

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #  <b>345298</b>	MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	DATE SURVEY COMPLETE:  <b>8/21/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HUNTINGTON HEALTH CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>311 S CAMPBELL STREET BURGAW, NC</b>
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<b>F 205</b>	<p><b>483.12(b)(1)&amp;(2) NOTICE OF BED-HOLD POLICY BEFORE/UPON TRANSFR</b></p> <p>Before a nursing facility transfers a resident to a hospital or allows a resident to go on therapeutic leave, the nursing facility must provide written information to the resident and a family member or legal representative that specifies the duration of the bed-hold policy under the State plan, if any, during which the resident is permitted to return and resume residence in the nursing facility, and the nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (b)(3) of this section, permitting a resident to return.</p> <p>At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and a family member or legal representative written notice which specifies the duration of the bed-hold policy described in paragraph (b)(1) of this section.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff and resident interviews, the facility failed to provide a written bed hold policy upon discharge to the hospital for 1 of 1 sampled residents (Resident #103) reviewed.</p> <p>The findings included:</p> <p>Resident #103 was originally admitted to the facility on 9/10/15, with diagnoses including Hypokalemia, Hypothyroidism and Urinary Retention. According to the most recent Quarterly Minimum Data Set (MDS) dated 5/20/15, Resident #103's cognition was intact. She required extensive to total assistance in most areas of activities of daily living. She was independent with eating, as she required set up for eating during meals. Resident #103 was admitted to the hospital on 8/14/15 after complaints of back pain.</p> <p>During an interview with the facility Social Worker and the Administrator on 8/19/15 at 3:16 PM, the Administrator revealed that a bed hold policy was not sent with Resident #103 on 8/14/15 upon the resident's discharge to the hospital. The Administrator stated the bed hold policy was given to residents on admission to the facility. The Administrator explained that when a resident was discharged to the hospital a phone call was made to the resident to ask if they wanted to hold their bed, and if the resident agreed to a bed hold, the resident would sign the bed hold agreement. The Administrator revealed that Resident #103's bed was held as a courtesy through the weekend and a representative from the facility in Marketing went to the hospital the following Monday to visit Resident #103. She stated that the facility representative asked Resident #103 if she wanted to do a bed hold and Resident #103 said she could not afford the cost to hold the bed.</p> <p>During an interview on 08/20/2015 at 8:47 AM the facility Marketing Director revealed that the bed hold policy was done at the time of admission and was given to Resident # 103 in a blue folder with admission paperwork, when the resident was admitted to the facility. She explained that Resident #103's provider source would only pay for one bed at a time. The Marketing Director explained that since she had not heard from Resident #103 she went to the hospital as a follow up courtesy to determine whether or not Resident # 103</p>
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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

The above isolated deficiencies pose no actual harm to the residents

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**F 205** Continued From Page 1  
was interested in doing a bed hold. She stated Resident #103 said she could not pay the money to hold the bed.

During an interview on 08/20/2015 at 1:50 PM, Resident #103 revealed that she was in the process of being discharged from the hospital to another facility. She stated she did not know if it would be that day or the next day. Resident #103 said she was told that she could not return to the facility because the facility did not have a bed available for her. She revealed that she wanted to return to the facility. She reported that the "Caseworker" and the Administrator called to inform her about not being able to return to the facility. Resident # 103 said no one gave her any paperwork about the facility ' s bed hold when she was discharged to the hospital. She revealed that she went to the hospital on Friday and she found out about the bed hold on Monday when the "Caseworker" came to the hospital to visit her. Resident # 103 stated she did not have the money for the bed hold and she was not given enough time to try to come up with the money.

During an interview on 08/21/2015 at 9:32 AM, the Administrator stated that she had not been able to find the financial paperwork regarding the bed hold policy Resident #103 signed on admission. She agreed that the bed hold policy needed to be sent with the resident when a resident was discharged to the hospital on 8/14/15.

**F 206** 483.12(b)(3) POLICY TO PERMIT READMISSION BEYOND BED-HOLD

A nursing facility must establish and follow a written policy under which a resident whose hospitalization or therapeutic leave exceeds the bed-hold period under the State plan, is readmitted to the facility immediately upon the first availability of a bed in a semi-private room if the resident requires the services provided by the facility; and is eligible for Medicaid nursing facility services.

This REQUIREMENT is not met as evidenced by:  
Based on record reviews and staff and resident interviews, the facility failed to establish and provide a policy to permit readmission to the facility upon a resident's discharge to the hospital for 1 of 1 sampled residents (Resident #103) reviewed.

The findings included:

Review of an undated facility bed hold policy, given to residents on admission to the facility under "Financial and Admission Agreement," titled "Room Hold Provision," read in part, "If the resident/responsible (person) desires to reserve a room during a stay in the hospital, he/she may do so at the current rate of \$ \_\_\_ per day. Should you desire to hold the bed, the Social Services Director should be notified immediately on the morning of the next business day if discharge is not within regular business hours. Should the Social Services Director not hear from you within a reasonable time, the room will automatically be released. " If a resident chose not to do a bed hold, the agreement did not address a policy to permit readmission to the first available bed.

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<b>F 206</b>	<p>Continued From Page 2</p> <p>Resident #103 was originally admitted to the facility on 9/10/15, with diagnoses including Hypokalemia, Hypothyroidism and Urinary Retention. According to the most recent Quarterly Minimum Data Set (MDS) dated 5/20/15, Resident #103's cognition was intact. She required extensive to total assistance in most areas of activities of daily living. She was independent with eating, as she required set up for eating during meals. Resident #103 was admitted to the hospital on 8/14/15 after complaints of back pain.</p> <p>During an interview with the facility Social Worker and the Administrator on 8/19/15 at 3:16 PM, the Administrator revealed that a bed hold policy was not sent with Resident #103 on 8/14/15 upon the resident's discharge to the hospital. The Administrator stated the bed hold policy was given to residents on admission to the facility. The Administrator explained that when a resident was discharged to the hospital a phone call was made to the resident to ask if they wanted to hold their bed, and if the resident agreed to a bed hold, the resident would sign the bed hold agreement. The Administrator revealed that Resident #103's bed was held as a courtesy through the weekend and a representative from the facility in Marketing went to the hospital the following Monday to visit Resident #103. She stated that the facility representative asked Resident #103 if she wanted to do a bed hold and Resident #103 said she could not afford the cost to hold the bed. The Administrator reported that she talked to Resident #103 on 8/18/15 and informed her that her name would be added to the waiting list. The Administrator revealed that they had already filled Resident # 103's bed.</p> <p>During an interview on 08/20/2015 at 8:47 AM the facility Marketing Director revealed that the bed hold policy was done at the time of admission and was given to Resident #103 in a blue folder with admission paperwork, when the resident was admitted to the facility. She explained that Resident #103's provider source would only pay for one bed at a time. The Marketing Director explained that since she had not heard from Resident #103 she went to the hospital as a follow up courtesy to determine whether or not Resident #103 was interested in doing a bed hold. She stated Resident #103 said she could not pay the money to hold the bed. The Marketing Director revealed she informed Resident #103 if the facility had a bed when she was ready to be discharged from the hospital, she was more than welcome to return to the facility. She stated Resident #103 told her that she might be discharged from the hospital by the middle of the week. The Marketing Director explained that she could not predict what admissions would be available between Monday and Wednesday.</p> <p>During an interview on 08/20/2015 at 11:35 AM the Administrator stated that once a resident is ready for discharge from the hospital, if the facility does not have a bed available, the resident's name is put on a waiting list. The Administrator stated that there was no reason Resident #103 could not return to the facility. The Administrator confirmed the facility 's bed hold policy did not specify that a discharged resident would be permitted readmission to the first available bed.</p> <p>During an interview on 08/20/2015 at 1:50 PM, Resident # 103 revealed that she was in the process of being discharged from the hospital to another facility. She stated she did not know if it would that day or the next day. Resident #103 said she was told that she could not return to the facility because the facility did not have a bed available for her. She revealed that she wanted to return to the facility. She reported that the "</p>
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<b>F 206</b>	<p>Continued From Page 3</p> <p>Caseworker " and the Administrator called to inform her about not being able to return to the facility. Resident # 103 said no one gave her any paperwork about the bed hold at discharge from the facility on 8/14/15. She revealed that she went to the hospital on Friday and she found out about the bed hold on Monday when the "Caseworker" came to the hospital to visit her. Resident #103 stated she did not have the money for the bed hold and she was not given enough time to try to come up with the money. She revealed the Administrator told her in a phone conversation that she would put her name on a waiting list, but she did not know when a bed would be available.</p> <p>During an interview on 08/21/2015 at 9:32 AM, the Administrator stated by putting Resident # 103's name on the waiting list, she was referring to the next available bed. She further agreed that the bed hold policy needed to be sent with the resident to the hospital on 8/14/15.</p>
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