STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255314	A. BUILDING _____ B. WING _____	C 07/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WASHINGTON CARE CENTER	**1920 LISA DRIVE EXTENDED GREENVILLE, MS 38703**

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F 000	INITIAL COMMENTS The State Agency (SA) conducted two (2) Complaint Investigations (CI MS# 25458 and CI MS# 25674) at the facility on 7/1/24. During the survey, the SA determined that the facility was not in compliance with the requirements of participation in Medicare and Medicaid Services. The SA identified non-compliance and cited F 622 for inappropriate discharge related to CI MS#25458. CI MS#25674 was not substantiated and no deficiencies were cited. The census at the time of the survey was 48 with a bed capacity of 60 beds.	F 000		
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- (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	F 622		7/31/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		07/12/2024

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 622	Continued From page 1	F 622		

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.

§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).

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F 622	Continued From page 2 (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 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: Based on resident representative and staff interview, record review and facility policy review the facility failed to honor a resident's right to return to the facility following a hospitalization for one (1) of three (3) residents reviewed for discharge. Resident #1. Findings Include: Record review of facility policy titled, " Discharge Transfer and Planning" , revised 9/23, revealed " The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility ...Before a facility	F 622	F622 Transfer and Discharge Requirements: Facility failed to honor a resident's right to return to the facility following a hospitalization for one (1) of three (3) residents reviewed for discharge. Resident #1. 1. Administrator re-sent Discharge/Transfer certified letter with return notice to Resident #1's Responsible Representative on 7/10/2024 because she said she did not receive the	

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F 622	Continued From page 3 transfers or discharges a resident, the facility must notify the resident and the resident's representative of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand ...The Discharge/Transfer notice shall be made by the facility at least 30 days before the resident is transferred or discharged." Record review of the "Face Sheet" for Resident #1 revealed that the facility admitted him on 12/24/2013 with diagnoses that included Cerebral Infarction and Alzheimer's Disease. The facility discharged Resident #1 on 6/7/2024. A telephone interview with Resident Representative #2 on 7/1/24 at 11:15 AM, she stated that on 6/7/24 she was notified by the hospital social worker that Resident #1 was being discharged from the hospital on that day but that the facility refused to take him back because he had exceeded his bed hold and that the family had fired the attending physician. Resident Representative #2 stated that the family never fired the resident's attending physician. She stated that at the hospital another physician was filling in for the attending physician there and they thought the attending physician would resume care when Resident #1 returned to the facility. Resident Representative #2 stated that after the initial call they received on 5/23/24 when the resident was being sent to the hospital, they received no other communication from the facility until 6/10/24 when she and Resident Representative #1 initiated contact. Resident Representative #2 stated that they were never notified by the facility that the attending physician would no longer be Resident #1's physician in the nursing home or that Resident #1 was being	F 622	letter regarding the upcoming end of the bed-hold days and not paying bed-hold days. Accounts Manager verbally informed Resident #1's Responsible Representative that the letter was being mailed on 7/10/2024 regarding Resident #1 Discharge. 2. All forty-eight (48) residents currently residing in the facility of 60 residents have the potential to be affected by this deficient practice. 3. Administrator in-serviced Accounts Manager on 7/2/2024 on notifying Responsible Representative by phone and to mail a follow-up Transfer/Discharge letter three (3) days prior to bed-hold days ending giving the Responsible Representative option to pay private. Social Services Director in-serviced on 7/11/2024 on notifying Responsible Representative by phone and to mail of a follow-up Transfer/Discharge letter three (3) days prior to bed-hold days ending giving the Responsible Representative option to pay private if and when Accounts Manager is not available. Social Services Director will continue to notify the hospital case manager of residents ending bed-hold days. 4. Administrator will monitor/audit facility Transfer/Discharge letters beginning on 7/2/2024 for three (3) months to ensure Transfer/Discharge documentation is sufficient and notification to Responsible	

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F 622	Continued From page 4 discharged from the facility. She stated they never received a discharge notification or the opportunity to appeal the discharge. Resident Representative #2 stated that on 6/10/24 she asked Resident Representative #1 to go to the facility to find out what the issue was. She stated that a conference was held on 6/10/24 between Resident Representative #1, Resident Representative #2, the Administrator and the Director of Nursing (DON). She stated that at that time they were told by the facility that the resident exceeded his bed hold days, so he had to be discharged and he did not have a physician to readmit him. She reported that the facility did not offer to help them find an alternative physician telling them that the other physicians were not accepting new residents. She stated that the resident was discharged from the hospital to an alternative nursing home on 6/14/24 after he had lived in the nursing home for over 10 years. During an interview with the DON on 7/1/24 at 11:05 AM, she stated on 6/3/24, while the resident was still in the hospital, the facility received a call from the receptionist at Resident #1's attending physician's office notifying them that he would no longer be Resident #1's physician. She stated that she did not know what prompted this change. She verified that she did not reach out to the family to notify them or to attempt to find out what prompted this change. The DON stated on 6/5/24 she called another physician to see if he would be willing to accept Resident #1, but the physician was not accepting new residents. She stated she did not contact the two (2) physicians to inquire if they would be willing to admit Resident #1. She stated on 6/6/24 or 6/7/24 the hospital called regarding Resident #1's readmission to the nursing facility, and she	F 622	Representatives are mailed, received, and documented. Any inaccurate findings will result in notification to Responsible Representative and Quality Assurance Committee. A Quality Assurance Committee Meeting was conducted on 7/10/2024 with the Administrator, Director of Nursing, Medical Director, Nurse Case Manager, Accounts Manager, Medical Records, Social Services Director, Infection Control Nurse, Assessment Nurse and Activity Director. A follow-up Quality Assurance Committee Meeting will be conducted again on 7/30/2024 and again two additional months after the follow-up Quality Assurance Committee Meeting of Transfer/Discharges. Accounts Manager will report any recurring problem to the monthly Quality Assessment and Improvement Committee. Administrator will take necessary corrective action such as: Individual in-service and initiate Quality Assurance and Performance Improvement (QAPI) if warranted. QAPI Committee will make recommendations or changes as needed to ensure compliance is resolved.	

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informed them at that time that the resident did not have a physician so they would not be taking him back.

An interview and record review on 7/1/24 at 11:15 AM, with the Administrator, of an untitled document, on facility letter head, addressed to Resident Representative #1 revealed " This letter is to inform you of the facility-initiated discharge to hospital on 6/7/24 ... we are no longer able to meet your needs in this facility and the transfer is necessary for your welfare. Additional comments: Resident exhausted his bed hold days. Discharge to "Proper Name of Hospital" effective date 6/7/24." The Administrator stated that the notification was mailed on 6/7/24 but was unable to provide documentation that the document had been delivered to the Resident Representative.

An interview on 7/1/24 at 11:20 AM, with the Administrator verified that the facility did not contact Resident #1's family regarding the resident not having an attending physician or to notify them that he would be discharged and not readmitted to the facility. She also verified that the facility did not reach out to any of their other physicians to determine if they would accept the resident for admission.