CENTERS F	OR MEDICARE & MEDICAID SERVICES			"A" FORM			
STATEMENT C	OF ISOLATED DEFICIENCIES WHICH CAUSE	PROVIDER#	MULTIPLE CONSTRUCTION	DATE SURVEY			
NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs			A. BUILDING:	_ COMPLETE:			
		345570	B. WING	5/2/2017			
NAME OF PRO	OVIDER OR SUPPLIER	STREET ADDRESS, O	CITY, STATE, ZIP CODE	•			
HUNTERSVILLE HEALTH & REHAB CENTER		13835 BOREN ST	13835 BOREN STREET HUNTERSVILLE, NC				
		HUNTERSVILLI					
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENC	CIES					
F 203	483.15(c)(3)-(6)(8) NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE						
	(c) (3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must-						
	(i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman.						
	(ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and						
	(iii) Include in the notice the items described in paragraph (b)(5) of this section.						
	(c) (4) Timing of the notice.						
	(i) Except as specified in paragraphs (b)(4)(ii) and (b)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged.						
	(ii) Notice must be made as soon as practicable before transfer or discharge when-						
	(A) The safety of individuals in the facility would be endangered under paragraph (b)(1)(ii)(C) of this section;						
	(B) The health of individuals in the facility would be endangered, under paragraph (b)(1)(ii)(D) of this section;						
	(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (b)(1)(ii)(B) of this section;						
	(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (b)(1)(ii)(A) of this section; or						
	(E) A resident has not resided in the facility for 30 days.						
	(c) (5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:						
	(i) The reason for transfer or discharge;						
	(ii) The effective date of transfer or discharge;						

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of

The above isolated deficiencies pose no actual harm to the residents

CENTERS F	OR MEDICARE & MEDICAID SERVICES			A FURW		
STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE		PROVIDER#	MULTIPLE CONSTRUCTION	DATE SURVEY		
NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs NAME OF PROVIDER OR SUPPLIER HUNTERSVILLE HEALTH & REHAB CENTER			A. BUILDING:	. COMPLETE:		
		345570	B. WING	5/2/2017		
		13835 BOREN ST	STREET ADDRESS, CITY, STATE, ZIP CODE 13835 BOREN STREET HUNTERSVILLE, NC			
PREFIX	SUMMARY STATEMENT OF DEFICIENCE	IES				
ID PREFIX TAG F 203	Continued From Page 1 (iii) The location to which the resident is to the location to which the resident is to the location to which the resident is to the location of the entity which recession and assistance in completing the form (v) The name, address (mailing and email) Ombudsman; (vi) For nursing facility residents with intermaling and email address and telephone of individuals with developmental disability Assistance and Bill of Rights Act of 2000 (vii) For nursing facility residents with a resident of the location of the locati	transferred or discharge ights, including the narelives such requests; and m and submitting the all and telephone number of the agency related to the protection of the protection and Advocacy for Mentation in the notice chartipients of the notice as increase of the increase of facility written notification priong-Term Care Ombud an for the transfer and a lenced by: w, the facility failed to disman in an immediate Resident #1).	me, address (mailing and email), and d information on how to obtain an appeal appeal hearing request; er of the Office of the State Long-Term Cannental disabilities or related disabilities, the responsible for the protection and advocacy Part C of the Developmental Disabilities iffied at 42 U.S.C. 15001 et seq.); and ted disabilities, the mailing and email address and advocacy of individuals with a mentally Ill Individuals Act. Inges prior to effecting the transfer or soon as practicable once the updated by closure, the individual who is the fior to the impending closure to the State sman, residents of the facility, and the adequate relocation of the residents, as include the name, address and telephone discharge notice for 1 of 1 resident who	e y ress ntal		
	Interview with the Administrator on 05/02/17 at 2:30 PM revealed the omission of the ombudsman					

information was an oversight. The Administrator reported the facility orally notified the ombudsman but the

	MEDICARE & MEDICAID SERVICES			A FORM			
STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE		PROVIDER #	MULTIPLE CONSTRUCTION	DATE SURVEY			
NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM			A. BUILDING:	COMPLETE:			
FOR SNFs AND NFs		345570	B. WING	5/2/2017			
NAME OF BROWID	ED OD SLIDDLIED	STREET ADDRESS, CITY, STA					
NAME OF PROVIDER OR SUPPLIER		13835 BOREN STREET					
HUNTERSVILLE HEALTH & REHAB CENTER		HUNTERSVILLE, NC					
		·					
ID PREFIX							
TAG	SUMMARY STATEMENT OF DEFICIENCIES						
IAG							
F 203	Continued From Page 2						
	omission of the information given to Resident	t #1's family member was	an error. The Administrator reported				
	the information should have been listed on the		•				
	and intermedent should have oven instea on the discindinge notice.						