9-15-25 Weekly Clinical Update

Since April 28, 2025 F628 (Transfers & Discharges) has been cited 24 times! And that really only includes 4 months. Actualized out, that means F628 would rival F880 Infection Prevention & Control for a top deficiency citation. In many, but not all, the findings for F628 include the lack of a Discharge Summary at all or lack of a comprehensive Discharge Summary. So this week, this discussion will include what should be included in a compliant Discharge Summary, understanding that many facilities are using a form accessible in the electronic medical record system used by the facility. But knowing that does not always mean staff complete the forms provided.

So what are the core components of a comprehensive discharge summary spelled out in F628 in Appendix PP?

- Resident identification and demographics
    - Full name, date of birth, clinical record number
    - Primary language and communication preferences
    - Legal representative or power of attorney contact information
- Reason for discharge
    - Clear documentation of discharge type (hospital transfer, home discharge, behavioral health placement, or other)
    - Physician's order and rationale for discharge
        - Improved condition
        - Facility unable to meet resident's needs
        - Safety of self or others
        - Health of self or others
        - Even failure to pay or apply for Medicaid services
        - Facility closure
- Medical history and diagnosis
    - Active and chronic diagnoses including behavioral health & substance use disorders
    - Relevant history of hospitalizations or significant clinical events
- Medications
    - Complete list of current medications with dosages, routes, frequencies
    - Start/stop dates & clinical indications
    - Any recent changes & rationale (especially for psychotropics or narcotics)
- Treatment summary
    - Summary of treatments provided
        - Wound care

        - Therapy services
        - Behavioral interventions
    - Response to treatment(s) & any unresolved issues
- Functional & cognitive status
    - ADL performance, mobility, cognitive assessments
    - Behavioral concerns or supervision needs
        - 1:1 monitoring
        - Frequent (15-minute, 30-minute, 2-hour, etc) checks
        - Elopement risk
- Discharge plan and follow up care
    - Post-discharge care instructions: BE SPECIFIC including who was trained, on what issues/cares/procedures, how that person/persons indicated understanding & competence
        - Wound care
        - Dietary needs
        - Therapy continuation
        - Medication instructions for administration
        - Any procedures to be continued after discharge
    - Scheduled appointments and ALL referrals made
    - Equipment & supplies provided or needed
        - Medications: name of med, dose of med, times of administration, how many were sent with resident/representative
            - ❖ Also include medications including name, dosage & number of meds/vials returned to pharmacy including name of pharmacy
- Social & Environmental Considerations
    - Living arrangements & caregiver availability
    - Risks related to home environment
        - Fall hazards
        - Homelessness
        - Lack of support
        - Lack of transportation
        - Language barriers
        - Challenging family dynamics
        - Resident sensory losses: vision/hearing
        - Lack of adequate/appropriate food/nutrition
        - Financial barriers
    - Resident preferences & goals for care
- Communication & handoff documentation

    - Name & contact information of receiving provide or facility
    - Confirmation of verbal handoff & transmission of records
    - Copy of discharge summary & discharge instructions sent to resident, representative, & receiving provider
- Regulation compliance
    - **Ensure summaries are signed off by attending physician & include time/date of discharge**
    - Use structured EMR templates to reduce omissions & support audit responses
    - Document any/all barriers to safe discharge & steps taken to mitigate barriers
    - Include trauma-informed & health equity considerations when applicable