# DRAFT

# NURSING HOME

# CLOSURE AND RELOCATION PLAN

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**INTRODUCTION - NOTICE OF INTENT TO CLOSE**

This Closure and Relocation Plan (the “Closure Plan”) is being submitted by SRC Chestnut Hill SNF, (the “Licensee”) to the Department of Public Health (the “Department”) for its approval, following a decision to voluntarily close a skilled nursing Facility licensed under Massachusetts General Laws Chapter 111, section 71:

Facility Name: **Wingate at Chestnut Hill**

Facility License #: 01FM

Facility Address: 615 Heath Street

Chestnut Hill, MA 02467

Closure Date: **October 1, 2021**

Resident Census: **97 as of May 27, 2021**

**6 Medicare**

**44 Medicaid**

**3 Medicaid pending**

**9 Private pay**

**5 Hospice**

**30 Managed Care**

A Notice of Intent to Close the Facility was filed with the Department on May 28, 2021. **(See Attachment 1 Notice of Intent to Close)**. An admissions freeze will go into effect prior to August 1, 2021, 60 days prior to closure.

This Closure Plan is developed in accord with the Department and Mass Health regulations, the Mass Health Relocation Guidelines for Health Care Facilities and the DPH Emergency Patient Relocation Plan.

The underlying objective of this Closure Plan is to ensure a safe, orderly and clinically appropriate transfer of each and every resident with a minimum of stress for residents, family and Facility staff. This objective shall be accomplished in as expeditious a manner as possible under the circumstances. All time frames contained within this Closure Plan are reasonable approximations.

The Licensee understands that it is responsible for accomplishing the safe and orderly closure of the Facility and for assuring that residents receive appropriate care pending the closure. The Licensee is designating a coordinator for the closure, who shall also serve as the primary contact between the Facility and the Department, and other state agencies as appropriate. The Licensee understands that abandonment of the Licensee’s ongoing responsibility to provide care and services during the closure may result in actions against the Licensee, and the closure coordinator.

Facility Closure Coordinator: **Rodney Gonsalves**

VP & Regional Director of Operations

Telephone Number: 401-230-3129 Fax Number: 508-285-7745

This Closure Plan is organized into the following seven areas of activity which roughly correspond to the chronological process for relocating residents of long term care facilities:

1. Notification Requirements
2. Resident Assessments
3. Family Meetings
4. Staff Meetings
5. Bed Search and Match with Residents

6. Public Hearing

7. Admissions Freeze

8. Resident Relocation

9. Implementation and Coordination

Simultaneous with the filing of the Notice of Intent to Close, a Notice of Withdrawal from the Medicaid Program, effective upon closure, was filed with Mass Health, Attention Medicaid LTC Facility Withdrawal, 600 Washington Street, 5th floor, Boston, MA 02111.

This Closure Plan will serve as the Facility’s notice of voluntary withdrawal from the Medicare program, to become effective on the date the last resident is discharged from the Facility.

**PART 1 - NOTIFICATION REQUIREMENTS**

Mass Health. The Facility shall contact the Long Term Care Division of Mass Health to request their assistance in initiating the closure of the Facility.

Employees. The Facility shall notify all staff of the impending closure and of the procedure and time frames contained in the Closure Plan.

Residents. Each resident (and his or her designated family member and /or legal representative) shall be immediately notified, orally and in writing, by the Facility management of the impending closure, in accordance with applicable state and federal laws relating to resident notifications. The Notice of Intent to Close, and this draft Closure Plan shall be distributed to all such parties. **(See Attachment 2 Sample Letter Notice to Resident/Family Member/ Legal Representative**).

Physicians and Other Healthcare Providers: Each resident’s attending physician and other care givers (e.g., dentists, podiatrists, mental health service providers and other consultants) shall be notified in writing by the Facility of the impending closure. **(See Attachment 3 Sample Letter Notice to Attending Physicians).** Following relocation of each resident, all affected caregivers shall be notified of the date and location of the resident.

Pharmacy Transport Services. The Facility’s pharmacy and transport service providers shall also be notified and informed of their respective roles in the closure.

Notice of Right to Appeal Discharge: Notice of the resident’s right to appeal discharge under Federal law will be distributed at least 30 days in advance of any discharge. **(See Attachment 4 Notice of Right to Appeal)** once a specific relocation decision has been made. However, should a resident wish to be relocated sooner in order to take advantage of an available bed in another Facility, the Facility will not be constrained by the advance notice requirements.

**PART 2 - RESIDENT ASSESSMENTS**

The following types of assessments shall be done:

## Pre-admission Screening: A pre-admission screening, referred to as a PASSAR screening, will be done for any individual placed in a certified nursing Facility, and for Community Support Facilities or rest homes that have community support residents under the auspices of the Department of Mental Health or the Department of Developmental Services. See 42 USC s.1396 r (e) (7) (A). This screening serves to determine whether individuals need specialized mental health or developmental disability services other than what may be offered in a Facility.

The pre-admission screening shall be performed by the appropriate contract agencies. The Division of Medical Assistance will facilitate the PASSAR screening process with the Department of Mental Health and the Department of Developmental Services or their contracted agents, as appropriate.

## Medicaid Coverage Determination: Pursuant to 106 CMR 456.251 et seq., the Facility shall complete appropriate assessments of all residents and shall document such assessments on the appropriate forms. These forms will be made available to the Facility by MassHealth during the initial site visit. These long-term care assessment forms will be reviewed by MassHealth staff for the purpose of determining the medical eligibility of residents for continued Medicaid coverage.

Medical and Social Assessment: Each resident shall be assessed by nurses and social workers from the Facility, with assistance from the Department and MassHealth as appropriate to identify specific needs, including the need for guardianship that must be considered in finding an appropriate new bed or alternative service. This assessment shall consider the resident’s medical needs, family and social ties and other significant factors.

**PART 3 - FAMILY MEETINGS**

The facility will proceed with consideration of safety and being mindful of the COVID pandemic, all required notifications with residents/families/responsible parties will be completed but with modifications for safety. In lieu of a Resident and Family Meeting, each resident and/or family/responsible party will be notified verbally and in writing on an individual basis within 24 hours of DPH receiving the closure package.  Additionally, a video meeting will be made available for those interested in joining a virtual group meeting within 5 days of DPH receipt of the closure package. At this time, we will discuss the closure process, relocation and specific plans to be formulated for each resident and steps the Facility will undertake to ensure the appropriate transfer or discharge of each resident. Subsequent phone conferences or virtual meetings will be scheduled at times to accommodate the availability of family members. At these meetings, resident needs, the possibility of alternative placements and resident and family preferences shall be discussed. The options and responsibilities shall be determined. The involvement of family and guardians is essential to assuring successful placements for residents and to assure residents’ rights are protected in accordance with 42 USC s. 1395I – 3 (e) (3) and 42 USC s. 139 r (e) (3). See also 105 CMR 153.023 (A) (2).

**PART 4 – STAFF MEETINGS**

Staff meetings and individual conferences with staff members shall be conducted in order to facilitate their transition to a new employer with minimum disruption. Opportunities at other Wingate skilled nursing facilities will be identified and staff will be encouraged to transfer. The Facility will assure appropriate staff coverage throughout the closure process.

**PART 5 - BED SEARCH AND MATCH WITH RESIDENTS**

The Facility staff shall contact long term care facilities in the area and notify them of the impending closure and need for beds. The MassHealth and DPH criteria specify that an appropriate bed be found within a 25-mile radius of the Facility and /or resident’s family and friends. See 105 CMR 153.023 (A) (3). To the extent that a resident has a special need to be met or there are other family considerations or beds within the 25-mile radius have been exhausted, a bed search in other areas will be authorized and initiated.

Upon finding beds, Facility staff shall match available beds with residents to arrange for the best accommodation in terms of location, services and psychosocial needs. To the extent possible, residents and /or their families shall be given an opportunity to participate in this process and to visit a suggested Facility to determine whether it is acceptable

The Facility staff shall identify and contact appropriate transportation services to be used by the Facility to transfer residents and shall establish whether the services have the capacity to handle the projected volume and timetable for relocation. Appropriate transportation arrangements shall be provided for each resident.

Facility will consult with each resident or legal representative and, with the resident’s consent, interested family members regarding placement options and the placement process being considered. Once a placement is determined, the resident and family shall be notified in writing by the Facility of the proposed relocation and of their right to appeal such proposed relocation under 42 USC 1395I-3 (e) (3) and 42 USC 1396 r (e) (3). **(See Attachment 4 Notice of Right to Appeal)**.

**PART 6 – PUBLIC HEARING:**

The Licensee will work with the Massachusetts Department of Public Health to schedule a public hearing on the proposed closure, which shall be scheduled at least 90 days prior to the proposed closure date. The Facility will work closely with the Massachusetts Department of Public Health to be mindful of the restrictions during the COVID pandemic and will modify as needed. Will provide appropriate opportunity for the public to be heard.

**PART 7 - ADMISSION FREEZE:**

Prior to August 1, 2021 (60 days prior to closure), the Facility will voluntarily freeze all new admissions. This admission freeze shall not apply to Facility residents who are hospitalized and wish to return to the Facility, and are expected to be able to safely return to the Facility prior to the Closure Date. If a resident is hospitalized and able to be returned to the Facility, the Facility shall continue to plan for and coordinate the discharge of the resident to a suitable location.

The Facility has attached to the copy of this Closure Plan filed with the Department, a roster of all Facility residents as of May 28, 2021 **(See Attachment 5 Resident Roster**), including those residents hospitalized but expected to return to the Facility prior to the Closure Date. Due to HIPAA regulations, the roster will be omitted from copies of this Closure Plan being sent to interested parties.

**PART 8 - RESIDENT RELOCATION**

No more than five residents per day will be transferred without prior written approval by the Department.

Residents will be transferred to receiving facilities in an orderly fashion.

As necessary, appropriate psychological preparation and counseling for each resident shall be provided by the Facility to minimize the impact of the closure on residents and facilitate the residents’ adjustment to their new environment.

Measures shall be taken to transfer the following along with each resident:

Medical Records: At a minimum, the facility will complete the Universal Transfer form and send resident’s discharge summary completed by the doctor, a copy of the MOLST, HCP, guardianship, Power of Attorney (if applicable), copies of recent lab values and three months of doctor’s progress notes.

Medications: The Facility shall account for resident medications and transfer them with the resident. Any medications not transferred with the residents shall be destroyed in accord with all applicable laws and regulations and appropriate records maintained of such destruction. Such records will be reviewed by the Department on its closure visit to the Facility. If a closure visit is not conducted, the Facility will provide a written account to the Department of medications transferred and destroyed and shall account for all medications previously maintained by the Facility.

Resident Belongings: The resident’s personal belongings (clothing, furnishings, etc.) shall be identified and transferred with the resident by the Facility. The resident’s personal belongings may be transferred by family members if the resident and the family so desire.

Resident Funds: Funds in each resident’s personal needs account shall be transferred for the benefit of the resident.

Social Security Information: The Facility shall complete and mail, on behalf of each resident transferred, a Social Security change of address form. In addition, a SC-1 form shall be completed for each transferred resident and mailed to the Regional Mass Health Enrollment Center, Long Term Care Unit.

Nursing Homes – Medicare Requirements for Certification: The Facility shall complete and successfully transmit MDS documents for all residents including final discharge assessments.

**PART 9 - IMPLEMENTATION & COORDINATION**:

Implementation of this plan shall be the responsibility of the Facility.

The Facility shall notify the Department, in writing, of proposed changes in the Closure Plan and obtain the Department’s approval of such changes prior to effectuating them.

Records Storage: With respect to records not transferred with residents, and closed records, the licensee has provided for the storage of such records for a period of 5 years as follows:

Records Storage Site: **Iron Mountain Storage**

Street Address: One Federal Street

City/Town: Boston, MA 02110

Records may be accessed if needed by contacting the person below, who will arrange for access:

Person to Contact: **Maureen S. Brinn**

Address: **63 Kendrick Street, Needham, MA 02494**

Telephone Number: **781-707-9085**

Facility Reports to the Department: The Facility shall keep the Department informed of the progress of the closure on a weekly basis. As a part of keeping the Department informed, the Facility will submit reports twice weekly, on Tuesday and Friday, beginning immediately after the submission of the closure plan for approval, detailing the status of each resident in the format specified in (**See Attachment 5 Resident Roster**, and including other information as appropriate.

Monitoring and Closure Visits: The Facility acknowledges that the Department may conduct monitoring visits and a final closure visit at the discretion of the Department, and agrees to cooperate fully.

Final Closure Visit: The Facility shall submit a final closure report and final resident roster detailing where all residents were transferred at the time the last resident is transferred or discharged. In order to prepare for the final closure visit, the Facility shall make available: (1) a list of all the residents transferred, the facilities to which they were transferred, and the medication which accompanied them; (2) medication disposal records; (3) patient funds accounting records; (4) verification of the successful transmission of the MDS documents; (4) a list of all nurse aides trained by the Facility in a state-approved nurse aide training program after July 1, 1989, and (5) the location where records will be stored with the name, address and telephone number of the individual responsible for the safekeeping of such records. The licensee is responsible for returning the original license to the Department after the closure visit.

Date Plan Submitted: May 28, 2021

Signature:

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Name/Title: Jonathan Scharf, Associate General Counsel

**Attachments:**

1. Notice of Intent to Close

2. Sample Letter- Notice to Resident/Family Member/ Legal Representative

3. Sample Letter- Notice to Attending Physicians

4. Notice of Right to Appeal

5 Resident Roster (to be submitted with plan, and twice weekly after plan approval)

# DPH REVIEW AND APPROVAL/DISAPPROVAL

 Date Plan Received by DPH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluated By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Approved:\_\_\_\_ Denied:\_\_\_\_. Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Approved:\_\_\_\_ Denied:\_\_\_\_. Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ATTACHMENT 1**

**Notice of Intent to Close**

**ATTACHMENT 2**

**Sample Letter- Notice to Resident / Family Member/ Legal Representative**

**ATTACHMENT 3**

**Sample Letter to Attending Physicians**

**ATTACHMENT 4**

**Notice of Right to Appeal**

30 Day Appeal Notice to Resident Transfer / Discharge

Dear (*Resident/ Family Member/ or Legal Representative*):

This letter is to inform you that Wingate at Chestnut Hill will be (*transferring or discharging*) you on (*date*). We are (*transferring or discharging*) you for the following reasons:

Arrangements have been made for you to be admitted to (*name of receiving Facility in the event of a transfer*).

-or-

You will be discharged to (*location*) and arrangements have been made for you to receive the following services after your discharge:

You have the right to appeal this decision. If you wish to appeal, you must put your request in writing and mail it to:

**MassHealth Board of Hearings**

Office of Medicaid

100 Hancock Street, 6th Floor

Quincy, MA 02171

Phone: 1-800-655-0338 or 617-847-1200

Fax: 617-847-1204

If you file an appeal within ten (10) days after receiving this notice, you will not be transferred or discharged until after a decision has been made regarding your appeal.

For additional information or assistance, you may also contact the **State Long Term Care Ombudsman** at One Ashburton Place, Boston, MA 02180, (617) 727-7750 or (800) 882-2003.

For developmentally disabled or mentally ill residents add either:

**Disability Law Center**, 11 Beacon Street, Suite 925, Boston, MA 02180, (617) 723-8455 / (800) 872-9992 Voice, 617) 227-9464 / (800) 381-0577 TTY, (617) 723-9125 Fax; or 32 Industrial Drive East, Northampton, Massachusetts, 01060, (413) 584-6337 / (800) 222-5619 Voice, (413) 582-6919 TTY, (413) 584-2976 Fax.

**The Center for Public Represe**ntation, 22 Green Street, Northampton, MA 01060, (413) 586-6024 or 246 Walnut Street, Newton, MA 02158, (617) 965-0776.

If you have any questions about this notice, please contact (name of appropriate Facility staff member).

Very truly yours,

 Rodney Gonsalves

 Vice President & Regional

 Director of Operations

**ATTACHMENT 5**

**Resident Roster**