

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/20/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345253	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/24/2018
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NAME OF PROVIDER OR SUPPLIER THE LODGE AT MILLS RIVER	STREET ADDRESS, CITY, STATE, ZIP CODE 5593 OLD HAYWOOD ROAD MILLS RIVER, NC 28759
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 622 SS=D	<p>Transfer and Discharge Requirements CFR(s): 483.15(c)(1)(i)(ii)(2)(i)-(iii)</p> <p>§483.15(c) Transfer and discharge-</p> <p>§483.15(c)(1) Facility requirements-</p> <p>(i) The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless-</p> <p>(A) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility;</p> <p>(B) The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility;</p> <p>(C) The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident;</p> <p>(D) The health of individuals in the facility would otherwise be endangered;</p> <p>(E) The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. Nonpayment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for his or her stay. For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge a resident only allowable charges under Medicaid; or</p> <p>(F) The facility ceases to operate.</p> <p>(ii) The facility may not transfer or discharge the resident while the appeal is pending, pursuant to § 431.230 of this chapter, when a resident exercises his or her right to appeal a transfer or discharge notice from the facility pursuant to § 431.220(a)(3) of this chapter, unless the failure to discharge or transfer would endanger the health</p>	F 622		3/16/18
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 03/16/2018
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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 correction is requisite to continued program participation.

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F 622	<p>Continued From page 1</p> <p>or safety of the resident or other individuals in the facility. The facility must document the danger that failure to transfer or discharge would pose.</p> <p>§483.15(c)(2) Documentation.</p> <p>When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider.</p> <p>(i) Documentation in the resident's medical record must include:</p> <p>(A) The basis for the transfer per paragraph (c)(1)(i) of this section.</p> <p>(B) In the case of paragraph (c)(1)(i)(A) of this section, the specific resident need(s) that cannot be met, facility attempts to meet the resident needs, and the service available at the receiving facility to meet the need(s).</p> <p>(ii) The documentation required by paragraph (c)(2)(i) of this section must be made by-</p> <p>(A) The resident's physician when transfer or discharge is necessary under paragraph (c)(1)(A) or (B) of this section; and</p> <p>(B) A physician when transfer or discharge is necessary under paragraph (c)(1)(i)(C) or (D) of this section.</p> <p>(iii) Information provided to the receiving provider must include a minimum of the following:</p> <p>(A) Contact information of the practitioner responsible for the care of the resident.</p> <p>(B) Resident representative information including contact information</p> <p>(C) Advance Directive information</p> <p>(D) All special instructions or precautions for</p>	F 622			

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F 622	<p>Continued From page 2</p> <p>ongoing care, as appropriate.</p> <p>(E) Comprehensive care plan goals;</p> <p>(F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, staff and family interviews, the facility failed to allow a resident to remain in the facility and failed to provide written documentation which stated the reason the facility could not meet the resident's needs for 1 of 3 residents reviewed for transfer and discharge (Resident #1).</p> <p>Findings included:</p> <p>Resident #1 was admitted to the facility on 11/12/17 with diagnoses that included intracerebral hemorrhage (type of stroke caused by bleeding within the brain), muscle weakness and unsteadiness on feet.</p> <p>Review of the care plans dated 11/13/17 for Resident #1 included a plan for discharge with the goal of a smooth transition to home or assisted living facility. The approach listed was to initiate discharge planning. There was no care plan initiated for behaviors.</p> <p>Review of the admission Minimum Data Set (MDS) dated 11/19/17 revealed Resident #1 had moderate impairment in cognition and displayed no wandering or other types of behaviors. The MDS indicated Resident #1 required extensive assistance of 1 staff member for toileting, dressing, transfers and bed mobility. The MDS</p>	F 622	<p>F622 Transfer and Discharge Requirements:</p> <p>During a Compliant survey it was discovered that there was no documentation for a Transfer/Discharge plan for a resident. Resident was transferred to another SNF with no documentation regarding the reason for the Transfer/Discharge. Social Worker did not document any notes regarding discharge planning process and the reason for the transfer and no DMA9050 Form was completed. Resident was at risk for elopement and required a more secure facility to manage her behaviors based on interview with family member.</p> <p>Facility will immediately audit all Discharges going back 30 days (from January 22, 2018 to February 26, 2018) to insure that ABN was completed, Discharge plan in place and where the resident was being discharged too. This was completed by Friday, March 2, 2018. See attached.</p> <p>Administrator and Social Worker will be inserviced on proper use of Discharge Transfer Form DMA9050, Care Plan Conference, Discharge Summary and</p>		

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F 622	<p>Continued From page 3</p> <p>noted an active discharge plan to the community was in process.</p> <p>Resident #1 was transferred to another skilled nursing facility on 11/20/17.</p> <p>Review of Resident #1's medical record revealed no documentation related to discharge planning, a discharge summary which described the services Resident #1 received while at the facility, a transfer and discharge notice, or statement describing the specific needs and behaviors of Resident #1 that could not be managed or met at the facility.</p> <p>An interview on 2/23/18 at 3:08 PM with the Director of Resident Services (DRS) revealed all beds within the facility were dually certified for Medicare and Medicaid and discharge planning was started within 72 hours of a resident's admission to discuss discharge needs. The DRS stated she was informed by the Administrator Resident #1 would need alternate placement due to wandering behaviors. She indicated Resident #1's Family Member (FM) was provided a list of secured facilities and placement was obtained at the facility of their choice. The DRS was unable to recall the date she discussed alternate placement with the FM and added the FM had not questioned why Resident #1 could not stay at the facility until after she was transferred to another facility. The DRS confirmed she did not document any of the discharge planning for Resident #1 and did not provide Resident #1 or the FM with written notification of the reason for the transfer and discharge.</p> <p>A phone interview on 02/23/18 at 4:35 PM with the FM for Resident #1 revealed they had</p>	F 622	<p>Documentation for Discharge Planning in Resident Chart. Inservice will be completed by Regional Nurse on Tuesday, March 13, 2018.</p> <p>Plan for Correction: Social Worker will insure that during residents stay that notes are being documented concerning residents discharge plan, date and location of discharge. This will be done during 72 hr. meeting and subsequent Care Plan Meetings. Administrator and or Director of Nursing will review notes for each meeting and verify that discharge planning is occurring.</p> <p>Monitoring: Administrator and or Director of Nursing will review notes from each resident Care Plan meeting and verify that discharge planning is occurring. A Discharge Monitoring spreadsheet will be initiated noting Residents Name, ABN compliance, Discharge Planning Compliance and Resident Discharge Location. This will be tracked for every resident admitted and discharged to the facility. See attached. Administrator and or Director of Nursing will monitor daily for two (2) months, then weekly for one (1) month then spot checking biweekly thereafter.</p> <p>Responsibility: Social Worker will be responsible for completing the Discharge Monitoring spreadsheet, insuring discharge planning is taking place and resident is being discharged to a safe location.</p>		

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F 622	<p>Continued From page 4</p> <p>requested this facility as it was close to their home. The FM indicated the facility was informed during the admission process Resident #1 would not be able to return home and would need long-term care. The FM stated they received a phone call from the facility 2 days prior to Resident #1's discharge informing them she would be transferred to another skilled nursing facility. The FM stated they questioned why Resident #1 could not remain at the facility but "never got a good answer why she couldn't stay." The FM added they were not provided choices of optional facilities or written notification for the transfer.</p> <p>An interview on 2/24/18 at 2:05 PM with the Administrator revealed he met with the FM the day Resident #1 was admitted to the facility and they did not indicate she would need long-term care. He recalled during the process of completing the admission paperwork, the FM mentioned Resident #1 had "wandered outside" when she was at home prior to her recent hospitalization. The Administrator stated he explained to the FM the facility was unable to manage wandering behavior and he would have the DRS find placement for Resident #1 at a more secured facility. He indicated the FM had been agreeable to alternate placement for Resident #1. He stated he felt the DRS didn't document discharge planning efforts because they were trying to find quick placement to ensure Resident #1's safety. He was unable to recall any episodes of wandering or exit seeking behavior Resident #1 displayed while at the facility. The Administrator confirmed there was no written notification of the transfer and discharge. He added he didn't think of it as a discharge since Resident #1 was being transferred to another</p>	F 622	<p>Administrator and Director of Nursing will monitor discharge process daily for two (2) months, then weekly for one (1) month then spot checking biweekly thereafter. This will be incorporated into our QAPI monthly meetings for 3 months, ending in June 2018.</p>		

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F 622	Continued From page 5 skilled nursing facility.	F 622			
F 623 SS=D	<p>Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8)</p> <p>§483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must-</p> <p>(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.</p> <p>(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</p> <p>(iii) Include in the notice the items described in paragraph (c)(5) of this section.</p> <p>§483.15(c)(4) Timing of the notice.</p> <p>(i) Except as specified in paragraphs (c)(4)(ii) and (c)(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.</p> <p>(ii) Notice must be made as soon as practicable before transfer or discharge when-</p> <p>(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;</p> <p>(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;</p> <p>(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;</p>	F 623		3/16/18	

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F 623	Continued From page 6 (D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or (E) A resident has not resided in the facility for 30 days. §483.15(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; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy	F 623			

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F 623	<p>Continued From page 7 for Mentally Ill Individuals Act.</p> <p>§483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.</p> <p>§483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l). This REQUIREMENT is not met as evidenced by: Based on record review, staff and family interviews, the facility failed to provide the resident or Family Member (FM) a written notification for the reason for transfer to another skilled nursing facility and failed to send a copy of the notice to the Ombudsman for 1 of 3 residents reviewed for transfer and discharge (Resident #1).</p> <p>Findings included:</p> <p>Resident #1 was admitted to the facility on 11/12/17 with diagnoses that included intracerebral hemorrhage (type of stroke caused by bleeding within the brain), muscle weakness and unsteadiness on feet.</p> <p>Review of the admission Minimum Data Set</p>	F 623	<p>F623 Notice Requirements Before Transfer/Discharge: During a Compliant survey it was discovered that there was no documentation for a Transfer/Discharge plan for a resident. Resident was transferred to another SNF with no documentation regarding the reason for the Transfer/Discharge. During the admission process the residents' daughter stated that her mother was a wanderer. At this time it was explained to the daughter that this facility could not safely manage her mothers' behavior for wandering. At this time a Notice of Discharge/Transfer DMA 9050 should have been started, presented to the family and sent to the Ombudsman, but no</p>		

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F 623	<p>Continued From page 8</p> <p>(MDS) dated 11/19/17 revealed Resident #1 had moderate impairment in cognition.</p> <p>Resident #1 was transferred to another skilled nursing facility on 11/20/17.</p> <p>Review of Resident #1's medical record revealed no documentation of a transfer and discharge notice or statement describing the specific needs and behaviors of Resident #1 that could not be managed or met at the facility.</p> <p>During an interview on 2/23/18 at 3:08 PM the Director of Resident Services (DRS) revealed she completed notices when residents discharged from the facility and provided a copy of the notice to the Ombudsman. The DRS confirmed a notice of transfer and discharge was not completed for Resident #1. She also confirmed Resident #1, her FM or the Ombudsman was not provided with written notification of the reason for her transfer to another skilled nursing facility.</p> <p>During a phone interview on 02/23/18 at 4:35 PM Resident #1's FM revealed they received a phone call from the facility 2 days prior to Resident #1's discharge informing them she would be transferred to another skilled nursing facility. The FM added they were not provided choices of optional facilities or written notification of the reason for the transfer.</p> <p>During an interview on 2/24/18 at 2:05 PM the Administrator stated he was not aware written notification which indicated the reason for the transfer should have been provided to Resident #1 or her FM since verbal notification was given and the FM was agreeable to alternate placement. He confirmed there was no written</p>	F 623	<p>Notice of Discharge/Transfer was completed and the Social Worker did not review potential facilities with the family member.</p> <p>Facility will immediately audit all Discharges going back 30 days (from January 22, 2018 to February 26, 2018) to insure that ABN was completed, Discharge plan in place and where the resident was being discharged too. This was completed by Friday, March 2, 2018. See attached.</p> <p>Administrator and Social Worker will be inserviced on proper use of Discharge Transfer Form DMA9050, Care Plan Conference, Discharge Summary and Documentation for Discharge Planning in Resident Chart. Inservice will be completed by Regional Nurse on Tuesday, March 13, 2018.</p> <p>Plan for Correction: During Daily Meetings with Administrative Staff if there are concerns raised about a residents plan for Discharge/Transfer that is being initiated by the facility, a Notice of Discharge/Transfer will be discussed and implemented if the situation requires it do so. Residents' chart will be reviewed for documentation surrounding reasons for Discharge or Transfer according to regulations. A care plan will be immediately set up with the family to discuss the change in events surrounding a Discharge/Transfer initiated by the facility. If the Discharge/Transfer is facility</p>		

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F 623	Continued From page 9 notification of the transfer and discharge for Resident #1 and stated he felt the DRS didn't document discharge planning efforts because they were trying to find quick placement to ensure Resident #1's safety.	F 623	initiated the Administrator and or Social Worker will meet with the family to discuss the reasons surrounding the Discharge/Transfer process and present them with the Notice for their review explaining the reasons for the Notice and the appeal process. A copy of the DMA 9050 will then be forwarded to the Ombudsman as per regulations outlining the reason for Discharge/Transfer. This will be documented in the residents chart via the Social Worker and or Nurse. Any plans for Discharge/Transfer will be discussed with the Administrator and or Director of Nursing to insure proper compliance with state guidelines surrounding the Discharge/Transfer process. Monitoring: Administrator and or Director of Nursing will review notes from each resident Care Plan meeting and verify that discharge planning is occurring. If the Discharge/Transfer is facility initiated the Administrator and or Social Worker will meet with the family to discuss the reasons surrounding the Discharge/Transfer process and present them with the Notice for their review explaining the reasons for the Notice and the appeal process. A copy of the DMA 9050 will then be forwarded to the Ombudsman as per regulations outlining the reason for Discharge/Transfer. This will be documented in the residents chart via the Social Worker and or Nurse. A Discharge Monitoring spreadsheet will be initiated noting Residents Name, ABN		

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