STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345484	A. BUILDING _____ B. WING _____	09/15/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRANSYLVANIA REGIONAL HOSPITAL INC	HOSPITAL DRIVE BREVARD, NC 28712

(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 156 SS=B	483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing. The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section. The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate. The facility must furnish a written description of legal rights which includes: A description of the manner of protecting personal	F 156		9/25/15

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

Electronically Signed | 09/25/2015

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 156	Continued From page 1	F 156		

funds, under paragraph (c) of this section;

A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.

A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.

The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.

The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.

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F 156	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the facility failed to post the Complaint Intake Unit information and telephone number for residents to access. Findings included: On 09/14/15 an initial tour of the Transitional Care Unit had been conducted at 8:30 AM. The Complaint Intake Unit information and telephone number had not been observed anywhere in the Transitional Care Unit. An interview with the Nurse Manager on 09/14/15 at 9:30 AM revealed all State information was posted on the bulletin board located on the front hall of the Transitional Care Unit. An observation of the Transitional Care Unit on 09/15/15 at 9:00 AM revealed no postings related to the Complaint Intake Unit information or telephone number anywhere in the Transitional Care Unit. An interview with the Nurse Manager on 09/15/15 at 5:15 PM revealed she thought the Ombudsman telephone number posted on the bulletin board and the Medicare/Medicaid telephone numbers in the Admission Handbook were the contact for the Complaint Intake Unit. She verified the Complaint Intake Unit telephone number had not been posted anywhere in the Transitional Care Unit, and had not been accessible to residents.	F 156	This Plan of Correction constitutes Transylvania Regional Hospital's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law. 483.10(b)(5)-(10). 483.10 (b) (1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES Transylvania Regional Hospital's Transitional Care Unit (TCU) and Mission Health provides for the rights and responsibilities of all residents by establishing a system to ensure all patients are informed of their right to file a complaint. Action Plan In response to the finding that Transylvania Regional Hospital's Transitional Care Unit (TCU)failed to post the Complaint Intake Unit contact number for patients to access and file a complaint, the following corrective actions were taken: a) The State Complaint Intake Unit phone number, along with additional contact information, was immediately posted on TCU's patient care bulletin board at	

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F 156	Continued From page 3	F 156	wheelchair level during the survey on September 16, 2015. The telephone numbers posted are: 1-(800)624-3004 and (919) 855-4500. The sign was issued by the North Carolina Department of Health and Human Services Division of Health and Human Service Regulation. Monitoring b) To maintain compliance with requirements for the state and federal regulation to post the State Complaint Intake Unit contact number, a monthly visual check will be performed by the nurse manager or designee. Compliance with the posting of the State Complaint Unit contact number will be documented monthly for three months. The first monthly visual check occurred September 25, 2015. c) TCU Staff were educated by the Nurse Manager during an all staff meeting held on September 16, 2015. On September 25, 2015, an email was sent to all staff reiterating the importance of posting the Complaint Intake Unit contact information, location of the number, and implementation of monthly checks by the nurse manager of the unit. Responsible Persons The nurse manager of the TCU is responsible for ongoing compliance with this action plan. The nurse manager will report this Plan of Correction to the Transylvania Regional Hospital Quality Operations Committee.	