

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #  <b>345529</b>	MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	DATE SURVEY COMPLETE:  <b>6/15/2018</b>
--	---------------------------------	--	--

NAME OF PROVIDER OR SUPPLIER  <b>UNIVERSAL HEALTH CARE/NORTH RALEIGH</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5201 CLARKS FORK DRIVE NW RALEIGH, NC</b>
--	---

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
---------------------	-----------------------------------

<b>F 623</b>	<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> <ul style="list-style-type: none"> <li>(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.</li> <li>(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</li> <li>(iii) Include in the notice the items described in paragraph (c)(5) of this section.</li> </ul> <p>§483.15(c)(4) Timing of the notice.</p> <ul style="list-style-type: none"> <li>(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.</li> <li>(ii) Notice must be made as soon as practicable before transfer or discharge when- <ul style="list-style-type: none"> <li>(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;</li> <li>(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;</li> <li>(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;</li> <li>(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</li> <li>(E) A resident has not resided in the facility for 30 days.</li> </ul> </li> </ul> <p>§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:</p> <ul style="list-style-type: none"> <li>(i) The reason for transfer or discharge;</li> <li>(ii) The effective date of transfer or discharge;</li> <li>(iii) The location to which the resident is transferred or discharged;</li> <li>(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;</li> <li>(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;</li> <li>(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</li> <li>(vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address</li> </ul>
--------------	---

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

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #  <b>345529</b>	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE:  <b>6/15/2018</b>
--	---------------------------------	--	--

NAME OF PROVIDER OR SUPPLIER  <b>UNIVERSAL HEALTH CARE/NORTH RALEIGH</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5201 CLARKS FORK DRIVE NW RALEIGH, NC</b>
--	---

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
---------------------	-----------------------------------

<b>F 623</b>	<p>Continued From Page 1</p> <p>and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy 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 and staff interviews the facility failed to provide written notification to the resident representative and the ombudsman when a resident was transferred to the hospital. This was evident for 1 of 1 resident that was reviewed for hospitalizations (Resident #422).</p> <p>Findings Included:</p> <p>Resident #422 was admitted to the facility on 2/23/18 and diagnoses included congestive heart failure, cerebral vascular accident, diabetes, dysphagia and aphasia.</p> <p>An admission minimum data set for Resident #422 dated 3/2/18 identified the resident had moderately impaired cognition.</p> <p>Review of the medical record for Resident #422 revealed he was discharged to the hospital on 4/14/18 and re-admitted to the facility on 4/16/18.</p> <p>Review of the medical record for Resident #422 revealed he was discharged to the hospital on 5/25/18 and re-admitted to the facility on 6/1/18.</p> <p>An interview with the Social Worker (SW) on 6/15/18 at 4:06 pm revealed she had just been informed on Monday, 6/11/18 that it was her responsibility to provide the written notification of a resident ' s discharge to the resident, resident representative and ombudsman. She stated there had been no written notification provided to either the resident representative or ombudsman when Resident #422 was hospitalized.</p> <p>An interview with the Director of Nursing (DON) on 6/15/18 at 5:06 pm revealed it was the SW ' s responsibility to provide written notification of a resident ' s discharge to the resident representative and the ombudsman. He stated that the SW was not aware of this and going forward the SW would complete the notification per the regulation.</p>
--------------	---

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #  <b>345529</b>	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: <b>6/15/2018</b>
--	---------------------------------	--	--

NAME OF PROVIDER OR SUPPLIER  <b>UNIVERSAL HEALTH CARE/NORTH RALEIGH</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5201 CLARKS FORK DRIVE NW RALEIGH, NC</b>
--	---

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
---------------------	-----------------------------------

--	--