STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345116	A. BUILDING _____ B. WING _____	C 02/23/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STARMOUNT HEALTH AND REHAB CENTER	**109 S HOLDEN ROAD GREENSBORO, NC 27407**

(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(d)(3)(g)(1)(4)(5)(13)(16)-(18) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES (d)(3) The facility must ensure that each resident remains informed of the name, specialty, and way of contacting the physician and other primary care professionals responsible for his or her care. §483.10(g) Information and Communication. (1) The resident has the right to be informed of his or her rights and of all rules and regulations governing resident conduct and responsibilities during his or her stay in the facility. (g)(4) The resident has the right to receive notices orally (meaning spoken) and in writing (including Braille) in a format and a language he or she understands, including: (i) Required notices as specified in this section. The facility must furnish to each resident a written description of legal rights which includes - (A) A description of the manner of protecting personal funds, under paragraph (f)(10) of this section; (B) A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment of resources under section 1924(c) of the Social Security Act. (C) A list of names, addresses (mailing and email), and telephone numbers of all pertinent State regulatory and informational agencies, resident advocacy groups such as the State Survey Agency, the State licensure office, the State Long-Term Care Ombudsman program, the protection and advocacy agency, adult protective	F 156		3/27/17

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

Electronically Signed | 03/15/2017

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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services where state law provides for jurisdiction in long-term care facilities, the local contact agency for information about returning to the community and the Medicaid Fraud Control Unit; and

(D) A statement that the resident may file a complaint with the State Survey Agency concerning any suspected violation of state or federal nursing facility regulations, including but not limited to resident abuse, neglect, exploitation, misappropriation of resident property in the facility, non-compliance with the advance directives requirements and requests for information regarding returning to the community.

(ii) Information and contact information for State and local advocacy organizations including but not limited to the State Survey Agency, the State Long-Term Care Ombudsman program (established under section 712 of the Older Americans Act of 1965, as amended 2016 (42 U.S.C. 3001 et seq) and the protection and advocacy system (as designated by the state, and as established under the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15001 et seq.)
[§483.10(g)(4)(ii) will be implemented beginning November 28, 2017 (Phase 2)]

(iii) Information regarding Medicare and Medicaid eligibility and coverage;
[§483.10(g)(4)(iii) will be implemented beginning November 28, 2017 (Phase 2)]

(iv) Contact information for the Aging and Disability Resource Center (established under Section 202(a)(20)(B)(iii) of the Older Americans

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Act); or other No Wrong Door Program;
[§483.10(g)(4)(iv) will be implemented beginning November 28, 2017 (Phase 2)]

(v) Contact information for the Medicaid Fraud Control Unit; and
[§483.10(g)(4)(v) will be implemented beginning November 28, 2017 (Phase 2)]

(vi) Information and contact information for filing grievances or complaints concerning any suspected violation of state or federal nursing facility regulations, including but not limited to resident abuse, neglect, exploitation, misappropriation of resident property in the facility, non-compliance with the advance directives requirements and requests for information regarding returning to the community.

(g)(5) The facility must post, in a form and manner accessible and understandable to residents, resident representatives:

(i) A list of names, addresses (mailing and email), and telephone numbers of all pertinent State agencies and advocacy groups, such as the State Survey Agency, the State licensure office, adult protective services where state law provides for jurisdiction in long-term care facilities, the Office of the State Long-Term Care Ombudsman program, the protection and advocacy network, home and community based service programs, and the Medicaid Fraud Control Unit; and

(ii) A statement that the resident may file a complaint with the State Survey Agency concerning any suspected violation of state or federal nursing facility regulation, including but not

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limited to resident abuse, neglect, exploitation, misappropriation of resident property in the facility, and non-compliance with the advanced directives requirements (42 CFR part 489 subpart I) and requests for information regarding returning to the community.

(g)(13) The facility must 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.

(g)(16) The facility must provide a notice of rights and services to the resident prior to or upon admission and during the resident's stay.

(i) 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.

(ii) The facility must also provide the resident with the State-developed notice of Medicaid rights and obligations, if any.

(iii) Receipt of such information, and any amendments to it, must be acknowledged in writing;

(g)(17) The facility must--

(i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for

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Medicaid of-

(A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged;

(B) 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

(ii) Inform each Medicaid-eligible resident when changes are made to the items and services specified in paragraphs (g)(17)(i)(A) and (B) of this section.

(g)(18) 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/ Medicaid or by the facility's per diem rate.

(i) Where changes in coverage are made to items and services covered by Medicare and/or by the Medicaid State plan, the facility must provide notice to residents of the change as soon as is reasonably possible.

(ii) Where changes are made to charges for other items and services that the facility offers, the facility must inform the resident in writing at least 60 days prior to implementation of the change.

(iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident

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F 156	Continued From page 5 representative, or estate, as applicable, any deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements. (iv) The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility. v) The terms of an admission contract by or on behalf of an individual seeking admission to the facility must not conflict with the requirements of these regulations. This REQUIREMENT is not met as evidenced by: Based on record review, resident and staff interview, the facility failed to provide written evidence that three of three sampled residents received notification of resident rights and services prior to or upon admission to the facility (Resident #5, #1 and #2). The findings included: 1. Resident #5 was admitted to the facility on 2/4/17. Cumulative diagnoses included purulent peritonitis (infection affecting the lining of the abdominal cavity) and chronic pain. Admission Minimum Data Set (MDS) had not been completed. On 2/22/17 at 2:00PM, an interview was conducted with Resident #5. Resident #5 was cognitively intact. He stated he received a copy of Resident Rights on 2/20/17 after asking for them twice.	F 156	"Preparation and / or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or conclusions set forth in the statement of deficiencies. The plan of corrections is prepared and / or executed solely because it is required by provisions of federal and state law." 3 of the 3 resident's admission paperwork have been reviewed with the resident and / or responsible party and has been signed and dated appropriately. All residents who admit to the facility have the potential to be affected. Current admissions residing in the facility were audited by the Admissions Coordinator and the appropriate admission paperwork was verified complete.	

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F 156	Continued From page 6 A review of the facility Admission Packet revealed there was a copy of Resident Rights included in the packet. The Admissions Packet also contained information regarding the care and services provided at the facility, contact numbers for facility staff, physician information and insurance information. On 2/22/17 at 5:15PM, an interview was conducted with the Admissions Coordinator. She stated the admissions packet was completed on admission. If a resident was admitted on the weekend, the admissions packet would be completed on Monday. She reviewed the admissions packet for Resident #5 and said she had the completed code status form and the consent to treat form that was signed by Resident #5 on 2/4/17. The Admissions Coordinator stated she had questioned Resident #5 ' s cognitive status and that was why the admissions packet had not been completed as of 2/22/17. She said she would normally call the family to come and complete the admission packet if a resident was unable to complete the information. When asked when she had called the family, she stated Resident #5 was his own RP and she was going to do the admission packet when he got cognitively better. She had no documentation of any attempts at dong the admission packet that contained the resident rights information. She said the packet should have been completed sooner. A social work note dated 2/22/17 at 6:32PM revealed the admissions paperwork was completed with Resident #5. On 2/23/17 at 2:58PM, an interview was conducted with the Administrator. She stated if a	F 156	The Admissions Coordinator will be re-educated by the Administrator on the admission process and the timeliness of admission paperwork review and signing. Admission packets will be reviewed by Administrator/Designee to ensure all admission paperwork has been reviewed and appropriately signed in a timely manner upon admission by resident and / or responsible party. An admission process audit tool will be completed 5 times a week for 4 weeks, bi-weekly for 4 weeks and weekly for 4 weeks to ensure appropriate receipt and signature of the admission packet by the resident and / or responsible party. The results of the audits will be reviewed at the monthly Quality Assurance and Performance Improvement Meeting monthly times three months for additional recommendations as identified.	

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resident was admitted over the weekend or after hours, nursing staff would obtain the consent to treat and the MOST form, tour of the facility, show where the resident rights are posted; expectation for the packet to be completed in its entirety to include date as soon as possible. She stated if a resident can sign the MOST (medical orders for scope of treatment) form and consent to treat, they should be able to complete and sign the admission packet.

2. Resident #1 was admitted to the facility on 2/9/17.

A review of the admission packet for Resident #1 revealed the MOST for and the consent to treat form was signed by Resident #1 ' s responsible party on 2/9/17. The remainder of the admission packet had the responsible party ' s signature but none of the forms were dated to indicate when the packet had been completed.

On 2/23/17 at 2:00PM, an interview was conducted with the social worker. She stated she did not have any documentation on when the remainder of the admissions packet was completed and the forms should have contained a date that would have indicated when the packet was completed.

On 2/23/17 at 2:58PM, an interview was conducted with the Administrator. She stated if a resident was admitted over the weekend or after hours, nursing staff would obtain the consent to treat and the MOST form, tour of the facility, show where the resident rights are posted; expectation for the packet to be completed in its entirety to include date as soon as possible. She stated if a resident can sign the MOST (medical orders for

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scope of treatment) form and consent to treat, they should be able to complete and sign the admission packet.

3. Resident #2 was admitted to the facility on 1/6/17.

A review of the admission packet for Resident #2 revealed the MOST form and the consent to treat form was signed by Resident #2 ' s responsible party on 1/6/17. The remainder of the admission packet had the responsible party ' s signature but no one of the forms were dated.to indicate when the packet had been completed.

On 2/23/17 at 2:00PM, an interview was conducted with the social worker. She stated she did not have any documentation on when the remainder of the admissions packet was completed and the forms should have contained a date that would have indicated when the packet was completed.

On 2/23/17 at 2:58PM, an interview was conducted with the Administrator. She stated if a resident was admitted over the weekend or after hours, nursing staff would obtain the consent to treat and the MOST form, tour of the facility, show where the resident rights are posted; expectation for the packet to be completed in its entirety to include date as soon as possible. She stated if a resident can sign the MOST (medical orders for scope of treatment) form and consent to treat, they should be able to complete and sign the admission packet.