

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 335631	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/06/2020
NAME OF PROVIDER OF SUPPLIER CHAPIN HOME FOR THE AGING		STREET ADDRESS, CITY, STATE, ZIP 165 01 CHAPIN PARKWAY JAMAICA, NY 11432	
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 0623 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<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**</p> <p>Based on interviews and record review conducted during an abbreviated survey (NY 212), the facility did not notify a resident or resident's representative of a discharge and the reasons for the move in a language and manner they understand. This was evident for 1 out of 3 sampled residents (Resident #1). Specifically, on 02/19/2020, Resident #1 was transferred to the emergency room (ER) for complaints of chest pain. The facility refused to readmit the resident and stated that a Transfer/Discharge notice was mailed to the resident's representative. The Findings Include: The facility's Transfer and Discharge Interdisciplinary Policy revised 01/17/2020, documented that the objective of the Policy is to ensure that the resident is informed of an impending discharge and their right to appeal the discharge. The resident and representative will receive timely notification. Resident #1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The Minimum Data Set (MDS, a resident assessment tool) dated 02/19/2020 documented that the resident had short term memory problem and modified independence for daily decision-making (some difficulty in new situations only). A Nursing Progress Note dated 02/19/2020 at 8:00AM documented that on 02/18/2020, the writer met with Resident #1 and her family regarding concerns. Resident #1's family member (contact #2) discussed short/long term placement. The writer spoke with Resident #1 regarding her desire to belong and the resident expressed her desire to go home. Review of the facility's Notice of Transfer/discharge dated 02/20/2020 documented that this notice is to inform you in accordance with Federal and State regulations that you will be discharged /transferred from the facility. The effective date of discharge or transfer is 02/19/2020. The location to be safely discharged or transferred to is the hospital. The reason for the discharge or transfer: Necessary for the resident's welfare and his/her needs cannot be met in the facility. This document did not clearly identify if Resident #1 was being transferred or discharged from the facility. A Medical Discharge Summary dated 03/17/2020 documented that the Resident #1 left from hospital to an alternative location. Final Diagnoses/Condition upon discharge were Chest Pain and Irritable Bowel Syndrome. The complainant was interviewed on 08/04/2020 at 5:20PM. Upon inquiry, the complainant stated that a transfer or discharge notice was not received from the facility. A follow up telephone interview was conducted with Social Worker #1 (SW #1) on 08/12/2020 at 3:41PM. The SW stated that she did not give Resident #1 a discharge notice with appeal rights. On inquiry, the SW stated that she did not communicate verbally with Resident #1 or Resident #1's representative regarding Resident #1's transfer or discharge from the facility. The SW stated that a Notice of Discharge/Transfer was mailed to the complainant on 02/20/2020. 415.3(h)(1)(iii)(a-c)</p>		
F 0626 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interviews and record review conducted during an abbreviated survey (NY 212), the facility did not permit a resident to return to the facility after hospitalization. This was evident for 1 out of 3 sampled residents (Resident #1). Specifically, Resident #1 was transferred to the hospital on [DATE] for evaluation of Chest Pain. On [DATE], the hospital notified the facility that Resident #1 was ready for discharge back to the facility. Resident #1 was denied readmission. The Findings Include: The facility's undated Admissions Policy and Procedure documented that the Patient Review Instrument is reviewed by the clinical team to evaluate if the facility can render care/services and meet the clinical needs of the applicant throughout their stay at the facility. If the facility cannot meet the applicant's needs, unfortunately they will deny the case. The facility's undated Medical Leave of Absence Policy documented that a bed will only be reserved when there is a payor source. If a resident's bed is not reserved, there is no guarantee that the resident's bed, or a bed at the facility will be available when the resident is discharged from the hospital. Resident #1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The Minimum Data Set (MDS, a resident assessment tool) dated [DATE] documented that the resident had short term memory problem and modified independence for daily decision-making (some difficulty in new situations only). A Nursing Progress Note dated [DATE] at 3:24PM documented that Resident #1 complained of chest pain. Resident #1's family member (contact #2) was at the resident's bedside and requested that the resident be transferred to the hospital. The Physician was informed, and an order was obtained to transfer Resident #1 to the hospital. A Notice of Transfer/ Discharge notice dated [DATE], documented that Resident #1 was transferred or discharged to hospital on [DATE]. Resident #1 had Chest Pain and the discharge or transfer was necessary for the resident's welfare. Resident #1's needs could not be met in the facility. The complainant was interviewed on [DATE] at 5:20PM and stated that on [DATE], the hospital Social Worker (SW) informed her that Resident #1 was ready for discharge and that the facility refused to take the resident back. The complainant added that she called the facility for five (5) days and left messages, but no one from the facility returned her calls. The Admissions Coordinator (AC) was interviewed on [DATE] at 1:00PM and stated that she received a (Hospital and Community Patient Review Instrument (HCPRI) from the hospital on [DATE]. The AC stated that the Director of Nursing (DON) reviewed the HCPRI and told the AC that Resident #1 was not being accepted back to the facility. Resident #1 did not want to stay in the facility. The AC verbalized that she informed the hospital's Case Manager that the facility would not be readmitting Resident #1. The DON was interviewed on [DATE] at 2:35PM and stated that she reviewed the PRI and did not accept Resident #1's readmission to the facility. Upon inquiry, the DON stated that Resident #1 did not want to stay in the facility. On [DATE] at 3:35PM, subsequent telephone interview was conducted with the Director of Nursing (DON). Upon inquiry, the DON stated that it was her intent to readmit Resident #1, if the resident wanted to return to the facility. Resident #1 had previously (while resident was in the facility) stated that she did not want to stay in the facility. 415.3(h)(4)(iii)</p>		

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.