appealed his discharge and should have been able to stay until hearing in December (2023).</p> <p>11/1/23 3:20 PM - An email correspondence from E1 addressed to P6, the State Agency, P3, P1, E14 and P5 revealed that R1's 30 day notice was withdrawn. E1 further documented, "However, when presented with the choice of a 30 day bill,</p>	F 623	Audit findings will be to QA committee monthly x 3 months.		

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F 623	<p>Continued From page 17</p> <p>the member [R1] chose to discharge. He went to a hotel in (town)".</p> <p>11/7/23 1:50 PM - During an interview, P6 stated that she never received any communication either verbal or written instructions from the facility related to R1's actual discharge on 10/31/23 despite R1's pending discharge hearing. P6 further stated that she sent an email to the facility when she received a report on 11/1/23 of R1's discharge on 10/31/23. P6 also stated that she asked the facility for R1's discharge destination for which the facility only replied with "He went to a hotel in (town)".</p> <p>The facility failed to communicate the following to the community case management provider: - All special instructions or precautions for ongoing care; - Comprehensive care plan goals; - All the necessary information, including a copy of the the resident's discharge summary and any other documentation, as applicable to ensure a safe and effective transition of care. Specifically, R1's discharge location was not communicated to the case management provider.</p> <p>11/16/23 2:00 PM - Findings were discussed with E10 (Corporate Nurse).</p> <p>2. 9/14/23 - R2 was readmitted to the facility.</p> <p>11/1/23 - R2's discharge MDS documented that R2 had a planned discharge to home/community.</p> <p>11/6/23 - Review of R2's records lacked evidence that a 30 day discharge notice in writing was provided to R2.</p>	F 623			

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F 623	<p>Continued From page 18</p> <p>11/8/23 11:30 AM - In an interview, P1 (State Ombudsman) stated that she was at the facility on 10/30/23. P1 also stated that she was present in that meeting with E1 (NHA) and R2 discussing about R2's discharge circumstance. P1 stated that she asked R2 if his discharge was voluntary to which R2 confirmed and agreed. P1 stated that R2 did not have 30 days discharge notice prior to his actual discharge on 11/1/23.</p> <p>11/9/23 12:26 PM - In an interview, P7 (Case Manager) stated that she was at the facility on 10/24/23 and was told by E1 (NHA) that E1 and E22 (BOM) had scheduled a meeting with R2 for that day to discuss the "Medicaid fraud with him as during a financial review they had located funds of his that he had not disclosed to the facility." P7 also stated that she was on the phone for that meeting, and added, "They gave him the option of discharging on 11/1/23 or being charged with Medicaid fraud. [R2] was discharged on 11/1/23 and did not have a 30 day discharge notice".</p> <p>11/15/23 - A written statement by E1 (NHA) documented, "No 30 day notice required ... (Facility) did not discharge (R2), he chose to leave voluntarily..."</p> <p>The facility failed to ensure that a written discharge notice was provided at least 30 days before his discharge on 11/1/23.</p> <p>11/16/23 2:00 PM - Findings were discussed with E10 (Corporate Nurse).</p> <p>11/16/23 - Findings were reviewed with E10 (Corporate Nurse), E3 (ADON) and E11 (RN Staff Development) during the Exit Conference</p>	F 623		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>085037</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/16/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>ATLANTIC SHORES REHABILITATION &amp; HEALTH CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>231 SOUTH WASHINGTON STREET MILLSBORO, DE 19966</b>		
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F 623	Continued From page 19 beginning at approximately 5:30 PM.	F 623			
F 660 SS=D	Discharge Planning Process CFR(s): 483.21(c)(1)(i)-(ix)  §483.21(c)(1) Discharge Planning Process The facility must develop and implement an effective discharge planning process that focuses on the resident's discharge goals, the preparation of residents to be active partners and effectively transition them to post-discharge care, and the reduction of factors leading to preventable readmissions. The facility's discharge planning process must be consistent with the discharge rights set forth at 483.15(b) as applicable and- (i) Ensure that the discharge needs of each resident are identified and result in the development of a discharge plan for each resident. (ii) Include regular re-evaluation of residents to identify changes that require modification of the discharge plan. The discharge plan must be updated, as needed, to reflect these changes. (iii) Involve the interdisciplinary team, as defined by §483.21(b)(2)(ii), in the ongoing process of developing the discharge plan. (iv) Consider caregiver/support person availability and the resident's or caregiver's/support person(s) capacity and capability to perform required care, as part of the identification of discharge needs. (v) Involve the resident and resident representative in the development of the discharge plan and inform the resident and resident representative of the final plan. (vi) Address the resident's goals of care and treatment preferences. (vii) Document that a resident has been asked about their interest in receiving information	F 660		1/3/24	

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F 660	Continued From page 20 regarding returning to the community. (A) If the resident indicates an interest in returning to the community, the facility must document any referrals to local contact agencies or other appropriate entities made for this purpose. (B) Facilities must update a resident's comprehensive care plan and discharge plan, as appropriate, in response to information received from referrals to local contact agencies or other appropriate entities. (C) If discharge to the community is determined to not be feasible, the facility must document who made the determination and why. (viii) For residents who are transferred to another SNF or who are discharged to a HHA, IRF, or LTCH, assist residents and their resident representatives in selecting a post-acute care provider by using data that includes, but is not limited to SNF, HHA, IRF, or LTCH standardized patient assessment data, data on quality measures, and data on resource use to the extent the data is available. The facility must ensure that the post-acute care standardized patient assessment data, data on quality measures, and data on resource use is relevant and applicable to the resident's goals of care and treatment preferences. (ix) Document, complete on a timely basis based on the resident's needs, and include in the clinical record, the evaluation of the resident's discharge needs and discharge plan. The results of the evaluation must be discussed with the resident or resident's representative. All relevant resident information must be incorporated into the discharge plan to facilitate its implementation and to avoid unnecessary delays in the resident's discharge or transfer. This REQUIREMENT is not met as evidenced by:	F 660			

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F 660	<p>Continued From page 21</p> <p>Based on interview, record review and review of other facility documents, it was determined that for one (R1) out of four residents reviewed for discharge, the facility failed to develop and implement a discharge plan to include identified specific needs and goals for a safe discharge to the community when R1 was issued a 30 day discharge notice on 10/2/23. In addition, the facility lacked communication with the community transition case manager. Findings include:</p> <p>Cross Refer to F622 and F623 example #1</p> <p>R1's clinical record revealed:</p> <p>4/26/22 - Resident was admitted to the facility.</p> <p>9/21/23 - A social worker progress note by E14 (SW) revealed that a meeting was held with P2 (Medicaid Assessment Nurse), E3 (ADON/UM), E23 (Therapy Manager), E24 (Restorative Nurse) and P4 (Case Manager) regarding R1 not meeting the required criteria to receive further NFLOC (Nursing Facility Level of Care) Medicaid benefits in the nursing home and that the last day of covered payment was set for 10/31/23.</p> <p>10/2/23 - R1 was issued a 30 day discharge notice by the facility.</p> <p>10/4/23 7:45 PM - A social worker progress note documented that an email was sent to P6 (Nursing Facility Transition Case Manager) for assistance with R1's transition back into the community after discharge from the facility scheduled on 10/31/23.</p> <p>Review of R1's clinical records lacked evidence of discharge planning from 10/5/23 through</p>	F 660	<p>A. No correction available. R1 is no longer in the facility.</p> <p>B. All residents could be affected by discharge processes. Residents discharged last 14 days will be reviewed to ensure discharge plan with specific goals for safe discharge were developed and implemented and the community transition case manager notified.</p> <p>C. The root cause was determined to be the lack of facility's understanding of the requirement to develop and implement a discharge plan to include identified specific needs and goals for a safe discharge to the community when issued a 30day discharge notice and to communicate the discharge plan to the community transition case manager.</p> <p>Change in Nursing Home Administrator management effective 11/20/23.</p> <p>Regional Social Services and Activity Coordinator/Designee will educate Social Services department staff, nursing administration staff, and Business Office Manager regarding Resident Rights, Transfer Notices and Notice to the Ombudsman to ensure thorough understanding and compliance of resident discharge rights and the required transfer and discharge notices by discharge type (resident-initiated types and facility-initiated types). Specifically, to ensure appropriate discharge practices are followed: (1) State-approved notice of</p>	



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F 660	<p>Continued From page 22 10/27/23.</p> <p>10/27/23 1:18 AM - An email correspondence from E1 addressed to State Agency, P3 (State Ombudsman Director), P1 (State Ombudsman), E14 (SW), P6 (Transition Case Manager) and P5 (Case Management Supervisor) documented, "(facility) is withdrawing and rescinding our 30 day notice of discharge to [R1]. Upon advice from legal counsel, he is welcome to stay upon payment of services..."</p> <p>10/31/23 - R1's discharge MDS assessment revealed an unplanned type of discharge to home/community.</p> <p>Further review of R1's clinical records from 10/5/23 through 10/31/23 lacked evidence that the facility notified P6 of the change in R1's discharge circumstance and P6's response to the change when R1's 30 day discharge notice was rescinded on 10/27/23, 4 days before his actual discharge on 10/31/23.</p> <p>11/7/23 1:55 PM - During a telephone interview, P6 stated that P4 had a meeting with the facility nursing staff, E14 and P2 (Medicaid Assessment Nurse) to discuss R1's level of care determination. P4 related to P6 that R1 was going to be discharged to the community and will be needing assistance with community services. P6 further stated that she saw R1 while at the facility on 10/9/23 and learned that R1 appealed the discharge notice. P6 stated that, "On 11/1/23, I found out about his 10/31/23 actual discharge through our computer generated discharge list and not from the facility. I reported this to my supervisor and we were worried because we did not know the discharge status of [R1]. We did not</p>	F 660	<p>discharge is provided at least 30days prior to discharge; (2) Rescinded notices are communicated and a new 30day notice provided if applicable; (3) Resident is not discharged during a pending appeal; (4) The community transition case manager receives necessary information; and (5) Comprehensive discharge plan is developed and implemented.</p> <p>D. Weekly audit by Social Services Director/Designee will be conducted to assure resident rights of discharge and requirements by type of discharge x 4 weeks until a 100% compliance is achieved, then monthly x 3 months with a goal of 100% is achieved and sustained. In an event where compliance is consistently below the goal, the Interdisciplinary Team (IDT) will meet with the QA Committee to review the process and revision will be made to maintain and sustain compliance.</p> <p>Audit findings will be to QA committee monthly x 3 months.</p>		

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F 660	<p>Continued From page 23</p> <p>know where to find him. We tried calling all the contact persons in [R1's] profile until one of his brothers answered the phone and told us that he [R1] was staying in the hotel and provided the address. I went to the hotel and assessed [R1]. He had no food, no money and no phone. I had to go to (store) to buy him food and a prepaid phone so we can contact him. I also had to find transportation and placement for him as his hotel stay was good only for 3 days. I saw him on a Thursday and he had to check out on Saturday. I had to pay out of my pocket for his transportation as his transfer to another temporary housing happened on a weekend and this was not pre-planned. We were not given a heads up that the facility was discharging him on 10/31/23 despite an appeal for a fair hearing. The facility should have coordinated and collaborated with us to ensure [R1's] safe smooth transition to the community."</p> <p>11/7/23 2:44 PM - In a telephone interview, P4 stated that, "...On 11/1/23 I gathered from a system generated facility/hospital census report the information that [R1] was discharged from [facility] on 10/31/23. I went ahead and checked the facility electronic health record and verified that [R1] was indeed discharged on 10/31/23. I thought he has an open appeal for the 30 days and the nursing home will not discharge him until a decision was made. Nobody from the facility reached out to me nor called me to inform that the facility was going to discharge the resident on 10/31/23".</p> <p>11/15/23 - A written statement by E1 documented, "...informed by BOM (Business Office Manager) that we received notice of services ending October 31..I rescinded the 30 day notice and</p>	F 660			

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F 660	<p>Continued From page 24</p> <p>authorized staff to give [R1] option of payment of bill, or option of 3 day stay in hotel, at our expense...Repealing the 30 day notice made null and void any appeals that may have been outstanding regarding the discharge notice...Was informed he [R1] chose the hotel stay. (Facility) set up transportation and did all usual preparations and procedures for a discharge to community, as reflected in extensive social work and nursing notes in chart".</p> <p>Review of R1's comprehensive care plan lacked evidence that a discharge care planning process was developed. In addition, R1's clinical records revealed a physician's discharge summary dated 10/31/23, however, the facility lacked evidence of collaboration with the interdisciplinary team and community case management provider.</p> <p>11/16/23 2:00 PM - Findings were discussed with E10 (Corporate Nurse).</p> <p>11/16/23 - Findings were reviewed with E10 (Corporate Nurse), E3 (ADON) and E11 (RN Staff Development) during the Exit Conference beginning at approximately 5:30 PM.</p>	F 660			

