STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345129	A. BUILDING _____ B. WING _____	C 10/08/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN CARE OF MOCKSVILLE	1007 HOWARD ST MOCKSVILLE, NC 27028

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F 204 SS=D	483.12(a)(7) PREPARATION FOR SAFE/ORDERLY TRANSFER/DISCHRG A facility must provide sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the facility. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews facility staff failed to include the continuation of occupational therapy in the discharge plan for 1 of 3 sampled residents. (Resident #2). The findings are: Resident #2 was re-admitted to the facility on 07/20/12 with diagnoses including type II diabetes. A review of the quarterly Minimum Data Set (MDS) dated 08/16/12 indicated Resident #2 was cognitively intact. The MDS further indicated Resident #2 required only supervision with cueing and encouragement with activities of daily living. The MDS also indicated Resident #2 had a range of motion impairment of his upper extremity on one side and Section O indicated occupational therapy for Resident #2. A review of a physician's order sheet dated 08/20/12 indicated a clarification for OT to see Resident #2 six (6) times per week from 08/19/12 through 09/17/12 for muscle weakness. A review of progress notes for OT dated 08/29/12 indicated to continue to follow OT plan of treatment to decrease edema to zero; increase	F 204	Preparation and submission of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or of the correctness of the conclusion stated on the statement of deficiencies. This plan of correction is prepared and submitted solely because of requirements under states and federal laws. Resident #2 was discharged to an assisted living center where therapy is being provided 3 times/week per conversation with administrator at the assisted living center. RECEIVED NOV 0 6 2012 BY:	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Administrator | (X6) DATE: 11-2-2012

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 204	Continued From page 1 active range of motion of all joints in right (R) upper extremity to within normal limits with no complaints of pain; improve strength of (R) upper extremity; improve activity tolerance to twenty minutes for sustained moderate resistive activity when allowed by physician and improve/establish activities of daily living program for maximum independence and safety. A review of a physician's order sheet dated 08/30/12 indicated a verbal order from the physician "may discharge resident" to the assisted living facility. A review of a progress note dated 08/30/12 at 10:50 AM indicated Resident #2 "was to be discharged" to an assisted living facility, discharge paperwork completed, belongings packed and sent with resident, follow up appointment schedule and copies of FL2 and discharge paperwork was provided to assisted living staff. A review of a social work note dated 08/30/12 at 11:10 AM revealed the social worker "spoke at length with Resident #2 yesterday and today about his moving to a lower level of care. Resident #2 "tells me he is reluctant to make any changes in his home; however, we both discussed his improvement and independence level." A review of a facility document titled "Post Discharge Plan of Care" dated 08/30/12 indicated Resident #2 was discharged to an assisted living facility. A hand written note in a section labeled "special treatments or procedures location" revealed "patient is non weight bearing to (R)	F 204	For each planned discharge, the facility uses a Quality Assurance Pre-Discharge Checklist to better ensure resident discharge needs are communicated. The Quality Assurance Checklist includes areas to be completed by Social Worker, Nursing, Therapy, and Admission's Coordinator. Inservice for the Pre-Discharge Checklist provided by the administrator. This form is completed for all planned discharges.	11/1/2012

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F 204	Continued From page 2 upper extremity." A section titled "home care notified" had a hand written note of NA (not applicable) and sections titled "community agency contacts" also revealed NA in handwritten notes. A review of a document titled "North Carolina Medicaid Program Long Term Care Services" (FL-2 Level of Care Designation Form) dated 08/31/12 indicated for Resident #2 there was no documentation regarding referrals to outside resources including occupational therapy. A review of a facility document titled "Transfer Referral Report" and not dated indicated Resident #2's name but there was no documentation on the form for the sections regarding where Resident #2 transferred to, date of transfer, time of transfer, mode of transfer or initial reason for transfer. During an interview on 10/08/12 at 1:25 PM the Assistant Director of Nursing stated Resident #2 didn't require skilled nursing care any longer. She stated the social worker talked with Resident #2 about going to an assisted living facility and he went to see the facility on 08/30/12 and the resident took his belongings with him and paperwork was sent with him. During an interview on 10/08/12 at 2:08 PM the social worker stated Resident #2 was re-admitted to the facility after a surgical procedure to repair a fracture of his (R) arm. He explained Resident #2 had progressed well. The social worker stated he was not sure what plans were made regarding continuation of OT. During a telephone interview on 10/08/12 at 2:40	F 204	Each Pre-Discharge Checklist is reviewed for completeness during the morning meeting 5 days per week. The Pre-Discharge Checklist is reviewed for completeness by the Admissions Coordinator, who is responsible for monitoring and compliance. The Admissions Coordinator reports concerns to the Quality Assurance Committee monthly for the next three months. We will continue to monitor and follow up on an as needed basis.	11/1/2012

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F 204	Continued From page 3 PM the administrator of the assisted living facility where Resident #2 was discharged explained she sent one of her staff on 08/30/12 to the skilled nursing facility to pick up Resident #2 to come and tour the facility to see if he might like to live there. She stated when the staff member went to pick up Resident #2 his bags were packed and were sent with him. She stated she was under the impression Resident #2 was coming to tour the facility and was not aware Resident #2 was coming to stay or that he had been discharged from the skilled nursing facility. She explained Resident #2 brought paperwork with him so she called the skilled nursing facility and was told Resident #2 no longer needed skilled nursing care. She verified the paperwork she received and there was no documentation regarding continuation of occupational therapy on the documents. During an interview on 10/08/12 at 3:40 PM the occupational therapist stated Resident #2 had been readmitted to the facility after he had surgery for a fractured (R) arm. She explained they did active exercises with him but he could not do weight bearing on his arm and he had limited functionality in his (R) elbow. She stated they had been working with him to improve his range of motion in his (R) arm but it had not been time for him to see his physician for follow up so he did not have physician's orders yet to start weight bearing with his (R) arm. She stated she did not know Resident #2 was leaving the facility. She further stated he left abruptly and she found out he was gone on the day he left. She stated she did not know why he left but usually OT recommended a referral to home health or another agency to continue therapy until they met	F 204		

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F 204	Continued From page 4 therapy goals and was discharged from therapy by their physician. She stated she would have liked to have seen Resident #2 longer in therapy to improve the functionality in his (R) arm and stated she was concerned that he may have limited functionality and use of his (R) arm since his therapy ended. She further stated he needed more functionality in his (R) arm for doing his normal activities of daily living. The OT verified Resident #2 was certified to continue with OT from 08/19/12 through 09/17/12 and she was not aware of any discussions about discharge plans for Resident #2. During an interview on 10/08/12 at 4:40 PM the Director of Nursing (DON) stated Resident #2 no longer required skilled nursing care and the post discharge plan of care was given to the staff member from the assisted living facility when she came to pick him up to go see the facility. She also stated she was not aware of discharge plans for OT. During an interview on 10/08/12 at 5:10 PM the administrator stated his expectation for discharge planning was for a safe and orderly discharge for residents. During a follow up interview on 10/08/12 at 5:25 PM the social worker verified the post discharge plan of care served as the notice of transfer and it should have indicated the discharge plans for Resident #2.	F 204		

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QUALITY ASSURANCE
PRE-DISCHARGE CHECKLIST FROM AUTUMN CARE OF MOCKSVILLE

Resident:_____

Department	Date Completed	Initials	Required Tasks	Notes
Social Work			Family/Facility Request	
			Home Health Nursing	
			Home Health Therapy	
			DME	
Nursing			Physician Orders	
			Medications	
			DME	
			Completion of Paperwork	
Therapy			Therapy Recommendations	
Admissions Coord.			Review and Follow Up	
Date: November 1, 2012				