## lake a difference. Make the call.

## LESSONS LEARNED FROM CATASTROPHIC CLOSURES Northview Village Aftermath

**EMPOWER & PROTECT** 

Safeguarding Older Adults Il Monastero, SLU April 17, 2024



PEAKING UP FOR QUALITY

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NO N. KINGSHIGHWAY

VILLAGE

Northview Village, December 2023 Northview Village, Spring 2024



# CITATIONS

Federal Tags

E 020 Policies and Procedures for Emergency Preparedness, and Safe Evacuation
F 622 Transfer and Discharge Requirements
F 689 Free of Accident Hazards
F 835 Administration

State Tags
A4003 Operator/Administrator Responsibilities
A4016 No Adverse Effect-Residents Health/Safety/Property
A4074 Protective Oversight, Voluntary Leave

### **30-DAY DISCHARGE**

### FACILITY SHALL PERMIT EACH RESIDENT TO REMAIN IN THE FACILITY UNLESS-

The federal statute, Nursing Home Reform Law, 1987

(A) The transfer or discharge is appropriate because the resident's welfare and the resident's needs cannot be met by the facility (the facility cannot meet the resident's needs)

(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 (the resident does not need nursing facility services anymore)

(C) The safety of individuals in the facility is endangered (the resident's presence endangers the safety of self and/or others in the facility)

(D) The health of individuals in the facility would otherwise be endangered (the resident's presence endangers the health of self and/or others in the facility)

(E) The resident has failed, after reasonable and appropriate notice, to pay for (or have paid under Medicare or Medicaid) a stay at the facility. For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge that resident only allowable charges under Medicaid (the resident has failed to pay)

## (F) The facility ceases to operate (the facility is closing): 6o-day notice

pg. 696 – pg. 702 (863-page Appendix PP, Rev. 211, 02/03/2023)

### F845

(Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)

§483.70(I) Facility closure-Administrator.

Any individual who is the administrator of the facility must:

§483.70(l)(1) Submit to the State Survey Agency, the State LTC ombudsman, residents of the facility, and the legal representatives of such residents or other responsible parties, written notification of an impending closure:

- (i) At least 60 days prior to the date of closure; or
- (ii) In the case of a facility where the Secretary or a State terminates the facility's participation in the Medicare and/or Medicaid programs, not later than the date that the Secretary determines appropriate;

§483.70(l)(2) Ensure that the facility does not admit any new residents on or after the date on which such written notification is submitted; and

§483.70(l)(3) Include in the notice the plan, that has been approved by the State, for the transfer and adequate relocation of the residents of the facility by a date that would be specified by the State prior to closure, including assurances that the residents would be transferred to the most appropriate facility or other setting in terms of quality, services, and location, taking into consideration the needs, choice, and best interests of each resident.

# EMERGENCY PREPAREDNESS

https://ltcombudsman.org/uploads/files/issues/cms-ep-rule-resources-atyour-fingertips.pdf

https://www.federalregister.gov/documents/2016/09/16/2016-21404/medicare-and-medicaid-programs-emergency-preparednessrequirements-for-medicare-and-medicaid

https://www.cms.gov/medicare/health-safety-standards/quality-safetyoversight-emergency-preparedness/emergency-preparedness-rule

https://www.cms.gov/medicare/health-safety-standards/quality-safetyoversight-emergency-preparedness

### Resident or Legally Responsible Party Name:

Additional Notes and Comments:

Ombudsman:

#### Inform the resident and/or Legally Responsible Representative of the following Rights:

- □ To have a choice in choosing the facility they will be transferred to (discuss Bed and Service Availability dashboard with resident, resp. party, staff)
- □ To have their needs, preferences, and choices honored by the facility
- $\hfill\square$  To have an orientation by the facility to prepare them for safe and orderly transfer
- To have information from facility shared with the receiving facility (care plans, goals, discharge summary, special instructions, etc...)

#### Observe and Interview residents for the following signs of relocation trauma:

Mood: sad, angry, irritable, depressed, anxious, or tearful

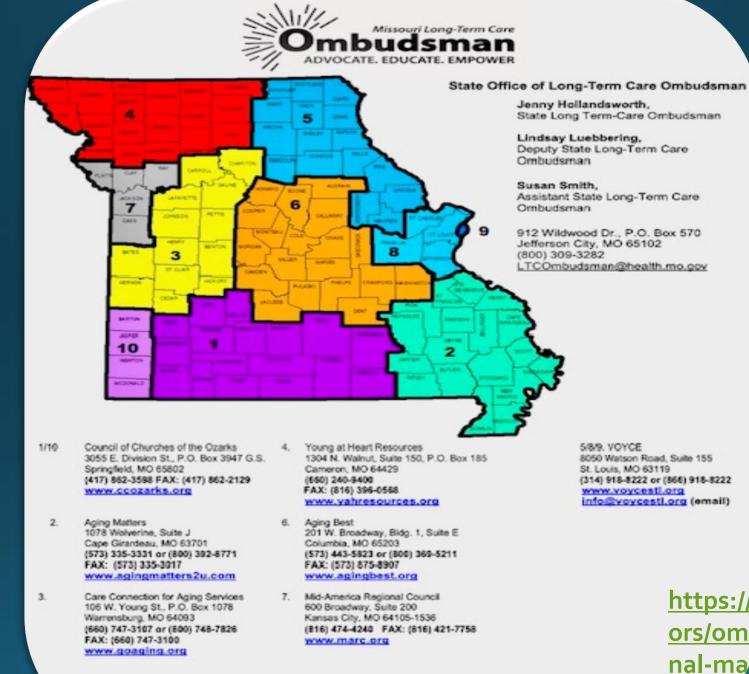
Date:

- Behavior: combative, screaming, complaining, wandering, shutting down, withdrawn, refusing care/meds
- <u>Physiological:</u> confusion, pain, falling, rapid heart, sleeplessness, poor appetite, weight loss, IBS, nausea
   \*\*If symptoms are present, obtain resident consent to notify facility administration\*\*

#### Inform resident or Legally Resp Party that the following items should be sent with the resident:

Medications, complete medical record, care plan, personal funds w/ accounting, family contact, legal rep contact, legal papers such as DPOA/Advance Directives/Guardianship, identification, personal property w/ inventory list. Ensure mail is forwarded.

Resident or Legally Responsible Name	Rm #	Proposed Discharge Location	Needs/Comments/Objections



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https://health.mo.gov/seni ors/ombudsman/pdf/regio nal-map.pdf

# ABUSE, NEGLECT, EXPLOITATION, BULLYING

## https://apps4.mo.gov/APS\_Portal/

LTC Ombudsman 1 (800) 309-3282 (314) 918-8222 info@voycestl.org



Relay Missouri 1-800-735-2466



