| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| ACCORDIUS HEALTH AT LEXINGTON | 279 BRIAN CENTER DRIVE LEXINGTON, NC 27292 |

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| F 000 | INITIAL COMMENTS<br><br>An unannounced on - site complaint investigation was conducted from 09/20/2021 through 09/23/2021. Event ID # W8W211.<br><br>One of the 19 complaint allegations was substantiated. F623 and F 660. | F 000 | | |
| F 623 SS=D | Notice Requirements Before Transfer/Discharge<br>CFR(s): 483.15(c)(3)-(6)(8)<br><br>§483.15(c)(3) Notice before transfer.<br>Before a facility transfers or discharges a resident, the facility must-<br>(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.<br>(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<br>(iii) Include in the notice the items described in paragraph (c)(5) of this section.<br><br>§483.15(c)(4) Timing of the notice.<br>(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.<br>(ii) Notice must be made as soon as practicable before transfer or discharge when-<br>(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section; | F 623 | | 10/13/21 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 10/13/2021

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| F 623 | Continued From page 1 | F 623 | | |

(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.

§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

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| F 623 | Continued From page 2<br>(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.<br><br>§483.15(c)(6) Changes to the notice.<br>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.<br><br>§483.15(c)(8) Notice in advance of facility closure<br>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).<br>This REQUIREMENT is not met as evidenced by:<br>Based on record review and staff, family and Ombudsman interviews, the facility failed to provide written notification to the Resident's Representative (RP), Emergency Contact #1 or the Ombudsman of a facility initiated discharge and transfer to another facility for 1 of 2 residents reviewed for discharge. (Resident #1)<br><br>Findings included:<br><br>Resident #1 was admitted to the facility on 03/26/21 with diagnoses that included bipolar | F 623 | The facility failed to provide written notification to the Resident's Representative (RP), Emergency Contact #1 or the Ombudsman of a facility-initiated discharge and transfer to another facility for 1 of 2 residents reviewed for discharge.<br>Resident #3 discharged from the facility on 8/24/2021. Emergency contact #1 was notified on 08/24/2021. The ombudsman was notified on 9/23/2021.<br>On 10/10/2021 the administrator | |

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| F 623 | Continued From page 3<br>disorder, delusional disorder, cognitive communication defect and dementia.<br><br>Review of the face sheet for Resident #1 indicated there were 3 Emergency Contacts, #1 and #2 were immediate family members.<br><br>The quarterly MDS assessment dated 07/2/21 noted Resident #1 had severe cognitive impairment and was noted to have verbal behaviors, rejection of care and wandering behaviors.<br><br>Review of the Discharge Summary completed by Social Worker (SW) #2 indicated Resident #1 was discharged to a Long Term Care (LTC)/Skilled Nursing Facility on 08/24/21 at 1:30 PM. The reason for discharge was noted as "move to alternative setting" with the comment added, "resident was transferred for LTC placement on locked unit."<br><br>The Social Worker Progress Note completed by SW #2 on 08/24/21 at 3:25 PM revealed Resident #1 had been transferred to a locked unit at another facility. It was noted that Emergency Contact #1 was notified via phone the afternoon of the move and Resident #1 was her own RP.<br><br>A record review revealed no written discharge notification was completed to Resident #1's primary emergency contact (Emergency Contact #1), her RP or the Ombudsman regarding the discharge from the facility and admission to another facility.<br><br>A phone interview by the surveyor was placed on 09/21/21 at 11:55 AM to Resident #1's Emergency Contact #1 regarding notification of | F 623 | completed a 100% audit of written notification and notification to ombudsman for all facility- initiated discharges and transfers to another facility during the last 3 months.<br>On 10/11/2021 the Administrator completed education with the Director of Nursing, Assistant Director of Nursing, Business Office Manager and Director of Social Services on notice before transfer, timing of notice, contents of notice, changes to notice and notice in advance of facility closure.<br>The Administrator or designee will audit facility- initiated discharges and transfers weekly to include monitoring of the written notification. including the timing and contents of notice x 3 months beginning 10/14/2021. Audits will be documented on the transfer/discharge log to ensure proper communication of notice; timing of notice and contents of notice are provided prior to facility-initiated transfer/discharge. The transfer/discharge log will be brought to monthly Quality Assurance and Performance Improvement Committee x 3 months by the Administrator or designee for review. Any further action needed will be implemented by the committee as required. The Administrator is responsible for implementing the acceptable plan of correction. | |

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| F 623 | Continued From page 4 | F 623 | | |

the transfer and discharge from the facility. The family member stated she was made aware of the discharge by the Social Worker after Resident #1 had been transferred. The family member stated she had not received any notification in writing relating to her transfer.

An interview was completed on 09/21/21 at 2:20 PM with SW #2 regarding the discharge for Resident #1. SW #2 had worked at the facility since 08/04/21. She said she "did not know anything" about Resident #1. She noted the facility management team had the daily morning meeting 08/24/21 regarding discharges. During the meeting, the Administrator told her to add Resident #1 to the discharge list as she would be discharged that day.

The Business Office Manager (BOM) was interviewed on 09/21/21 at 2:11 PM regarding her role when a resident was discharged. She was asked about the process for notification of discharge/transfer of residents. The BOM stated the form must be done within a 48 hour timeframe of the resident leaving if the resident had to transfer due to harm. She stated they had 30 days for the discharge notice otherwise. The BOM stated Resident #1 was her own RP and there were 3 people listed for her emergency contacts. She was asked to provide the discharge/transfer form for Resident #1.

An interview was done with the Corporate Nurse on 09/21/21 at 10:30 AM regarding discharge paperwork. She was requested to provide the discharge notification/transfer form and where the copy was located. She stated the form titled, "Nursing Home, Notice of Transfer/Discharge" form was kept in the resident's file.

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| F 623 | Continued From page 5<br><br>A follow-up interview was conducted with the Business Office Manager on 09/21/21 at 3:04 PM. The Business Office Manager was asked if there was any written notification of transfer or discharge sent and she said no.<br><br>A phone interview was conducted with the Ombudsman on 09/23/21 at 9:05 AM regarding the notification of Resident #1's discharge from the facility. She stated she had not received written notification by the facility of the discharge. The Ombudsman stated when the facility sends the forms they are faxed.<br><br>The Administrator was interviewed on 09/21/21 at 2:32 PM regarding the transfer of Resident #1. The Administrator stated they were able to find a locked memory unit at another facility, and she had spoken with her Significant Other (Emergency Contact #3) on 08/23/21, as he was in the building the same day the bed became available. She was asked about the written/transfer notification for discharge and stated this was not completed. | F 623 | | |
| F 660 SS=D | Discharge Planning Process<br>CFR(s): 483.21(c)(1)(i)-(ix)<br><br>§483.21(c)(1) Discharge Planning Process<br>The facility must develop and implement an effective discharge planning process that focuses on the resident's discharge goals, the preparation of residents to be active partners and effectively transition them to post-discharge care, and the reduction of factors leading to preventable readmissions. The facility's discharge planning process must be consistent with the discharge rights set forth at 483.15(b) as applicable and- | F 660 | | 10/13/21 |

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| F 660 | Continued From page 6<br>(i) Ensure that the discharge needs of each resident are identified and result in the development of a discharge plan for each resident.<br>(ii) Include regular re-evaluation of residents to identify changes that require modification of the discharge plan. The discharge plan must be updated, as needed, to reflect these changes.<br>(iii) Involve the interdisciplinary team, as defined by §483.21(b)(2)(ii), in the ongoing process of developing the discharge plan.<br>(iv) Consider caregiver/support person availability and the resident's or caregiver's/support person(s) capacity and capability to perform required care, as part of the identification of discharge needs.<br>(v) Involve the resident and resident representative in the development of the discharge plan and inform the resident and resident representative of the final plan.<br>(vi) Address the resident's goals of care and treatment preferences.<br>(vii) Document that a resident has been asked about their interest in receiving information regarding returning to the community.<br>(A) If the resident indicates an interest in returning to the community, the facility must document any referrals to local contact agencies or other appropriate entities made for this purpose.<br>(B) Facilities must update a resident's comprehensive care plan and discharge plan, as appropriate, in response to information received from referrals to local contact agencies or other appropriate entities.<br>(C) If discharge to the community is determined to not be feasible, the facility must document who made the determination and why.<br>(viii) For residents who are transferred to another | F 660 | | |

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| F 660 | Continued From page 7<br>SNF or who are discharged to a HHA, IRF, or LTCH, assist residents and their resident representatives in selecting a post-acute care provider by using data that includes, but is not limited to SNF, HHA, IRF, or LTCH standardized patient assessment data, data on quality measures, and data on resource use to the extent the data is available. The facility must ensure that the post-acute care standardized patient assessment data, data on quality measures, and data on resource use is relevant and applicable to the resident's goals of care and treatment preferences.<br>(ix) Document, complete on a timely basis based on the resident's needs, and include in the clinical record, the evaluation of the resident's discharge needs and discharge plan. The results of the evaluation must be discussed with the resident or resident's representative. All relevant resident information must be incorporated into the discharge plan to facilitate its implementation and to avoid unnecessary delays in the resident's discharge or transfer.<br>This REQUIREMENT is not met as evidenced by:<br>Based on record review and staff and family interviews, the facility failed to implement and communicate with Emergency Contact #1 or the Resident Representative (RP)/Emergency Contact #2, a discharge plan for Resident #1's transfer to a locked unit at another Skilled Nursing Facility. This was for 1 of 2 residents reviewed for discharge planning (Resident #1).<br><br>Findings included:<br><br>Resident #1 was readmitted to the facility on 03/26/21 with diagnoses that included bipolar disorder, delusional disorder, cognitive | F 660 | The facility failed to implement and communicate with Emergency Contact #1 or the Resident Representative (RP)/Emergency Contact #2, a discharge plan for Resident #3's transfer to a locked unit at another Skilled Nursing Facility. This was for 1 of 2 residents reviewed for discharge planning (Resident #1) Resident #3 discharged from the facility on 8/24/2021. Emergency contact #1 was notified on 08/24/2021. Emergency Contact #2 was notified on 8/24/2021. On 10/10/2021 the administrator completed a 100% audit of discharge | |

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| F 660 | Continued From page 8<br>communication defect and dementia.<br><br>The Baseline care plan for Resident #1 was completed by Social Worker #1 on 03/26/21 and indicated the Resident's Representative (RP) was to a family member. This family member was listed as Emergency Contact #2 on the face sheet.<br><br>The Admission Minimum Data Set (MDS) dated 03/28/21 coded Resident #1 as having severe cognitive impairment.<br><br>The Social Worker (SW) Progress Note dated 03/29/21 completed by SW #1 indicated the baseline care plan meeting was held with Resident #1 and Emergency Contact #1 attended by phone. They discussed Resident #1's increased behaviors and that she would likely need a secure unit.<br><br>A review of the care plan dated 03/30/21 completed by Social Worker #1 indicated Resident #1 had requested to remain in Long Term Care.<br><br>A care plan meeting was held on 05/26/21 by SW #1 with Emergency Contact #1 via phone. Documentation noted the continuation with Resident #1's long term care and the current plan of care would be continued through her next care plan review date.<br><br>The quarterly MDS assessment dated 07/2/21 noted Resident #1 had severe cognitive impairment and was noted to have verbal behaviors, rejection of care and wandering behaviors. | F 660 | planning for discharges during the last 3 months.<br>On 10/11/2021 the Administrator completed education with the Director of Nursing, Assistant Director of Nursing, Business Office Manager and Director of Social Services on discharge planning process.<br>The Administrator or designee will audit all discharges weekly to include care, IDT, resident and RP involvement x 3 months beginning 10/14/2021. Audits will be documented on the discharge log to ensure proper discharging planning process is utilized. The discharge log will be brought to monthly Quality Assurance and Performance Improvement Committee x 3 months by the Administrator or designee for review. Any further action needed will be implemented by the committee as required. The Administrator is responsible for implementing the acceptable plan of correction. | |

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| F 660 | Continued From page 9 | F 660 | | |

The Discharge Summary for Resident #1 completed by the Nurse Practitioner (NP) on 08/23/21 indicated she would discharge on 08/24/21 to a secure memory care unit.

Review of the Discharge Summary completed by Social Worker #2 indicated Resident #1 was discharged to a Long Term Care (LTC)/Skilled Nursing Facility on 08/24/21 at 1:30 PM. The reason for discharge was noted as "moved to alternative setting" with the comment added, "resident was transferred for LTC placement on locked unit."

The Social Worker Progress Note completed by SW #2 on 08/24/21 at 3:25 PM revealed Resident #1 had been transferred to a locked unit at another facility. It was noted that Emergency Contact #1 was notified via phone the afternoon of the transfer and Resident #1 was her own RP.

A record review revealed no updated discharge planning was completed with Resident #1's primary emergency contact #1 or her RP/Emergency Contact #2 regarding the discharge from the facility and admission to another facility.

Record review noted Resident #1's RP/Emergency Contact #2 was not made aware of the transfer prior to her discharge.

A phone call was placed on 09/21/21 at 11:55 AM to Resident #1's Emergency Contact #1, regarding discharge planning and notification of the transfer and discharge from the facility. Emergency Contact #1 said she had no communication with the facility about her discharge and it had been at least 2 months since

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| F 660 | Continued From page 10 | F 660 | | |

she was called by the previous Social Worker (SW#1). The family member stated she was made aware of the discharge by Social Worker #2 after Resident #1 had been transferred.

An interview was completed on 09/21/21 at 2:20 PM with Social Worker (SW) #2 regarding the discharge for Resident #1. SW #2 had worked at the facility since 08/04/21. SW #2 said she "did not know anything" about Resident #1. The Social Worker stated the resident was here when she came to the facility and she was discharged and transferred to another facility on 08/24/21. She noted the management team had the daily morning meeting on 08/24/21 regarding discharges. During the meeting, the Administrator told her to add Resident #1 to the discharge list as she would be discharged that day. SW #2 said she thought all arrangements had been made, and the family had been contacted. SW #2 noted there was no communication with her about Resident #1's discharge plan prior to the 08/24/21 meeting. The Administrator indicated to her on 08/24/21, she needed a locked unit. The SW said that on 08/24/21, she had reviewed her profile, noted Resident #1 was her own RP and called her Emergency Contact #1 to ensure the family had been notified. She stated Emergency Contact #1 had not been notified and was very upset and wanted to speak with the Director of Nursing (DON) and the Administrator. Emergency Contact #1 told her no one had told Emergency Contact #1 about any behaviors recently, and they had no right to discharge her. SW #2 said she had reviewed the previous Social Worker's note, completed by SW #1 from admission in March 2021, and in the 48 hour baseline care plan meeting they discussed the need for a

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| F 660 | Continued From page 11 | F 660 | | |

locked unit with Emergency Contact #1.

A phone interview was conducted with the Nurse Practitioner (NP) that completed the discharge summary on 08/23/21 at 10:16 AM. She stated someone from the management team had approached her about a discharge and transfer and asked her to complete the discharge summary. She was asked if she was aware of any prior plans to transfer her to a locked unit and she said no. She noted Resident #1 had behaviors, was delusional and had bipolar disorder. The NP was not aware of any critical needs where she had wandered or had significant behaviors toward other residents. The NP said she had not spoken with Resident #1's family or significant other since admission in March 2021.

The Business Office Manager (BOM) was interviewed on 09/21/21 at 2:11 PM regarding her role when a resident discharged. She stated they had started to send requests to other facilities in the last month as Resident #1 was having more behaviors and the Social Worker was working with the family. The BOM stated Resident #1 was her own RP and there were 3 people listed for her emergency contacts.

The Administrator was interviewed on 09/21/21 at 2:32 PM regarding the transfer of Resident #1. She said upon admission in March 2021, the facility had spoken with a female family member (Emergency Contact #1) about a transfer that would be more appropriate for her. The Administrator stated they were able to find a locked memory unit at another facility, and she had spoken with her Significant Other (Emergency Contact #3), as he was in the building the same day the bed became available.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345011 | A. BUILDING _____ B. WING _____ | C 09/23/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ACCORDIUS HEALTH AT LEXINGTON | 279 BRIAN CENTER DRIVE LEXINGTON, NC 27292 |

| (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 |
|---|---|---|---|---|
| F 660 | Continued From page 12<br>The facility received information that there was an open bed available on 08/23/21 she stated, which was the day before the transfer occurred. The Administrator said they had a list of her emergency contacts, and usually went down the list until they reached somebody, but her Significant Other/Emergency Contact #3 was in the building so no calls were made. | F 660 | | |