STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115354	A. BUILDING _____ B. WING _____	**03/11/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
LAGRANGE HEALTH AND REHAB	**2111 WEST POINT ROAD LAGRANGE, GA 30240**

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)
F 0609 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on family/staff interviews, record review, and review of the facility policy titled, Abuse Prevention Program, the facility failed to report an injury of unknown origin to the State Survey Agency (SSA) within the required time frame for one resident (R A) of five sampled residents. Findings include: Review of the undated face sheet in the Electronic Health Record (EHR) revealed R A was admitted to the facility on [DATE] and was discharged on [DATE] with return to the facility anticipated. The resident had [DIAGNOSES REDACTED]. Review of a Progress Note dated 2/26/2020 at 3:08 p.m. revealed R#1 went to [MEDICAL TREATMENT] that morning and the [MEDICAL TREATMENT] center called the facility to advise them R#1 was sent to the Emergency Department (ED) from the [MEDICAL TREATMENT] center for critical labs and low blood pressure. During a telephone interview on 3/5/2020 at 2:00 p.m., Family of R A stated he was the resident's Responsible Party (RP) and Power of Attorney (POA). Family of R A was informed by the hospital that the resident had a broken right hip that must have happened at the nursing home. Family of R A informed the facility of the findings and filed a complaint on 2/29/2020. Review of an acute hospital x-ray report, dated 2/28/2020, revealed R A had an acute, angulated [MEDICAL CONDITION] distal femoral shaft (thigh bone near the knee). Further investigation revealed R A did have a fall on 2/13/2020. However, there was no evidence in the clinical record indicating injury or pain. Through additional record review and interviews, there was also no evidence that the resident experienced abuse in the facility. During an interview on 3/5/2020 at 9:15 a.m. the Administrator stated he was the Abuse Coordinator for the facility. The Administrator recalled talking to the Director of Nursing (DON) about a complaint for R A, but they did not think it needed to be reported to the state. During an interview on 3/5/2020 at 1:30 p.m., the DON stated she was made aware of the fracture for R A on 2/29/2020. She reviewed documentation of the transfer to the hospital and spoke with the nurse involved. The DON did not report the injury of unknown origin to the state because R A was discharged from the facility. There was no evidence of a broken bone when the resident went to [MEDICAL TREATMENT] on 2/26/2020. The DON stated there would be no record of a facility-reported incident to the SSA because she never filed one. Review of the undated facility policy titled, Abuse Prevention Program revealed that injuries of unknown origin such as bruises, fractures, contusions, abrasions, etc. and other resident injuries for which the injury is unknown must be reported to state regulatory agencies just as known or suspected abuse/ mistreatment, etc. G. Reporting/Response: The facility is aware it must report all alleged violations and substantiated incidents to the state agency promptly per state regulations and to all other agencies as required by state and federal law
F 0623 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff and Ombudsman interviews, record review, and review of the Bill of Rights for Residents of Long-term Care Facilities, the facility failed to ensure one of seven residents (R) (A) received an appropriate notice of discharge that included appeal rights. Findings include: Review of the Bill of Rights for Residents of Long-term Care Facilities under section titled Rights Relating to Transfer or Discharge effective 6/1/09 revealed the facility must notify the resident, guardian or representative, and attending physician at least 30 days before an involuntary transfer .This notice must be in writing and must contain: (3) Notice of the right to a hearing pursuant to Code Section 31-8-125 a d the right to representation by legal counsel. R A was admitted to the facility on [DATE]. Review of the Minimum Data Set (MDS) Admission Assessment revealed a Brief Interview of Mental Status (BIMS) score of 11, indicating moderate cognitive impairment. Section J: Health Conditions indicated no tobacco use. The resident was on oxygen therapy. Review of a Progress Note dated 2/20/2020 at 2:10 p.m. revealed R A was found with a smoking piece of tissue in her hand and trying to hide a cigarette by cupping it in her hand. Review of a document entitled Nursing Home Transfer and Discharge Notice dated 2/25/2020 revealed a letter to the Responsible Party (RP) advising him R A would be discharged from the facility on 3/30/2020 due to smoking in room and being a danger to others. The notice did not contain information regarding the resident's right to appeal the facility-initiated discharge. During a telephone interview on 3/10/2020 at 2:40 p.m., the Ombudsman stated the Administrator notified her by fax of the discharge for R A. The Ombudsman stated she contacted the Administrator and notified him that the discharge letter did not contain notification of the resident's right to appeal discharges and was inappropriate. During an interview with the Administrator on 3/10/2020 at 3:00 p.m. he stated the Ombudsman advised him the letter for R A needed to have a notice of the right to appeal and the letter he sent did not contain the information. The Administrator stated the letter failed to have a notice of the right to appeal because he only looked at the first page of the corporate template for discharge notices and he did not look at the other pages. During an interview on 3/10/2020 at 3:20 p.m., the Clinical Nurse Consultant (CNC) provided a sample of an appropriate Notice of Involuntary Transfer of (sic) Discharge and stated that R A did not receive the notice that contained the right to appeal the discharge.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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.