

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

PRINTED: 02/15/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345471	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/19/2021
NAME OF PROVIDER OR SUPPLIER MECKLENBURG HEALTH & REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 2415 SANDY PORTER ROAD CHARLOTTE, NC 28273		
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E 000	Initial Comments An unannounced COVID-19 Focused Survey was conducted on 01/12/2021. Additional information was obtained through 01/19/2020. Therefore, the exit date was changed to 01/19/2021. The facility was found in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# 1RWF11.	E 000			
F 000	INITIAL COMMENTS An unannounced on-site Focused Infection Control Survey and Complaint Investigation were conducted on 01/12/2021, with exit from the facility on 01/12/2021. Additional information was gathered off-site through 01/16/2021. The survey team returned to the facility on 01/19/2021 and validated the credible allegation. Therefore, the exit date was changed to 01/19/2021. The facility was found in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. There were a total of 6 allegations investigated; 4 were unsubstantiated, 2 were substantiated and cited. Event ID# 1RWF11. Immediate jeopardy was identified at: CFR §483.15 at tag F622 at a scope and severity (J). Immediate Jeopardy began on 01/07/2021 and was removed on 01/16/2021.	F 000			
F 622 SS=J	Transfer and Discharge Requirements CFR(s): 483.15(c)(1)(i)(ii)(2)(i)-(iii)	F 622		3/4/21	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

02/12/2021

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	Continued From page 1 §483.15(c) Transfer and discharge- §483.15(c)(1) Facility requirements- (i) The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless- (A) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility; (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; (C) The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident; (D) The health of individuals in the facility would otherwise be endangered; (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 (F) The facility ceases to operate. (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 or safety of the resident or other individuals in the	F 622			

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F 622	Continued From page 2 facility. The facility must document the danger that failure to transfer or discharge would pose. §483.15(c)(2) Documentation. 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. (i) Documentation in the resident's medical record must include: (A) The basis for the transfer per paragraph (c)(1)(i) of this section. (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). (ii) The documentation required by paragraph (c)(2)(i) of this section must be made by- (A) The resident's physician when transfer or discharge is necessary under paragraph (c)(1)(A) or (B) of this section; and (B) A physician when transfer or discharge is necessary under paragraph (c)(1)(i)(C) or (D) of this section. (iii) Information provided to the receiving provider must include a minimum of the following: (A) Contact information of the practitioner responsible for the care of the resident. (B) Resident representative information including contact information (C) Advance Directive information (D) All special instructions or precautions for ongoing care, as appropriate.	F 622			

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F 622	<p>Continued From page 3</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. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, legal guardian interview, facility staff and hospital staff interviews, the facility failed to communicate Resident #1's guardianship status to the hospital and failed to arrange for a supervised transfer and handoff of Resident #1 who was deemed incompetent and had a legal guardian. The nursing home provided confidential guardianship information to a contracted van driver in a sealed envelope. The van driver reportedly provided the sealed envelope to hospital staff and left the resident alone at the hospital. Hospital staff denied receiving any resident documentation in written, scanned, or telephonic format. This was evident for 1 of 3 residents reviewed for hospital discharges and transfers. Resident #1 exhibited behaviors at the hospital, stated he wanted to leave and left after registration and before triage. The whereabouts of Resident #1 were unknown for four days. On 1/11/21, the police located Resident #1 and he was returned to the hospital where he was found medically stable and was involuntarily committed.</p> <p>Immediate Jeopardy (IJ) began on 01/07/2021 when Resident #1, who was deemed incompetent, was discharged from the facility to a hospital and the facility failed to provide or arrange for the resident to be supervised when he was transported to the hospital. This resulted in Resident #1 exiting the hospital while</p>	F 622	<p>How corrective action will be accomplished for those residents found to have been affected by the alleged deficient practice- the facility assisted Atrium Health in placing Resident #1 at another skilled nursing facility. Address how the facility will identify other residents having the potential to be affected by the same deficient practice; all residents who have been deemed legally incompetent are at risk of being affected by the deficient practice. On January 16th, 2021, the facility completed a review of all active residents <input type="checkbox"/> records to identify any documentation reflecting legal incompetence. Address what measures will be put in place or any systemic changes made to ensure that the deficient practice will not recur; Starting on January 16th, 2021, all residents that have been deemed legally incompetent will be accompanied by a facility employee to outside appointments. All facility employees were in-serviced on this change on January 16th, 2021. The facility has also generated a form that will be used during appointments for legally incompetent residents that indicates the receiving entity/location has signed to receive custody of the resident before the facility employee departs.</p>		

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F 622	<p>Continued From page 4</p> <p>unsupervised and his whereabouts being unknown for the next four days. IJ was removed on 01/16/2021 when the facility implemented a credible allegation (CA) of Immediate Jeopardy (IJ) removal. The facility remains out of compliance at a lower scope and severity of D (no actual harm with the potential for more than minimal harm that is not IJ) to ensure monitoring systems in place are effective.</p> <p>Findings included:</p> <p>Resident #1 was admitted to the facility on 11/16/2020 and was under the guardianship of the Mecklenburg County Department of Social Services. Resident #1 had medical diagnoses inclusive of congestive health failure (CHF), acquired absence of right and left above the knee, type 2 diabetes mellitus (DM2) without complications, cerebral infarction unspecified, peripheral vascular disease (PVD), chronic obstructive pulmonary disease (COPD), other schizoaffective disorders, major depressive disorders, post-traumatic stress disorder, and antisocial personality disorder.</p> <p>Review of Resident #1's medical record revealed guardianship documentation which appointed Mecklenburg County Department of Social Services as being responsible for the resident's emergency medical treatment and authorization to consent to emergency medical care for Resident #1, Mecklenburg county ward. The form was signed by the facility's administrator on 11/20/20.</p> <p>Resident #1's quarterly Minimum Data Set (MDS) dated 11/30/20 identified him as being cognitively intact. The MDS also indicated he had verbal</p>	F 622	<p>When an employee must accompany a resident to an appointment, the Director of Nursing or Designee will provide one-on-one training to the employee regarding resident needs. This education will contain the following: Meet the transportation driver and resident at appointment entity/location; Accompany driver and resident to entity/location's reception desk; Remain with resident until you receive the signed acknowledgement from the entity/location confirming the resident has completed the registration process and the entity/location assumes custody of the resident; Give the signed form to the facility's receptionist when you return to the facility. Receptionist receives the completed form from the receiving entity/location and files it in a binder. Receptionist reviews form for completion and will notify Administrator or Director of Nursing of any discrepancy. The form is then scanned and uploaded into the resident's medical record. The facility will monitor the systemic changes to ensure solutions are achieved and sustained by: Social Worker or Administrator will review all new admissions to ensure legal incompetence status is identified and all proper documentation is obtained and scanned into the resident's chart. Administrator will review the most recent 30 days of admissions at the monthly Quality Assurance and Performance Improvement meetings for three (3) months until compliance is sustained, then quarterly thereafter. The Administrator is responsible for</p>		

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F 622	<p>Continued From page 5</p> <p>behavior symptoms directed towards others, feeling depressed, difficulty falling asleep and staying asleep, loss of appetite, feeling bad about self or thoughts of hurting self, occasional incontinence of urine, frequent incontinence of bowel, a stage 2 pressure ulcer.</p> <p>Record review of a progress note dated 12/28/20 written by the psychiatric Nurse Practitioner (NP) dated 12/28/20 revealed NP visit with Resident #1, chief complaint/nature of presenting problem was depression and verbal aggression toward staff. NP noted Resident #1 was angry, demanding and acknowledged he threatened to hurt staff. NP also noted Resident #1 stated he wanted to leave facility and stated, "I will do what I have to do to get out of here." Visit note indicated Resident #1 verbalized a desire to leave facility and go to men's shelter. NP noted information regarding Resident #1's request was verbalized to administrative staff.</p> <p>Resident #1's care plan updated on 1/4/21 included focus areas for nutritional risk, hypo/hyperglycemia episodes related to DM2, potential for decreased cardiac output related PVD, hypertension (HTN), and coronary artery disease (CAD), assistance for all activities of daily living related to impaired mobility, history of shortness of breath related to respiratory disease, risk for falls and fall related injuries, pain management and monitoring related to muscle weakness, COPD, bilateral above knee amputation, and pressure ulcer related to impaired mobility stage 2 located on the sacrum. Resident #1's care plan also included focus areas for mood state (feeling tired and having little energy, trouble concentration, feeling down and depressed, thoughts that he would rather be</p>	F 622	overseeing this process.		

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F 622	<p>Continued From page 6</p> <p>dead) and manipulative-attention seeking-demanding behaviors and a long time smoker in a smoke free facility.</p> <p>Record review of a progress note written by the Administrator dated 1/7/21 at 4:12 PM for Resident #1 revealed he had smoked at the facility in non-smoking areas. Resident #1 was redirected by facility staff and he continued to demonstrate noncompliance with smoking restriction, verbalized foul language and made verbal threats to others.</p> <p>Further review of Resident #1's progress notes dated 1/7/21 at 8:45PM, the Administrator noted per Resident #1's request and responsible party notification, he was discharged to the hospital and his personal belongings were sent with him via transportation services.</p> <p>An interview was conducted with the Administrator on 1/12/2021 at 11:12AM. The Administrator stated he contacted Resident #1's guardian and reported verbal threatening behaviors towards others by Resident #1 on 1/7/21 and his desire to leave the facility. The Administrator reported Resident #1's guardian was not in agreement for Resident #1 to be discharged to the community, therefore, Resident #1 would be discharged from the facility and transferred to the hospital ED (Emergency Department) for medical evaluation and clearance for a possible psychiatric admission. The Administrator reported Resident #1's guardian was agreeable with the discharge and hospital transfer. The Administrator reported no written notice of discharge was given to Resident #1 or his legal guardian on 1/7/21.</p>	F 622			

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F 622	<p>Continued From page 7</p> <p>A phone interview was conducted with Resident #1's Guardian on 1/12/21 at 10:21AM. The Guardian stated he was contacted by the Administrator on 1/7/21 regarding Resident #1's refusal to comply with the facility's non-smoking policy, his desire to leave the facility and verbal threats towards others at the facility. The Guardian reported options were discussed with the Administrator based on Resident #1's request to leave the facility. Resident #1 stated he wanted to leave the facility and go to an extended stay hotel; however, the Guardian was not in agreement with Resident #1 going into the community. The Guardian stated he was later notified by the Administrator that a facility provider gave orders for Resident #1 to be transferred to a hospital ED for a focused medical assessment, psychiatric consult, and possible admission. The Guardian agreed to the hospital transfer and discharge from the facility.</p> <p>During an interview with the facility's psychiatric NP on 1/12/21 at 2:45PM, she stated the facility's Administrator contacted her 1/7/21 regarding Resident #1's safety in the in the community because he was requesting to leave the facility and go to an extended stay hotel. The psychiatric NP stated she had short visits with Resident #1, however, based on his history he could be impulsive and facility staff should be responsive to his threats towards others.</p> <p>An interview conducted with the facility's Nurse Practitioner (NP) on 1/12/21 at 12:45PM revealed he was contacted by the administrator on 1/7/21 regarding Resident #1's behaviors of noncompliance with smoking restrictions, verbal threats towards staff and a desire to leave the facility. The NP also stated the Administrator</p>	F 622			

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F 622	<p>Continued From page 8</p> <p>informed him that he had spoken to Resident #1's Guardian regarding his behaviors. The NP reported he was only aware of a psychiatric unit located in another county and gave a verbal telephone order for transfer to their ED for evaluation and psychiatric consultation.</p> <p>Resident #1's electronic physician orders for January 2021 revealed the following verbal telephone order:</p> <p>Discharge to behavioral health hospital dated 1/07/2021 at 4:20 PM</p> <p>Resident #1's medication orders at discharge on 1/07/2021 included; Amlodipine 10 milligram (mg) daily for HTN, Atorvastatin 80 mg at bedtime for PVD, Carvedilol 25 mg twice a day for HTN, Clopidogrel 75 mg daily for cerebral infarction, Levemir 10 units daily for DM2, Lisinopril 40 mg daily for HTN, Metformin 500 mg twice a day for DM2, Novolog (sliding scale) before meals and at bedtime for DM2, Zoloft 150 mg daily for major depressive disorder, Toremide 20 mg daily for CHF, and Tradjenta 5 mg daily for DM2.</p> <p>On 1/12/21 at 2:29PM during an interview with Nurse #1, she reported that on 01/07/21 she was informed by the Administrator, Resident #1 was transferring to the ED and she prepared the discharge summary for Resident #1.</p> <p>A follow up interview with the Administrator was conducted on 1/12/2021 at 1:21PM. He stated that on 01/07/21 he notified a nurse in the hospital ED via telephone call of Resident #1 being transported for evaluation. He stated he also notified staff in the ED; Resident #1 had a guardian in place with Mecklenburg Department</p>	F 622			

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F 622	<p>Continued From page 9 of Social Services (DSS). The Administrator was not able to recall the name of the nurse in the ED he gave the report of the transfer. The Administrator communicated the following information was sent with Resident #1 in a sealed envelope via the transportation service:</p> <p>Facility face sheet Guardianship documentation Continuity of care information inclusive of medication list, diagnoses, allergies, advance directives, insurance information, COVID-19 vaccine, lab results, blood sugar monitoring, care plan, social history, and recapitulation of residents stay.</p> <p>The Administrator explained he gave a sealed envelope containing these documents to the van driver of a contracted company. The Administrator stated he gave the driver instructions to hand over the documents to the hospital staff upon arrival to the ED.</p> <p>Additional information was provided by the Administrator on 1/15/21 at 3:54PM via a telephone interview. The Administrator stated Resident #1 was transported by a van owned by a contracted company with the facility. The Administrator also reported facility staff had not accompanied Resident #1 to the ED.</p> <p>An interview was completed with the Van Driver on 1/12/21 at 1:25PM. During the interview, the driver stated he received a call to transport a resident from the facility to the ED in another county. He reported upon his arrival, the Van Driver was told by the Administrator the hospital had been notified of Resident #1's need for an evaluation in the ED. The Van Driver stated he</p>	F 622			

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F 622	<p>Continued From page 10</p> <p>was given a sealed envelope and was told by the Administrator to give the envelope to hospital staff in the ED. The Driver also stated he was not told by the Administrator he had to stay with Resident #1 until he was seen by the ED staff. The Driver reported the Administrator informed him that he would place another call to notify the ED of their time of departure from the facility. The Driver described what took place on arrival to the ED by stating he and Resident #1 went through the COVID screening process, then on to the registration desk. The Driver reported Resident #1 became upset when hospital staff told him he had to change to a new mask, but he complied. The Driver inquired if he could place Resident #1's belongings on a cart while Resident #1 spoke with hospital staff at the registration desk. The Driver was asked by hospital staff if Resident #1 was a direct admit and he responded by stating the facility Administrator indicated the hospital had been notified of the transfer. The driver reported he gave the sealed envelope to hospital staff (not sure of staff's role). The Driver stated that he was told he could leave after Resident #1 completed registration. By his report, the driver stayed until he was told by ED staff he could leave when Resident #1 completed registration.</p> <p>An interview was conducted with the Emergency Department (ED) nurse manager on 1/13/21 at 1:38PM. She reported no record of a pre-arrival form or emergency staff reporting a call had been received on 1/07/2021 regarding Resident #1 being transported from a long-term care facility for evaluation in the ED. The ED nurse manager stated Resident #1 had registered and received a hospital name badge but was not triaged by clinical staff. She also reported no documents</p>	F 622			

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F 622	<p>Continued From page 11</p> <p>had been scanned in Resident #1's medical records from facility.</p> <p>On 1/14/21 at 4:45PM, an interview was conducted with the ED day shift (7:00 AM to 7:00 PM) charge nurse who worked on 1/07/2021. She could not recall receiving a call from a Mecklenburg County facility regarding Resident #1 coming to the ED for a medical evaluation. The ED charge nurse also stated she was not informed by any staff in the ED on 1/07/2021, Resident #1 was coming for an evaluation.</p> <p>An interview was completed with a registration ED Clinician I who worked on 1/07/2021. The interview was conducted on 1/14/21 at 3:36PM. The registration Clinician I stated she completed the registration process with Resident #1 who provided information regarding his identity, date of birth, and purpose for visit. The registration Clinician I stated Resident #1 began to yell and use profanity during the registration process. The registration Clinician I also reported Resident #1 stated he did not want to stay in the ED. The registration Clinician I stated no documents were given to her for Resident #1 and he left without being seen in triage.</p> <p>An interview with the ED night shift charge nurse (7:00 PM to 7:00 AM) on 1/14/21 at 4:31PM revealed she received no report during change of shift that Resident #1 was due to arrive in the ED. She further stated she did not receive a call from a facility in another county that Resident #1 was being transported to the ED for a medical evaluation. The night ED charge nurse on night shift stated she was told by staff in registration of a male patient that arrived via transportation service to be seen in the ED, but he began to</p>	F 622			

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F 622	<p>Continued From page 12</p> <p>scream obscenities and wanted to smoke. The night ED charge nurse stated the ED was very busy and when she was able to inquire about the patient's whereabouts, staff informed her he left without being triaged. The ED night nurse was not told by the registration staff the name of the male patient who had left the ED.</p> <p>During an interview with the Administrator on 1/12/2021 at 1:21PM, the Administrator stated on 1/8/21 he contacted the hospital ED to follow up with Resident #1's medical evaluation and he was told that Resident #1 left the hospital without being seen by the ED physician.</p> <p>A follow up interview with the Guardian on 1/15/21 at 3:48PM revealed he was aware Resident #1 had a credit card and money on his person when he left the hospital on 1/07/21. The Guardian stated Resident #1 reported he had no medications, and that he purchased food and paid for lodging after leaving the ED on 1/7/21.</p> <p>On 1/19/21 at 2:05PM during an interview with Resident #1's Guardian, he reported he contacted the hospital on 1/8/21 and was informed Resident #1 had not been admitted on 1/7/21. The Guardian stated he placed a missing person report on 1/8/21, and a senior alert on 1/9/21 as well as involuntary commitment. The Guardian reported the police were able to view footage at the hospital that showed Resident #1 leaving in a van on 1/7/21. He also reported after leaving the hospital, Resident #1 was residing in an extended stay hotel until picked up and taken to the hospital on involuntary commitment on 1/11/21. The first time the guardian spoke with Resident #1 was after his admission to the hospital on 1/11/21.</p>	F 622		

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F 622	<p>Continued From page 13</p> <p>Review of hospital medical record for Resident #1 dated 1/11/21 revealed he presented to the ED under involuntary commitment. He was seen by the medical team and was noted to be medically stable. Laboratory results dated 1/11/21 at 7:46 AM for Resident #1's identified an elevated blood glucose level of 305 milligrams per deciliter.</p> <p>The facility's Administrator was notified of the immediate jeopardy on 1/16/21 at 10:00 AM.</p> <p>The facility provided an acceptable credible allegation of immediate jeopardy removal which included:</p> <p>Mecklenburg Health and Rehabilitation Credible Allegation January 16, 2021</p> <p>Identify those recipients who have suffered, or are likely to suffer, a serious adverse outcome as a result of the noncompliance.</p> <p>Resident #1 has suffered, or was likely to suffer, a serious adverse outcome as a result of the noncompliance. Resident was at risk for serious harm because he was not accompanied by staff member or legal guardian to ensure proper transfer of custody. Resident #1's departure from the emergency room created a potential for serious harm or decline in physical or mental condition.</p> <p>Specify the action the entity will take to alter the process or system failure to prevent a serious adverse outcome as a result of the noncompliance.</p> <p>On January 16, 2021 Regional Reimbursement</p>	F 622			

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F 622	<p>Continued From page 14</p> <p>Manager completed a review of all active residents' electronic medical records for documentation of resident competency. Any resident who has been legally deemed incompetent will be accompanied by a facility employee to outside appointments. The facility employee will obtain written acknowledgement from the receiving entity that the resident has been placed in their custody. No other resident was identified as legally incompetent. If a resident is newly admitted and is legally incompetent or if a current resident becomes legally incompetent, facility will place a file at each nurses' station and reception desk listing the face sheets of those residents that are deemed legally incompetent.</p> <p>Personnel responsible for new admissions were notified of this responsibility on Saturday, January 16th through a telephone in-service.</p> <p>The written acknowledgement is a facility generated form.</p> <p>On January 16, 2021, all employees, including licensed and unlicensed employees and therapists were in-serviced by the Regional Clinical Manager, Regional Operations Manager, and Administrator that legally deemed incompetent residents will be accompanied by a facility employee to outside appointments and that a file will be kept at each nurses' station and reception desk listing the face sheets of those residents that are deemed legally incompetent. No employees will be allowed to work until this in-service is received. Administrator, Director of Nursing Services, or Department Supervisor will notify employees in advance of an appointment for a resident who is legally incompetent and who</p>	F 622			

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F 622	<p>Continued From page 15</p> <p>must be accompanied by a facility employee to the outside appointment.</p> <p>All facility personnel have been in-serviced by the Administrator on January 16, 2021 on the new procedures related to accompanying legally incompetent residents to an outside appointment. In the event an employee must accompany a legally incompetent resident, Administrator of Director of Nursing will provide one-on-one instruction prior to the appointment that is resident specific. This employee training will contain the following information: Meet transportation driver and resident at appointment entity/location; Accompany driver and resident to the entity/location's reception desk; Remain with resident until you receive the signed acknowledgement from the entity/location confirming the resident has completed the registration process and the entity/location assumes custody of the resident; Give the signed form to the facility's receptionist when you return to the facility. Administrator is notified by receptionist of each upcoming appointment.</p> <p>Receptionist receives completed form the receiving entity and files it in a binder. Receptionist reviews form for completion and will notify Administrator or Director of Nursing of any discrepancy. The form is then scanned uploaded in the resident's medical record.</p> <p>This plan does include ER visits via private transportation.</p> <p>The facility alleges the immediate jeopardy was removed on January 16, 2021.</p>	F 622			

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F 622	Continued From page 16 On 01/19/21, the facility's credible allegation of immediate jeopardy removal was validated by review of documentation regarding staff training of residents deemed incompetent with outside appointments. Staff interviews revealed receipt of training related to legally deemed incompetent residents will be accompanied by a facility employee to outside appointments. The facility's date of IJ removal of 01/16/21 was validated.	F 622			
F 623 SS=D	Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8) §483.15(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 (c)(5) of this section. §483.15(c)(4) Timing of the notice. (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- (A) The safety of individuals in the facility would	F 623		3/4/21	

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F 623	<p>Continued From page 17</p> <p>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> <p>(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</p> <p>(E) A resident has not resided in the facility for 30 days.</p> <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> <p>(i) The reason for transfer or discharge;</p> <p>(ii) The effective date of transfer or discharge;</p> <p>(iii) The location to which the resident is transferred or discharged;</p> <p>(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;</p> <p>(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;</p> <p>(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</p>	F 623			

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F 623	<p>Continued From page 18</p> <p>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 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).</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, resident's guardian interview, facility staff and Nurse Practitioner interview, the facility failed to provide a written notice of discharge to the resident and the resident's representative when the facility-initiated a discharge of a resident to the hospital. This was evident for 1 of 1 resident reviewed for a facility-initiated emergency discharge (Resident #1).</p>	F 623	<p>How corrective action will be accomplished for those residents found to have been affected by the alleged deficient practice: Resident #1 was placed at another skilled nursing facility. All residents in the skilled nursing facility have the potential to be affected by the same alleged deficient practice. The following measures and systemic changes will be put in place to ensure that</p>		

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F 623	<p>Continued From page 19</p> <p>Findings included:</p> <p>Resident #1 was admitted to the facility on 11/16/2020 and was under the guardianship of the Mecklenburg County Department of Social Services. Resident #1 had medical diagnoses inclusive of congestive health failure (CHF), acquired absence of right and left above the knee, type 2 diabetes mellitus (DM2) without complications, cerebral infarction unspecified, peripheral vascular disease (PVD), chronic obstructive pulmonary disease (COPD), other schizoaffective disorders, major depressive disorders, post-traumatic stress disorder, and antisocial personality disorder.</p> <p>Review of Resident #1's medical record revealed guardianship documentation which appointed Mecklenburg County Department of Social Services as being responsible for the resident's emergency medical treatment and authorization to consent to emergency medical care for Resident #1, Mecklenburg county ward. The form was signed by the facility's Administrator on 11/20/20.</p> <p>Resident #1's quarterly Minimum Data Set (MDS) dated 11/30/20 identified him as being cognitively intact. The MDS also indicated he had verbal behavior symptoms directed towards others.</p> <p>Resident #1's electronic physician orders for January 2021 revealed the following verbal telephone order: Discharge to behavioral health hospital dated 1/07/2021 at 4:20 PM</p> <p>Record review of a progress note written by the Administrator dated 1/7/21 at 4:12 PM for</p>	F 623	<p>the deficient practice does not recur; previous and current Administrator were educated on January 18th, 2021 by the Regional Clinical Manager regarding the requirements and process of issuing 30-day discharge notices. Department managers were educated by Administrator on February 12th, 2021 regarding the regulatory requirements of issuing discharge notices and were provided the scenarios in which a 30-day notice is required.</p> <p>Indicate how the facility plans to monitor its performance to make sure all solutions are sustained: The facility will monitor the systemic changes to ensure solutions are achieved and sustained: the Social Worker or Designee will bring a list of all discharges for a 30-day period for review in monthly Quality Assurance Performance Improvement for three (3) months until compliance is sustained, then quarterly thereafter. The Administrator is responsible for overseeing this process.</p>		

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F 623	<p>Continued From page 20</p> <p>Resident #1 revealed he had smoked at the facility in non-smoking areas. Resident #1 was redirected by facility staff and he continued to demonstrate noncompliance with smoking restriction, verbalized foul language and made verbal threats to others.</p> <p>Further review of Resident #1's progress notes dated 1/7/21 at 8:45PM, the Administrator noted per Resident #1's request and responsible party notification, he was discharged to the hospital and his personal belongings were sent with him via transportation services.</p> <p>An interview was conducted with the Administrator on 1/12/2021 at 11:12AM. The Administrator stated he contacted Resident #1's guardian and reported verbal threatening behaviors towards others by Resident #1 on 1/7/21 and his desire to leave the facility. The Administrator reported Resident #1's guardian was not in agreement for Resident #1 to be discharged to the community, therefore, Resident #1 would be discharged from the facility and transferred to the ED for medical evaluation and a possible psychiatric admission. The Administrator reported Resident #1's guardian was agreeable with the discharge and hospital transfer. The Administrator reported no written notice of discharge was given to Resident #1 or his legal guardian on 1/7/21. The Administrator further stated he did not have time to initiate a written notice of discharge for Resident #1 on 1/7/21.</p> <p>A phone interview was conducted with Resident #1's Guardian on 1/12/21 at 10:21AM. The Guardian stated he was contacted by the Administrator on 1/7/21 regarding Resident #1's</p>	F 623			

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F 623	Continued From page 21 refusal to comply with the facility's non-smoking policy, his desire to leave the facility and verbal threats towards others at the facility. The Guardian reported options were discussed with the Administrator based on Resident #1's request to leave the facility. Resident #1 stated he wanted to leave the facility and go to an extended stay hotel; however, the Guardian was not in agreement with Resident #1 going into the community. The Guardian stated he was later notified by the Administrator that a facility provider gave orders for Resident #1 to be transferred to a hospital Emergency Department (ED) for a focused medical assessment, psychiatric consult, and possible admission. The Guardian agreed to the hospital transfer and discharge from the facility. The Guardian also indicated he had not received a written notice of discharge for Resident #1 from the facility on 1/07/21.	F 623			