

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

PRINTED: 04/04/2011  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                        |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>345505 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____   | (X3) DATE SURVEY COMPLETED<br><br>C<br>03/29/2011 |
| NAME OF PROVIDER OR SUPPLIER<br><br>CAROLINA REHAB CENTER OF CUMBERLAND |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>4600 CUMBERLAND ROAD<br>FAYETTEVILLE, NC 28306  |   |
| (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 203<br>SS=D   | <p>483.12(a)(4)-(6) NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE</p> <p>Before a facility transfers or discharges a resident, the facility must notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand; record the reasons in the resident's clinical record; and include in the notice the items described in paragraph (a)(6) of this section.</p> <p>Except when specified in paragraph (a)(5)(ii) of this section, the notice of transfer or discharge required under paragraph (a)(4) of this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>Notice may be made as soon as practicable before transfer or discharge when the health of individuals in the facility would be endangered under (a)(2)(iv) of this section; the resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (a)(2)(i) of this section; an immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (a)(2)(ii) of this section; or a resident has not resided in the facility for 30 days.</p> <p>The written notice specified in paragraph (a)(4) of this section must include the reason for transfer or discharge; the effective date of transfer or discharge; the location to which the resident is transferred or discharged; a statement that the resident has the right to appeal the action to the State; the name, address and telephone number of the State long term care ombudsman; for nursing facility residents with developmental</p> | F 203  | <p>The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated.</p> <p><b>F203 How corrective action will be accomplished for each resident found to have been affected by the deficient practice –</b><br/>Resident #5 was discharged from the facility on 2/15/11 to his home.</p> <p><b>How corrective action will be accomplished for those residents having the potential</b></p> |   |

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

TITLE

(X6) DATE

*Scharree L. Cain*

*Administrator*

*4.14.11*

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 203   | <p>Continued From page 1</p> <p>disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act; and for nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on record review and staff interview, the facility failed to issue a 30 day discharge notice prior to discharging a resident for non-payment of services received for 1 of 1 sampled resident (resident # 5). The findings include:</p> <p>Resident # 5 was initially admitted 09/17/10 , and re-admitted on 10/5/10 with cumulative diagnoses including CVA (Cerebrovascular Accident), Abnormal Gait, HTN (Hypertension), Dysphagia, Lack of Coordination, Left Hemiparesis, Hyperkalemia, Hyperlipidemia, and Chronic Renal Insufficiency.</p> <p>Review of the resident's medical record revealed the resident had a quarterly Minimum Data Set (MDS) assessment dated 12/21/10 which showed he had no deficits in short term or long term memory, and had no deficits in cognitive skills for daily decision making. He had no behavioral symptoms and did not exhibit rejection of care.</p> <p>The resident's physical functioning assessment revealed he required extensive assistance of 2 or</p> | F 203  | <p><b>to be affected by the same deficient practice –</b><br/>The business office staff and discharge planners will be in-serviced on regulation 483.12, to include notification before discharge or transfer, timing of the notice, and contents of the notice.<br/>Resident #5 was discharged on 2/15/11 per his choice. All patients residing in the facility who have the potential to be discharged through initiation by the facility will be issued a 30-day notice. A list of patients who have failed, after reasonable notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility will be compiled to ensure no resident is discharged without proper notice. Completion 4/13/11</p> <p><b>Measures to be put in place or systemic changes made to ensure practice will not re-occur –</b><br/>Business office manager or designee will monitor private paying residents to ensure they</p> | 4/13/11   |

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| F 203   | <p>Continued From page 2</p> <p>more persons for bed mobility and transfer; he did not walk in his room or hallway during the assessment period; he required extensive assistance of one person for dressing, toileting, and personal hygiene; and was able to eat with supervision and set up help only.</p> <p>He was listed as totally dependent on 1 person for bathing, was not steady and required human assistance in moving from seated to standing, moving on and off toilet, and performing surface to surface transfers. He had no functional limitations in range of motion, and required a wheelchair for mobility. He was totally incontinent in bowel and bladder function. He had 2 or more falls since admission to the facility.</p> <p>Review of the MDS as it related to Participation and Goal Setting indicated the resident and family member participated in the assessment, and there was no guardian or legally authorized representative involved. It indicated there was an active discharge plan in place for the resident to return to the community.</p> <p>The facility sent a certified and regular mail letter, dated 12/22/10, to the named resident's home address to the care of the resident's daughter to inform her that the resident would be discharged 01/21/11 for non payment of services received. Appeal rights were enclosed in the body of the letter, and copies of the letter were sent to the resident as well as to the daughter.</p> <p>The family requested a hearing with the North Carolina Department of Health and Human Services, which was conducted 01/25/11 with the final decision dated 02/02/11. The final decision indicated the facility had a valid basis for</p> | F 203  | <p>are given reasonable notification of outstanding balances. The business office manager is responsible for following the center's policy and procedure for issuing discharge notices. Prior to issuing a 30-day notice of intent to discharge, the Business Office Manager and Administrator will verify that the center's policy was accurately followed, which will be noted in the financial notes.. Any issues will be discussed in our QA meeting. Completion of 4/13/11</p> <p><b>How facility will monitor corrective action(s) to ensure deficient practice will not re-occur –</b></p> <p>Prior to issuing a 30-day notice of intent to discharge to a resident, business office personnel and discharge planners will verify that reasonable notice was given to the resident and/or responsible party if the facility initiates a discharge due to non-payment of services rendered. This will be documented in the resident's</p> | 4/13/11              |   |

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| F 203   | Continued From page 3<br>discharge due to his failure to pay for his stay at the facility. However, it also indicated the proposed discharge to his home would not represent a "safe and orderly discharge" as required under Federal law, and reversed the notice of discharge issued 12/22/10.<br><br>The Conclusions of Law included the following information: "On the FL-2, the resident's physician identified a recommended level of care of 'home,' but the facility's Financial Notes suggest that the physician should have recommended a 'rest home' or domiciliary level of care. Taking into account the resident's functional limitations, diet needs and dependence upon a wheelchair to a home with stairs and access to bedroom and bathroom by stairs, I conclude that the proposed discharge to the resident's home would not be a 'safe' discharge."<br><br>The hearing effectively rescinded/reversed the first letter of intent to discharge, and another letter of intent to discharge would have been required at least 30 days prior to any further intent to discharge by the facility. However, the facility discharged the resident to his home on 02/15/11 without issuing another letter as required by law.<br><br>When questioned 03/29/11 at 9:30 AM as to whether another letter of intent to discharge had been issued prior to discharging the resident on 02/15/11, the administrator indicated no further letters had been issued. She did not indicate why this was not done. | F 203  | financial notes. The Director of Discharge Planning will track each discharge (due to non-payment of services received) on the Facility-Initiated Discharge form to determine whether proper notice was given to a resident and/or responsible party. Any issues will be brought to the attention of the administrator immediately and will be discussed in the facility's QA meeting. The form will be audited by the administrator once per week for 3 months. Completion 4/13/11<br><br><b>F204 How corrective action will be accomplished for each resident found to have been affected by the deficient practice –</b><br>Resident #5 was discharged from the facility on 2/15/11 to his home.<br><br><b>How corrective action will be accomplished for those residents having the potential to be affected by the same deficient practice –</b> | 4/13/11              |   |
| F 204<br>SS=D   | 483.12(a)(7) PREPARATION FOR SAFE/ORDERLY TRANSFER/DISCHRG<br><br>A facility must provide sufficient preparation and   | F 204  |   |                      |   |

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| F 204   | <p>Continued From page 4<br/>orientation to residents to ensure safe and orderly transfer or discharge from the facility.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on record review and staff interviews, the facility failed to ensure a resident was provided a safe and orderly discharge for 1 of 1 sampled resident (Resident # 5) whose discharges were reviewed. The findings include:</p> <p>Resident # 5 was initially admitted 09/17/10 , and re-admitted on 10/5/10 with cumulative diagnoses including CVA (Cerebrovascular Accident), Abnormal Gait, HTN (Hypertension), Dysphagia, Lack of Coordination, Left Hemiparesis, Hyperkalemia, Hyperlipidemia, and Chronic Renal Insufficiency.</p> <p>Review of the resident's medical record revealed the resident had a quarterly Minimum Data Set (MDS) assessment dated 12/21/10 which showed he had no deficits in short term or long term memory, and had no deficits in cognitive skills for daily decision making. He had no behavioral symptoms and did not exhibit rejection of care.</p> <p>The resident's physical functioning assessment revealed he required extensive assistance of 2 or more persons for bed mobility and transfer; he did not walk in his room or hallway during the assessment period; he required extensive assistance of one person for dressing, toileting, and personal hygiene; and was able to eat with supervision and set up help only.</p> <p>He was listed as totally dependent on 1 person for bathing, was not steady and required human</p> | F 204  | <p>All patients and, if they choose, their families, will be invited to a 5-day discharge planning meeting which will be coordinated by the Director of Discharge Planning. This meeting should take place within the first few days of the patient's admission to begin planning his or her discharge from the facility. Notes on this meeting will be documented by the discharge planner. During this meeting, a "Discharge Planning Questionnaire" will be completed to identify any needs or barriers surrounding the discharge, which will also be communicated to any outside agencies used in planning the discharge (i.e. home health and/or durable medical equipment companies). Our facility will choose to use home health agencies who are able to complete home visits (i.e. Liberty Home Health) when possible if there is a questionable discharge environment. All discharges will be discussed the day prior to identify if all services are set up</p> |   |

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| F 204   | <p>Continued From page 5</p> <p>assistance in moving from seated to standing, moving on and off toilet, and performing surface to surface transfers. He had no functional limitations in range of motion, and required a wheelchair for mobility. He was totally incontinent in bowel and bladder function. He had 2 or more falls since admission to the facility.</p> <p>Review of the MDS as it related to Participation and Goal Setting indicated the resident and family member participated in the assessment, and there was no guardian or legally authorized representative involved. It indicated there was an active discharge plan in place for the resident to return to the community.</p> <p>Review of the medical records revealed a discharge summary from the local hospital dated 9/17/10. It revealed information including the results of a Computerized Tomography scan (CT) of his head which showed a right hemispheric infarct. His cognitive status fluctuated, his diet had to be downgraded, and he required intravenous hydration at times to maintain hydration. He received rehab while in the hospital, but it was discontinued due to lack of progress.</p> <p>The admission orders for 09/17/10 included orders for Medical/CVA included thereapies to evaluate and treat including a swallowing evaluation; a Dysphagia I diet with thin liquids; and fall and aspiration precautions. An admission nursing assesssment indicated the resident required total care, and had long and short term memory problems.</p> <p>The resident received therapies (Occupational Therapy, Physical Therapy, and Speech Therapy) while in the facility. He also had several falls</p> | F 204  | <p>and to identify if there are any additional needs of the patient that need to addressed.</p> <p><b>Measures to be put in place or systemic changes made to ensure practice will not re-occur –</b></p> <p>Each discharge will be discussed at least one day prior to the discharge date in order to validate that all needs of the resident are met (i.e. home health agency in place for specific hours and DME ordered).</p> <p>The interdisciplinary team will make sure that the Discharge Planning Questionnaire was completed and will review to identify any outstanding needs in our morning stand-up meeting.</p> <p>This will be monitored in QA each month for 3 months. The Director of Discharge Planning and Administrator will discuss any issues during their weekly meeting.</p> <p>Completion of 4/13/11</p> | 4/13/11              |   |

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| F 204   | <p>Continued From page 6</p> <p>while in the facility, and as a result he was monitored for falls, placed in a low bed and a mat placed beside his bed. He had nursing orders in place to have hourly bed checks once in bed at night until he woke up in the morning.</p> <p>Review of progress notes dated 10/08/10 at 3:57 PM indicated the Social Worker (SW) called the resident's responsible party regarding denial of coverage and the need to discuss a discharge plan. Mention was made that some paperwork still needed to be signed, and the SW indicated the resident could not comprehend signing all the forms. Review of the medical records revealed the resident had signed the initial financial contracts and he also signed the discharge paperwork with regard to his medications and instructions on how to take them.</p> <p>On 11/05/10 at 3:01 PM, a SW note indicated the SW had spoken with the resident's Responsible Party (RP) about scheduled discharge on 11/9/10. The RP indicated there was nothing in place for the discharge, and she told the SW to discuss this with the resident since he was his own POA (Power of Attorney). The notes further indicated the resident was not sure he would have assistance in the home on a 24 hour basis, and indicated if he had to be placed somewhere he wanted to stay in his current facility.</p> <p>Review of the medical records revealed the resident had been issued a discharge notice for failure to pay dated 12/22/10, indicating the resident would be discharged 1/21/11. A hearing with the Department of Health and Human Services was conducted 01/25/11, and the findings dated 2/02/11 indicated the proposed discharge home would not represent a</p> | F 204  | <p><b>How facility will monitor corrective action(s) to ensure deficient practice will not re-occur –</b></p> <p>Corrective actions will be monitored through the Director of Discharge Planning and Administrator's weekly meetings. Discharges will be discussed during morning stand-up meetings to identify any additional needs. During the stand-up meeting following a patient's discharge home, the interdisciplinary team will call the patient or responsible party to see if we can assist in making arrangements for any additional services. Completion of 4/13/11</p> | 4/13/11              |   |

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| F 204   | <p>Continued From page 7</p> <p>"safe and orderly" discharge. The hearing officer included the following information used to make the decision: "According to the financial notes submitted by the facility, and entry by a xxxxx dated December 21, 2010 states we are also waiting for FL2 back from doctor for Resthome level so we can issue d/c (discharge) notice." The FL2 for resthome level care was never followed through, and per interview with the Administrator on 3/29/11 at 10:00 AM, the only FL2 was for home level of care.</p> <p>Review of the SW notes dated 02/07/11 at 4:12 PM revealed the resident was to be discharged home 02/08/11 as he had visited the SW office on several occasions asking about going home. The notes included "this writer has been working on a safe discharge for sometime and it can now be manifested." The note also indicated the resident was to be transported home via facility transportation on 02/08/11 and would be receiving home care, PT and skilled nursing through xxx Home Care Services. He was also to be provided 24 hour care via xxx, a 24 hour Senior Care agency. The Durable Medical Equipment (DME) was to be provided through a local medical equipment agency. This agency was to deliver a hospital bed, wheelchair, and a xxx lift. Additionally, a ramp was to be installed.. The note indicated the resident understood the functions of each of the services, and signed a 'revocable contract' with the xxx, 24 hour Senior Care agency whose representative was at the facility.</p> <p>According to SW notes dated 02/15/11 at 8:53 AM, the resident's planned discharge for 2/08/11 had been postponed due to family conflict, but the resident continued to insist he was responsible for</p> | F 204  |   |                      |   |



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| F 204   | <p>Continued From page 8</p> <p>his own decisions and did not want family involved in the discharge plans. The note indicated he would be transported by facility transportation on 02/15/11 so as to not incur costs, and would have 24 hour supports provided by xxxx 24 hour Senior Care agency, PT and ST, skilled nursing and a home health aide through a local home health agency. Again, his equipment would be provided by xxxxx agency and they had allegedly already installed a ramp at the home.</p> <p>Review of the discharge MDS dated 2/15/11, the date the resident was discharged home, revealed he needed extensive assistance of 2 or more for transfer and extensive assistance of 1 for bed mobility. He was unable to ambulate in the room or hall, and locomotion required extensive assistance of 1 person. He required extensive assistance of 1 for dressing, extensive assistance of 2 or more for toileting, and extensive assistance of one for personal hygiene.</p> <p>The MDS was essentially the same as the 12/21/10, with one exception which indicated he was frequently incontinent of bowel now rather than totally incontinent of bowel as was the case with the 12/21/10 MDS.</p> <p>Review of the MDS as it related to Participation and Goal Setting indicated the resident participated in the assessment, the family did not participate, and there was no guardian or legally authorized representative involved. It did not indicate there was an active discharge plan in place for the resident to return to the community.</p> <p>In an interview on 3/28/11 at 2PM, the owner of the xxxx 24 hour Senior Care agency indicated she had faxed information regarding the agency's</p> | F 204  |   |   |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                        |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>345505 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br>C<br>03/29/2011 |
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| F 204   | <p>Continued From page 9</p> <p>involvement with this case. She indicated she had confirmed 24 hour coverage for the 2/8/11 discharge date, but when it was cancelled she went ahead and picked up other cases. As a result, she could no longer provide 24 hour coverage. She did arrange coverage for the night of 02/15/11 as she felt it was an emergency situation.</p> <p>Review of the xxxx 24 hour Senior Care agency notes included the following information on 02/15/11: "LM (left message) for J (SW) to call at 11:52 AM and 1:30 PM facility called. Client was being released and needed caregiver. Advised SW we were not able to provide svc (service) and had left msgs (messages) to give her referrals. J (SW) hadn't checked vm (voice mail) so hadn't received msgs. She said equipment had been ordered and needed coverage because he had been released. Advised her unable to staff due to 3 males to be in home. Called her back and advised we could cover until 7AM 2-16. OK bec (because) xxx Home Health Agency able to cover starting at 7AM. Reminded her that since we didn't have a svc. dep. (service deposit) monies would need to be rec. (received) at intro (introduction). She agreed and advised we would be there at 5:30 PM."</p> <p>The xxxx 24 hour Senior Care agency notes dated "2/16/11 last night" included in part "When we arrived home not ready for client to be discharged. When we arrived, client there still in transport van. Neighbor came over with son-in-law on phone. Police arrive wanting to confirm client wanted to be home. Police leave. Locksmith arrives to open door. Son-in-law arrives with documents concerning client.</p> | F 204  |   |                      |   |

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| F 204   | <p>Continued From page 10</p> <p>Locksmith refuses to open door. Another police officer arrives. Reviews documents and advises legit and he should not be discharged from facility. Son arrives very upset. Officer calls his supervisor. Police officer leaves and his supervisor arrives. Reviews paperwork and he advises paperwork concerns a civil matter and the client can stay at home. Daughter arrives with teenage boy taking photos of situation. Another police officer arrives as well as administrator from facility. Locksmiths supervisor arrives and opens door. Locksmith leaves. The Administrator advised the facility to send an orderly to get client in house in the bed. Will pay for svcs and xxxx Home Health Agency will be there at 7 AM to relieve our cg (caregiver). Orderly gets client in bed. Police leave. Family leaves around 9:30 PM. Wed (Wednesday) am xxxx Home Health Agency doesn't show up until 8 AM."</p> <p>The staff member from xxxx Home Health Agency arrived around 8:30 AM on 02/16/11, according to the owner of xxxx 24 hour Senior Care agency, and there was no power or water in the home. According to information provided by the administrator, the facility was notified by the home health agency that the power and water in the home had been shut off. According to notes provided by xxxx 24 hour Senior Care Agency, as well as telephone interview on 3/29/11 with the agency's representative, the Nurse from the xxxx Home Health Agency arrived, asked questions of the xxxx 24 hour Senior Care agency and the Nurse called EMS (Emergency Medical Services) to transport the resident to the local hospital.</p> <p>Review of records provided by the administrator on 03/29/11 included a copy of an invoice dated</p> | F 204  |   |                      |   |

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| F 204   | <p>Continued From page 11</p> <p>02/19/11 for \$220. Clipped to this invoice was a xxxx 24 hour Senior Care business card copy with a handwritten note signed by the administrator that read "paid for first night of Resident # 5's private care because family refused - discharge was needed immediately."</p> <p>On 3/29/11 at 1 PM, the nursing supervisor who went over to assess the situation for the xxxx 24 hour Senior Care agency on 02/15/11 was interviewed. She indicated there were 2-3 steps outside and 2-3 steps up to resident's bedroom. She did not see a ramp at the front of the building. The only piece of equipment in the home was a wheelchair.</p> <p>In an interview on 3/30/11 at approximately 3:00 PM, the aide who was to stay with the resident from 5:30 PM until 9:00 PM indicated when she arrived, the resident was still in the van. She sat with him and when all the confusion and arguments between the family, police, locksmiths continued, she indicated Resident # 5 became upset and told her it would be okay, and he would just go back to the facility. Once the home was opened and he was taken into his room, he indicated he was satisfied. The resident had no food in the home except for mustard and Kool-Aid, so the staff members from both agencies gave the resident food that they had brought for themselves.</p> <p>An interview was conducted with the resident at 1:50 PM on 3/29/11 and while his speech was difficult to understand, the following information was clear and easily understood. He indicated he authorized the police to open the door of his home to let him in. He said he realized sometime during the night that he'd made a bad decision</p> | F 204  |   |   |

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| F 204 | Continued From page 12 and he wanted to return to the facility in the morning. He indicated he told an aide, but he could not remember her name. He indicated the facility lied to him by telling him the place was ready, and he indicated he didn't know why they'd do that. He also indicated his daughter takes care of his bills and she handles them to his satisfaction. | F 204 |  |  |
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