STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105190	A. BUILDING _____ B. WING _____	**07/08/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
CRESTVIEW REHABILITATION CENTER, LLC	**1849 FIRST AVENUE EAST CRESTVIEW, FL 32539**

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	**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 resident interview, staff interview, and record review, the facility failed to provide a 30 day notice of transfer/discharge for 1 of 3 residents reviewed (#1) for transfer/discharges. The findings include: Resident #1 was admitted to the facility on [DATE] for short term rehabilitation. He was sent to another long-term care facility on 3/10/2020. A telephone interview was conducted with the Administrator, Director of Nursing (DON), and the Social Services Director on 7/6/2020 at 12:30 PM. They said resident #1 came to the facility for short term rehabilitation and was scheduled to return to an assisted living facility (ALF). The resident told us he could not go back to an ALF as he needed more care than an ALF could provide. We told him we had no long-term beds available for him in our facility. His insurance required he have a semi-private room and he was in a private room according to the Administrator, so he was discharged . The social worker was asked how he was prepared for the discharge to another facility. She was asked to read her progress note regarding the preparation. She said she had not documented any discussions with him about his discharge to another facility. She then stated, I guess I should have but I did not. The Administrator said he had talked to the Ombudsman about discharging him. They were then asked about resident #1's cognitive ability and he said that resident #1 was cognitively intact. The Administrator was then asked if he saw anything wrong with discharging him to another facility without issuing a transfer/discharge notice and he said, I guess I do. The Administrator then said he did sign a notice of Medicare non-coverage even though we did need him to sign, and the DON said he also signed his discharge summary. A telephone call was placed to Resident #1 on 7/7/2020 at about 10:00 AM. A voice message was left. An interview was conducted with the Ombudsman on 7/7/2020 at 10:45 AM when the resident could not be contacted. She said the resident felt he had to leave because he could not pay an extra $20-30 per night to stay in private room and there were no long-term care beds available in the facility when he was not going to therapy. Resident #1 returned the call on 7/7/2020 at 11:00 AM. He said he was told they were discharging him unless he paid $36.00/day for the private room where he was staying. He said I could not pay that. He then said he was told they had no room for him without the extra charges. He said he did not want to leave the facility and he did not ask to leave. He asked to remain in or near Crestview so that friends could visit. He denied being giving a 30-day notice of transfer/discharge. He then said he did sign some type of notice and left shortly after that (this was the notice of Medicare Non-Coverage). He said he was unable to participate in therapy due to his legs being numb and tingling and could not stand without assistance. I was sent to this facility. He then said, I was told I was dumped here. An onsite visit was made to the facility on [DATE]. An interview was conducted with the Administrator at 9:45 AM. He was asked if resident #1 initiated the discharge. He said that resident #1 initiated the discharge when we told him there were no long-term care beds in our facility available. At that time he said he would go and we sent out packets to other long term care facilities. We tried to find him a place in Crestview, but were unable. A facility in Fort Walton Beach accepted him. The social services director was interviewed on 7/8/2020 at 10:24 AM. She said the resident was told we did not have any long-term care bed for him and that if he wanted to stay in the facility, he would have to pay the difference for the private room he had. Resident #1 told me he could not pay that and would have to go to another facility. She was then asked if he was aware he was not required to leave. She said she did not remember specifically telling him he could stay.
F 0624 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Prepare residents for a safe transfer or discharge from the nursing home.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on resident interview, staff interview, and record review, the facility failed to provide discharge orientation for 1 of 3 residents reviewed (#1) to ensure a safe and orderly discharge. The findings include: Resident #1 was admitted to the facility on [DATE] for short term rehabilitation. He was sent to another long-term care facility on 3/10/2020. A telephone interview was conducted with the Administrator, Director of Nursing (DON), and the Social Services Director on 7/6/2020 at 12:30 PM. They said resident #1 came to the facility for short term rehabilitation and was scheduled to return to an assisted living facility (ALF). The resident told us he could not go back to ALF. We told him we had not long-term beds available for him our facility. His insurance required he have a semi-private room and he was in a private room according to the Administrator, so he was discharged . The social worker was asked how he was prepared for the discharge to another facility on 7/6/2020 at 12:30 PM . She was asked to read her progress note regarding the preparation. She said she had not documented any discussions with him about his discharge to another facility. She then stated, I guess I should have but I did not. A telephone interview was conducted with Resident #1 on 7/7/2020 at 11:00 AM. He said he was told they were discharging him unless he paid $36.00/day for the private room where he was staying. He said I could not pay that. He then said he was told they had no room for him without the extra charges. He said he did not want to leave the facility and he did not ask to leave. He denied being giving a 30-day notice of transfer/discharge. He denied any discharge orientation. He then said, I was told I was dumped here.

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