STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335565	A. BUILDING _____ B. WING _____	**08/03/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
THE GRAND REHABILITATION AND NURSING AT BARNWELL	**3230 CHURCH STREET VALATIE, NY 12184**

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 record review and interviews during an abbreviated survey (Case #NY 913), the facility did not ensure the resident's representative(s) were notified prior to transfer to another facility for 1 (Resident #11) of 11 resident reviewed. Specifically, Resident #11's representative was not notified prior to Resident #1 being transferred to another facility on 5/11/2020. This is evidenced by: Resident #11: Resident #11 was admitted to the facility with [DIAGNOSES REDACTED]. The Minimum Data Set (MDS - an assessment tool) dated 2/29/2020, documented the resident had severe cognitive impairment. The Policy and Procedure (P&P) titled Transfer or Discharge Notice revised 3/2020, documented the resident and/or his/her representative would be given as soon as practicable but before the transfer or discharge under the following circumstances: the health or safety of individuals was or would be otherwise endangered. The P&P titled Transfer or Discharge, Emergency revised on 3/2020, documented emergency transfers or discharges may be necessary to protect the health and/or the well-being of the resident(s). In the event of an emergency transfer or discharge to a hospital or other related institution, the facility was to notify the representative or other family member. The Discharge Note dated 5/10/2020 at 12:46 PM, written by Social Worker (SW) #1, documented the Director of Public Relations (DPR) notified Resident #11's designated representative regarding a lateral transfer, due to the resident being unable to make decisions for him/herself. The resident was to be discharged to another facility (Facility #2) on 5/11/2020. The Progress Note dated 5/11/2020 at 2:56 PM, documented Resident #11 was transferred to Facility #2 with belongings and medications. The Discharge Note dated 5/11/2020 at 4:06 PM by SW #1, documented Resident #11 was discharged to Facility #2. During an interview on 6/15/2020 at 10:47 AM, the Complainant stated she received a phone call on 5/11/2020 at around 4:00 PM, from the Social Worker at Facility #2, to which Resident #11 had been transferred, informing her that Resident #11 had been safely transported. The Complainant stated she was very upset because no one at the facility informed her prior to the transfer. She said Resident #11 was wheelchair bound and non-verbal, and the facility he was sent to was a 4-hour drive away. She called the original facility and was told that someone tried to contact her on 5/10/2020 but was unable to reach her. The Complainant stated she was the main person of contact and the facility was supposed to go down the list of contacts if they could not reach her. She said all of the contacts on the list were all together on 5/10/2020, to celebrate Mother's Day and no one was called by the facility. During an interview on 6/17/2020 at 11:40 AM, SW #1 stated the Administrator told her the DPR was responsible for calling families prior to transferring residents, and he had been told the DPR made the call to the Resident #11's family. During an interview on 6/17/2020 at 3:35 PM, the DPR stated the Administrator asked her to contact the families about the transfer of the residents. She said she called Resident #11's wife and left a message for her to call the facility, but did not attempt to contact anyone else on Resident #11's contact list. During an interview on 6/18/2020 at 10:59 AM, the Director of Nursing (DON) stated the facility had an emergency situation to move multiple residents to sister facilities on 5/11/2020. They had to call 40 families on 5/10/2020 so they attempted to reach the first contact person each resident's list. During an interview on 8/3/2020 at 1:10 PM, SW #1 stated Resident #11's wife and the Complainant were emergency contacts. If the facility needed to contact Resident #11's representative, and they could not reach one of them, the other representative was supposed to be called. 10 NYCRR 415.3(h)(1)(iv)(a-e)

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.