

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345403	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 11/6/2019
--	---------------------------------	--	--

NAME OF PROVIDER OR SUPPLIER CARY HEALTH AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 6590 TRYON ROAD CARY, NC
---	--

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

F 623	<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"> (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 (c)(5) of this section. <p>§483.15(c)(4) Timing of the notice.</p> <ul style="list-style-type: none"> (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. (ii) Notice must be made as soon as practicable before transfer or discharge when- <ul style="list-style-type: none"> (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section; (B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section; (C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section; (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. <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"> (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
--------------	---

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 # 345403	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 11/6/2019
--	---------------------------------	--	--

NAME OF PROVIDER OR SUPPLIER CARY HEALTH AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 6590 TRYON ROAD CARY, NC
---	--

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

F 623	<p>Continued From Page 1</p> <p>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(1). This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to provide written notice of reason for discharge to hospital to resident representative for 1 of 1 resident (Resident # 86) reviewed for hospitalization.</p> <p>Findings included:</p> <p>Resident # 86 was admitted to the facility on 8/23/2019 with the following diagnoses: Deep Venous Thrombosis, hypertension, Neurogenic bladder, UTI, dementia, Parkinson disease and Chronic Obstructive Pulmonary Disease (COPD).</p> <p>A review of the most recent MDS (Minimum Data Set) dated 8/30/2019 revealed Resident #86 was moderately cognitively impaired with short- and long-term memory. Resident # 86 was total dependent on staff with all Activity of daily living (ADLs).</p> <p>physician's orders revealed an order dated 9/26/2019 indicated to send resident to hospital due to worsening sacral wound with Osteomyelitis- need for further treatment.</p> <p>An interview was conducted with the Social Worker on 11/5/19 at 4:32 PM, she stated that she was not responsible for sending the resident representative a copy of the transfer letter. SW reported she was not sure of the person who was responsible. SW added the nurses on the floor were sending bed hold policy letters with the patient to the hospital but unsure if the transfer letter was sent to the resident or resident representative. SW indicated the family had agreed to have a bed hold at the facility as the resident was expected to come back to the facility.</p> <p>An interview conducted with the Director of Nursing (DON) on 11/5/19 at 4:40 PM, revealed discharge notification was done verbally by nursing and documented in the medical records. The DON further stated that she was not aware that written notification was sent to resident representative.</p> <p>An interview conducted with the Administrator on 11/6/2019 at 11:00 AM, revealed she was making sure the ombudsman was notified of the discharges for each month, but she did not have records indicating the</p>
--------------	--

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345403	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 11/6/2019
--	---------------------------------	--	--

NAME OF PROVIDER OR SUPPLIER CARY HEALTH AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 6590 TRYON ROAD CARY, NC
---	--

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

F 623	Continued From Page 2 notification to the resident's representative of resident's transfer to the hospital.
--------------	--