Discharge Critical Element Pathway

Use this pathway to evaluate compliance with requirements for Admission, Transfer and Discharge Rights (F622, F623, and F626—only when a resident is not permitted to return after therapeutic leave). For concerns related to not permitting a resident to return after a hospitalization, use the Hospitalization and/or Discharge (F660 and F661) Critical Element (CE) Pathways. Facility-initiated emergency transfers or discharges to acute care should also be reviewed using the Hospitalization CE Pathway.

Review the following in Advance to Guide Observations and Interviews:

☐ Review the most current comprehensive or most recent quarterly (if the comprehensive isn't the most recent) MDS/CAAs for Sections A – Type of Assessment and Discharge Status (A0310F – 10 or 11, A0310G, and A2100), C – Cognitive Patterns, G – Functional Status, and Q – Participation in Assessment and Goal Setting.

☐ Physician's orders (e.g., medications, treatments, labs or other diagnostics, and the discharge order – planned or emergent).

☐ Pertinent diagnoses.

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

☐ If investigating a complaint related to discharge, if there are other residents who had further investigation marked for the complaint care area, the team is required to sample three residents. If there weren't any other residents who had concerns regarding the complaint allegation, the team is only required to investigate the complaint resident. If concerns are identified, you may need to expand the sample and ask the facility for a list of facility-initiated discharged residents, as necessary. If the facility cannot provide a list of facility-initiated discharged residents, ask for a list of all discharged residents for the last three months.

Ask facility staff (e.g., Director of Nurses, Social Worker, Attending Physician) whether the discharge was facility- or resident-initiated. Investigate and verify the staff response as to whether the discharge was facility- or resident-initiated using the columns below. For example, if the facility indicates a discharge was facility-initiated, start with Column A.

A. Facility-Initiated Discharges	B. Resident-Initiated Discharges
NOTE: Interviewing the resident and/or his or her representative is a critical component of confirming whether the discharge is resident- or facility-initiated. If the resident is no longer in the facility, attempt to contact the resident and/or resident's representative.	
Resident, Resident Representative, or Family Interview:	**Resident, Resident Representative, or Family Interview:**
While conducting the interview, be alert for evidence of psychosocial and/or physical harm resulting from the discharge	While conducting the interview, be alert for evidence of psychosocial and/or physical harm resulting from the discharge

Discharge Critical Element Pathway

A. Facility-Initiated Discharges	B. Resident-Initiated Discharges

(e.g. expressions of fear, anxiety, tearfulness, evidence of physical trauma, etc.)
 	
☐ If the resident has been discharged or issued a notice of discharge, ask:
    o Where is the resident currently/where is the resident going to be discharged?
    o Is the resident safe?
    o Was the resident informed of the location of discharge?
    o How was the resident involved in selecting the new location?
    o Does resident have any urgent medical needs?
    o Where would the resident like to be?
    o What is the most appropriate setting to meet resident's care needs?
    o Has the resident experienced any physical or psychosocial harm from the discharge?
    o Would the resident like to return to the facility from where he or she was discharged?
    o What did the facility talk to you about regarding post-discharge care (e.g., self-care, caregiver assistance)?
 	
☐ Ask the resident (or his or her representative) to share his or her understanding of the reasons for the discharge and what the facility said as to why the discharge was necessary.
 	
☐ Ask the resident (or his or her representative) to share his or her objections to the discharge that were communicated with the facility. What was the facility response to the objections?
 	
☐ What information did the facility give the resident (or his or her representative) regarding his/her discharge (e.g., notice,
	(e.g. expressions of fear, anxiety, tearfulness, evidence of physical trauma, etc.)
	
	☐ If the resident has been or is going to be discharged, ask:
	    o Where is the resident currently/where is the resident going to be discharged?
	    o Is the resident safe?
	    o Does resident have any urgent medical needs? Did the facility fail to provide the resident with services for their medical needs?
	    o Where would the resident like to be?
	    o What is the most appropriate setting to meet resident's care needs?
	
	☐ Is/was it the resident's choice to leave the facility?
	
	☐ Did the resident provide verbal or written notice that he/she wanted to leave the facility?
	
	☐ Did/does the resident feel pressured by the facility to leave?
	
	☐ Was the resident (or his or her representative) involved in discharge planning prior to the discharge?
	
	☐ Is/was the resident interested in returning to the community? If so, was there a referral to the local contact agency or other appropriate entities?
	
	☐ Is/was the resident interested in transferring to another SNF, HHA, IRF, or LTCSH? If so, did the facility help you in selecting another provider?
	
	☐ Does this discharge align with the resident's goals, preferences and choices?

Discharge Critical Element Pathway

A. Facility-Initiated Discharges	B. Resident-Initiated Discharges
final discharge plan)? When was it given? Was the information understandable? ☐ Did you appeal the discharge? If so, were you allowed to stay in the facility while the appeal was pending?	
Staff Interviews for Facility-initiated Discharges	**Staff Interviews for Resident-initiated Discharges**
☐ Why is the resident being discharged? Based on the reason provided, refer to the appropriate section below: **Inability to meet resident needs:** o What services are you unable to provide to meet the resident's needs? o For residents being discharged to another healthcare provider: What did the facility do to try and provide necessary care and services to meet the resident's needs prior to discharge? o What does the new facility offer that can meet the resident's needs that you could not offer? o How did you determine your capability to care for the resident prior to the resident's admission? o Do you serve residents with similar needs? If yes, how do the needs of this resident differ? **Health improved and no longer needs services by the facility:** o What services were you providing to the resident? o How did you determine the resident's health had improved and services were no longer needed?	☐ What is the process for determining whether a resident can be discharged back to the community? ☐ 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? ☐ How often are the discharge needs of the resident evaluated and is the post-discharge plan of care updated? ☐ What, when and how 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 education to the resident or care provider regarding care and treatments that will be needed post-discharge?

Discharge Critical Element Pathway

A. Facility-Initiated Discharges	B. Resident-Initiated Discharges
Endangering the health or safety of others: o Describe the resident's clinical or behavioral status that endangered the health or safety of others. o How did the clinical or behavioral status endanger the health or safety of others? (Surveyors will need to determine if the reason provided gives adequate justification for discharge.) o What does the new facility offer that can meet the resident's needs that you could not offer? o How did you determine your capability to care for the resident prior to the resident's admission? o If a resident is discharged based on behavioral status: Do you serve residents with similar behaviors? If yes, how does this resident's behavioral status differ? **Non-payment:** o When and how did you notify the resident of non-payment? o When did the facility notify the resident of a change in payment status, if applicable? o How did the facility assist the resident to submit any third party paperwork, if applicable? ☐ Where is the resident being discharged to? How was the resident involved in selecting the new location? Was a trial visit feasible? If so, how did it go? ☐ What, when, and how was necessary healthcare information shared with staff at a new location, if applicable?	
Record Review for Facility-initiated Discharges	**Record Review for Resident-initiated Discharges**

Discharge Critical Element Pathway

A. Facility-Initiated Discharges	B. Resident-Initiated Discharges

☐ What is the basis for the facility-initiated discharge? Review the resident's record to determine if there is adequate evidence to support the basis for the discharge. Use the following probes to guide the review of medical record evidence.
 	
Inability to meet resident needs:
  o Has the facility attempted interventions to meet the resident's needs?
  o Has the facility consulted with the resident's attending physician and other medical professionals and followed orders and care plans appropriately in order to meet the resident's needs?
  o Is the facility providing care for residents with similar care needs?
  o Is there evidence in the record that discharge concerns, reasons, and location were discussed with the resident or the resident representative?
  o Did the physician document the specific needs the facility could not meet; facility efforts to meet those needs; and the specific services the receiving facility will provide that the current facility could not meet?
 	
Improved and no longer needs care:
  o What services was the facility providing for the resident that are no longer required?
  o Does the resident's record support that the resident no longer needs these services?
	☐ Is there evidence of the resident's or resident representative's verbal or written notice of intent to leave the facility?
	
	☐ Does the comprehensive care plan contain the resident's goals for admission and desired outcomes, and do these goals and desired outcomes align with an actual or planned discharge?
	
	☐ Were discharge care planning needs updated as needed with the level of care the resident required at the time of discharge?
	
	☐ Is there a discharge care plan and documented discussions with the resident and/or his or her representative containing details of discharge planning and arrangement for post-discharge care (e.g. home health service, physician visits, medication needs, etc.)?
	
	☐ Is there a discharge summary which contains the required elements:
	  o A recapitulation (containing all required components) of the resident's stay?
	  o A final summary of the resident's status that includes the items listed at F661?
	  o A reconciliation of all pre- and post-discharge medications?
	
	☐ Is there evidence that the discharge summary was conveyed to the continuing care provider or receiving facility at the time of discharge?

Discharge Critical Element Pathway

A. Facility-Initiated Discharges	B. Resident-Initiated Discharges
o Did the physician document the basis for the transfer or discharge? **Endangering the health or safety of others:** o Has the facility's failure to properly supervise or provide care and services contributed to the resident's dangerous behaviors? o If provided with appropriate care and services at the nursing home, would the resident be a danger to self or others? o Does the record reflect that the behaviors were truly dangerous rather than just requiring additional staff time and attention? o Is there evidence in the record that discharge concerns, reasons, and location were discussed with the resident or the resident representative? o Did a physician document the reason for the transfer or discharge? **Non-payment:** o Has the resident been given reasonable and appropriate notice to pay for the stay at the facility? o Has the facility assisted the resident in applying for Medicaid coverage? o Was the application for Medicaid approved or denied? o If the resident is eligible for Medicaid coverage, is there a Medicaid bed available in the facility? o If not eligible for Medicaid, or there are no Medicaid beds available, has the facility offered the resident an opportunity to pay privately for a bed?	☐ Is there evidence the facility asked the resident about their interest in receiving information regarding returning to the community? ☐ If referrals were made to the local contact agency, did the facility update the discharge plan in response to information received? ☐ If the resident cannot return to the community, who made the determination and why? ☐ Did the facility identify the resident's discharge needs and regularly re-evaluate those discharge needs? ☐ Who from the IDT was involved in the ongoing process of developing the discharge plan? ☐ What are the circumstances and basis for the discharge? Was the discharge necessary? Was the reason for the discharge documented by a physician, as appropriate? ☐ If the resident went to a SNF, HHA, IRF, or LTCH, did the facility assist the resident and the resident representative in selecting a post-acute care provider by using data that includes, but is not limited to SNF, HHA, IRF, or LTCH available standardized patient assessment data, data on quality measures, and data on resource use to the extent the data is available that is relevant and applicable to the resident's goals of care and treatment preferences. ☐ Does the medical record have evidence that written discharge instructions were given to the resident and if applicable the resident representative?

Discharge Critical Element Pathway

A. Facility-Initiated Discharges	B. Resident-Initiated Discharges

The facility has or will cease to operate.
 	
☐ Was the transfer or discharge documented in the resident's medical record and appropriate information communicated to the receiving health care institution or provider [see §483.15(c)(2)(i)(ii)(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:
 	
   o Did the notice include all the required components (reason, effective date, location, appeal rights, Ombudsman, ID and MI info as needed) and was it presented in a manner that could be understood; and
   o If changes were made to the notice, were recipients of the notice updated?
 	
☐ If a resident was not permitted to return after a planned therapeutic leave, does the medical record contain a basis for the discharge that complies with §483.15(c)(1)?
	☐ Is there evidence the resident was provided with a discharge summary with information of the resident's level of care and services required?

At the conclusion of this investigation, the surveyor should determine: • Is this discharge facility-initiated? **Yes or No** • **If Yes,** is there **noncompliance with F622, F623, or F626** (CE3, 4, and 5 below – mark CE1 and CE2 as NA) • **If No,** is there **noncompliance with F660 and/or F661** (CE1 and 2 below – mark CE3, CE4, and CE5 as NA)	**At the conclusion of this investigation, the surveyor should determine:** • Is this discharge resident-initiated? **Yes or No** • **If Yes,** is there **noncompliance with F660 and/or F661** (CE1 and 2 below – mark CE3, CE4, and CE5 as NA) • **If No, evaluate** facility compliance with the **Facility-initiated discharge requirements**

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

Discharge Critical Element Pathway

Critical Element Decisions:

1) For a resident-initiated, planned discharge, did the facility:
   o Involve the IDT, resident and/or resident representative in developing a discharge plan that reflects the resident's current discharge needs, goals, and treatment preferences while considering caregiver support;
   o Document that the resident was asked about their interest in receiving information about returning to the community;
   o Assist the resident and/or resident representatives in selecting a post-acute care provider if the resident went to another SNF (skilled nursing facility), NH (nursing home), HHA (home health agency), IRF (inpatient rehab facility), or LTCH (LTC hospital); and/or
   If No, cite F660
   N/A, this is a facility-initiated discharge.

2) For a resident-initiated, planned discharge, did the facility:
   a. Develop a discharge summary which includes a recapitulation of the resident's stay, a final summary of the resident's status, and reconciliation of all pre- and post-discharge medications?
   b. Develop a post-discharge plan of care, including discharge instructions?
   If No, cite F661
   N/A, this is a facility-initiated discharge.

3) For a facility-initiateddischarge, 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?
   If No, cite F622
   N/A, this is a resident-initiated, planned discharge

4) For a facility-initiated discharge, was required discharge information per 483.15(c)(2)(i)-(ii),documented in the resident's record and appropriate information communicated to the receiving facility per 483.15(c)(2)(iii)?
   If No, cite F622
   N/A, this is a resident-initiated, planned discharge

Discharge Critical Element Pathway

5) For a facility-initiated discharge, 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 F623
   N/A, this is a resident-initiated, planned discharge

6) After a resident's 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)?
   If No, cite F626
   N/A, the resident's transfer or discharge was not related to therapeutic leave.

Other Tags, Care Areas (CA) and Tasks (Task) to Consider: Participate in Care Plan F553, Notification of Change F580, Professional Standards F658, Medically Related Social Services F745, Resident Records F842, QAPI/QAA (Task), Orientation for Transfer or Discharge F624, Permitting Residents to Return to Facility F626.