Discharge Critical Element Pathway

Use this pathway to evaluate compliance with discharge rights and requirements at F627 and F628.

Review the following in advance to guide observations and interviews:

☐ *Offsite Preparation – Do this for all recertification surveys and any complaint survey with allegations related to transfer or discharge:*

- *Contact the Ombudsman and inquire if they have any resident-specific or general concerns related to transfer or discharge requirements.*
- *Review complaints and survey history for indications of noncompliance with the requirements for transfer or discharge.*

☐ *Most current comprehensive MDS/CAAs. If the most recent MDS is a quarterly, then review both the most recent comprehensive and quarterly MDSs. Review sections A, C, GG, and Q.*

☐ *Physician's progress notes for information about the basis for the discharge and discharge order – planned or emergent.*

☐ *Care plan (diagnoses, behavioral concerns, history of falls, injuries, discharge planning to meet the resident's needs, including but not limited to resident education and rehabilitation, and caregiver support and education).*

☐ *When investigating a complaint related to discharge:*

- *If there are other residents who had further investigation marked related to discharge, the team is required to sample up to three residents.*
- *If there are no other residents-with concerns regarding discharge, the team is only required to investigate the resident involved in the complaint.*
- *If concerns are identified, you may need to expand the sample and ask the facility for a list of unplanned discharged residents, as necessary. If the facility cannot provide a list of unplanned discharged residents, ask for a list of all discharged residents for the last three months.*

If the resident is no longer in the facility, attempt to contact the resident and/or resident's representative. While conducting the interview, be alert for evidence of psychosocial and/or physical harm resulting from the discharge (e.g., expressions of fear, anxiety, tearfulness, evidence of physical trauma, etc.).

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Discharge Critical Element Pathway

A. F627 – Inappropriate Transfer/Discharge

Resident, Resident Representative, or Family Interview:

If the resident has been discharged or issued a notice of discharge, ask:

- ☐ *What is your understanding of the reasons for the transfer/discharge?*
- ☐ *Where is the resident currently/where is the resident going to be discharged?*
- ☐ *If no longer in the facility, is the resident safe?*
- ☐ *Has the resident experienced, or could potentially experience any physical or psychosocial harm or serious injury from the discharge?*
- ☐ *How was the resident involved in selecting the new location?*
- ☐ *Was/is it your choice to leave the facility?*
- ☐ *Did/Does the transfer/discharge align with your goals and treatment preferences?*
- ☐ *If you are being transferred to another SNF, NF, home health agency (HHA), or IRF, were/are you involved in selecting the new location?*
- ☐ *Did you feel pressure by the facility for you to leave?*
- ☐ *Did you have any concerns with the discharge that you shared with the facility? If so, what was the facility response?*
- ☐ *Did you appeal the discharge? If so, were you allowed to stay in the facility while the appeal was pending?*
- ☐ *What information did the facility give you regarding the discharge (e.g., notice, final discharge plan)? When was it given? Was the information understandable?*
- ☐ *If still in the facility, do you have any concerns related to the discharge?*
- ☐ *Did the facility provide you/the resident with post-discharge information or services to meet their medical needs?*
- ☐ *Were you given contact information for a local agency/individual about returning to the community after you told staff you were interested in talking to someone about discharge?*

Staff Interviews:

- ☐ *Where was/is the resident's discharge-location? How was he/she involved in selecting the new location?*
- ☐ *Why was/is the resident discharged/being discharged? Based on the reason provided, refer to the appropriate section below (surveyors will need to determine if the reason provided gives adequate justification for discharge):*

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Discharge Critical Element Pathway

A. F627 – Inappropriate Transfer/Discharge

Inability to meet resident needs:

- *What services was the facility unable to provide to meet the resident's needs?*
- *What did the facility do to attempt to meet the resident's needs to prevent discharge?*
- *What does the new location offer that meets the resident's needs that you could not offer?*
- *What change occurred that resulted in the facility no longer having the capability to meet the resident's needs?*
- *Does the facility serve residents with similar needs? If yes, how do the needs of this resident differ?*

Discharge from hospitalization or therapeutic leave:

- *What is the reason the resident is/was not allowed to return from the hospitalization or therapeutic leave? (If the reason given is an inability for the facility to meet the resident's needs, use the probes in that section above)*
- *Was there an assessment of the resident that led to this determination? If so, when did the resident assessment occur which determined the resident would be discharged?*

Endangering the health or safety of others:

- *Describe the resident's clinical or behavioral status and how it endangered the health or safety of others.*
- *If a resident is discharged based on behavioral status, does the facility serve residents with similar behaviors? If yes, how does this resident's behavioral status differ?*

Non-payment:

- *When and how did the facility notify the resident of non-payment or a change in payment status?*
- *Did the facility provide the resident/representative with information on how to apply for and use Medicaid and Medicare benefits?*
- *If the resident is eligible for Medicaid coverage and the facility is certified as a Medicare/Medicaid SNF/NF or Medicaid NF, is there a bed available in the facility?*

Health improved and no longer needs facility services:

- *What services were you providing to the resident?*
- *How did you determine the resident's health had improved and services were no longer needed?*
- *How was the resident involved in discharge planning?*

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Discharge Critical Element Pathway

A. F627 – Inappropriate Transfer/Discharge

Record Review

Review the resident's record to determine if there is adequate evidence to support the basis for the discharge.

- ☐ *Is there evidence that the discharge was discussed with the resident or the resident representative, including reasons and location(s)?*
- ☐ *Did the facility provide the required information to the receiving provider at the time the resident was discharged according to §483.15(c)(2)(iii)?*
- ☐ *Was advance notice given (either 30 days or, as soon as practicable, depending on the reason for the discharge) to the resident, resident representative, and a copy to the ombudsman:*
  - *Did the notice include all the required components (reason, effective date, location, appeal rights, Ombudsman, Intellectual Disability (ID) and Mental Illness (MI) info as needed) and was it presented in a manner that could be understood; and*
  - *If changes were made to the notice, were recipients of the notice updated?*
- ☐ *If the resident is appealing their discharge, is there evidence in the medical record that the resident is being allowed to remain while their discharge is pending.*

Use the following probes to guide the review of the medical record for the specific discharge type below:

Inability to meet resident needs:

- *What interventions has the facility attempted to meet the resident's needs?*
- *Were attempts reasonably sufficient to meet the resident's needs?*
- *Has the facility consulted with the resident's attending physician and other medical professionals and followed orders and care plans appropriately to meet the resident's needs?*
- *Did the resident's physician document the basis for the transfer or discharge, specific needs the facility could not meet; facility efforts to meet those needs; and the specific*

Endangering the health or safety of others:

- *Has the facility's failure to properly monitor or provide care and services contributed to the resident's dangerous behaviors?*
- *If provided with appropriate care and services at the nursing home, would the resident be a danger to self or others?*
- *Was/are-the resident's behaviors truly dangerous, rather than just requiring additional staff time or interventions?*
- *Did a physician document the reason for the transfer or discharge?*

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A. F627 – Inappropriate Transfer/Discharge

services the receiving facility will provide that the current facility could not meet?

Not permitted to return following hospitalization or therapeutic leave:

- *Does the medical record contain a basis for the discharge that complies with §483.15(c)(1)? (If the reason given is an inability for the facility to meet the resident's needs, use the probes in that section above)*
- *Is there evidence that an assessment of the resident led to not permitting the resident to return? If so, was the assessment conducted after the period of hospitalization?*

Non-payment:

- *Has the resident been given reasonable and appropriate notice to pay for the stay at the facility?*
- *Was the application for Medicaid approved or denied?*
- *Did the resident or representative refuse to submit paperwork for third-party payment (e.g., Medicaid) or pay for their stay?*

Health improved and no longer needs facility services:

- *What services was the facility providing for the resident that are no longer required?*
- *Does the record support the resident no longer needs these services?*
- *Did the resident's physician document the basis for the transfer or discharge?*

The facility has or will cease to operate:

- *Did the facility provide the resident advance notice of the facility closure, including the closure plan (approved by the state, per 483.70(l) and (m)) for transfer and adequate relocation of the residents?*

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Discharge Critical Element Pathway

B. F628 – Transfer/Discharge Process

Resident, Resident Representative, or Family Interview:

- ☐ *Did the resident receive notice of the discharge within 30 days of the discharge, or as soon as practicable?*
- ☐ *Did the resident who was transferred for hospitalization or therapeutic leave receive notice of the bed-hold? Did it specify the duration of the bed-hold?*
- ☐ *Did the resident who was discharged receive a discharge summary? If so, did it contain a recapitulation of the resident's stay, a final summary of the resident's status, and a reconciliation of medications?*

If the resident/representative voices no concerns related to the discharge process, then stop, the review for F628 is complete. Skip to the CE questions.

Staff Interviews

- ☐ *How do you involve the resident or resident representative in the discharge planning?*
- ☐ *Did the resident indicate an interest in returning to the community? If so, what referrals were made to the local contact agency?*
- ☐ *What do you do if a resident's needs change during the d/c planning process? Tip: The surveyor should be able to determine if the facility will change the discharge plan based on the resident's needs.*
- ☐ *What and when is a resident's discharge summary and other necessary healthcare information shared with staff at a new location or with other service providers (e.g., home health services, primary care physician, etc.)?*
- ☐ *How does the facility provide post-discharge education to the resident or care provider?*
- ☐ *How do you ensure the resident/representative understands their discharge plan?*
- ☐ *How do you ensure the resident is safe upon discharge?*

Record Review

- ☐ *Does the medical record demonstrate:*
  - *Development of a discharge plan to address discharge needs and updates in response to changes in needs and in response to information from the local contact agency or other entity (if a referral was made);*
- ☐ *If the resident went/is going to a SNF, HHA, IRF, or LTCH, did the facility assist the resident/representative in selecting a provider using available standardized patient assessment data, and data on quality measures and resource use applicable to the resident's goals of care and treatment preferences.*

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- *Involvement of the resident/representative and IDT in the discharge planning process;*
- *Consideration of caregiver/support person availability and capability to provide required care;*
- *Resident/representative notification of the final discharge plan;*
- *Referrals, if any, to the local contact agency or other appropriate entities;*
- *The discharge was/is in alignment with the resident's goals for care and treatment preferences;*
- *Provision of written discharge instructions to the resident/representative, if discharged home;*
- *The facility provided the required information to the receiving provider at the time of discharge according to §483.21(c)(2)(i)-(iv), and 483.15(c)(2)(iii).*

☐ *Were the required elements of the discharge summary provided to the resident?*

- *A recapitulation (containing all required components) of the resident's stay?*
- *A final summary of the resident's status that includes the items listed at F628?*
- *A reconciliation of all pre- and post-discharge medications?*
- *A post-discharge plan of care that includes:*
  - *The discharge location;*
  - *Arrangements for any follow-up care;*
  - *Post-discharge services, medical and non-medical.*

NOTE: If after completing the investigative pathway, it's determined the resident was discharged to an unsafe location, the surveyor should refer to Appendix Q and determine whether Immediate Jeopardy has occurred.

Critical Element Decisions:

1) *Does the resident's discharge meet the requirements at 483.15(c)(1) (i.e., discharge is necessary for the resident's welfare, and the resident's needs could not be met in the facility; the resident no longer requires services provided by the facility, the health or safety of the individuals in the facility was endangered, non-payment, or the facility no longer operates). Does evidence in the medical record support the basis for this resident's discharge, such as the attempts made to meet the resident's needs, or documentation from the resident's physician for the basis for the transfer or discharge?*
If No, cite F627

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2) *Was required discharge information per 483.15(c)(2)(i)-(ii), documented in the resident's record?*
If No, cite F627

3) *For a transfer or discharge, was the appropriate information communicated to the receiving provider per 483.15(c)(2)(iii)?*
If No, cite F628

4) *After a resident's hospitalization or therapeutic leave, did a facility permit the resident to return? If No, was a there a valid basis for the discharge according to 483.15(c)(1)? Note: If the reason the resident was not permitted to return was because the facility could not meet the resident's needs, refer to CE #1.*
If no, cite F627
N/A, the resident's transfer or discharge was not related to therapeutic leave

5) *Did the facility discharge a resident while an appeal of the discharge was pending?*
If yes, cite F627

6) *For a discharge, did the facility:*
   - *Involve the IDT, resident and/or resident representative in developing and updating a discharge plan that reflects the resident's post-discharge needs, goals, and treatment preferences while considering caregiver support;*
   - *Document that the resident was asked about their interest in receiving information about returning to the community and referrals made if the resident was interested in returning to the community;*
   - *Assist the resident and/or resident representatives in selecting a post-acute care provider by using relevant data, if the resident went to another SNF (skilled nursing facility), HHA (home health agency), IRF (inpatient rehab facility), or LTCH (LTC hospital)?*

   If No to any of these items, cite F627

7) *Did the facility :*
   - *Provide a discharge summary to the resident which includes a recapitulation of the resident's stay, a final summary of the resident's status, reconciliation of all pre- and post-discharge medications, and a discharge plan of care;*
   - *Convey the discharge summary to the continuing care provider or receiving facility at the time of discharge?*

   If No, cite F628

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8) *Were the resident, resident representative, and ombudsman notified of the discharge in writing and in a manner they understood at least 30 days in advance of the discharge, or as soon as practicable if the discharge meets one of the exceptions at 483.15(c)(4)(ii)? Did the notice meet all requirements at 483.15(c)(3) through (6) and (c)(8)?*
If No, cite F628

9) *For a discharge due to non-payment, did the facility provide the Medicaid-eligible resident with oral and written information on how to apply for and use Medicaid benefits?*
If no, cite F579
N/A, the resident was not Medicaid-eligible or the discharge was not related to non-payment

Other Tags, to consider: *Participate in Care Plan F553, Notification of Change F580, Medicaid/Medicare Coverage/Liability Notice F582, Professional Standards F658, Medically Related Social Services F745, Resident Records F842.*

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