STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345571	A. BUILDING _____ B. WING _____	C 02/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA BAY HEALTHCARE CTR OF WILMINGTON LLC	740 DIAMOND SHOALS ROAD WILMINGTON, NC 28403

(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 555 SS=D	Right to Choose/Be Informed Attendg Physician CFR(s): 483.10(d)(1)-(5) §483.10(d) Choice of Attending Physician. The resident has the right to choose his or her attending physician. §483.10(d)(1) The physician must be licensed to practice, and §483.10(d)(2) If the physician chosen by the resident refuses to or does not meet requirements specified in this part, the facility may seek alternate physician participation as specified in paragraphs (d)(4) and (5) of this section to assure provision of appropriate and adequate care and treatment. §483.10(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(d)(4) The facility must inform the resident if the facility determines that the physician chosen by the resident is unable or unwilling to meet requirements specified in this part and the facility seeks alternate physician participation to assure provision of appropriate and adequate care and treatment. The facility must discuss the alternative physician participation with the resident and honor the resident's preferences, if any, among options. §483.10(d)(5) If the resident subsequently selects another attending physician who meets the requirements specified in this part, the facility must honor that choice. This REQUIREMENT is not met as evidenced	F 555		2/21/18

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

Electronically Signed | 02/19/2018

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345571	A. BUILDING _____ B. WING _____	C 02/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA BAY HEALTHCARE CTR OF WILMINGTON LLC	740 DIAMOND SHOALS ROAD WILMINGTON, NC 28403

(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 555	Continued From page 1 by: Based on record review, family, staff and physician interviews, the facility failed to secure an alternate physician when the resident declined the admitting physician and agreed upon any other facility physician which resulted in the resident's discharge to another facility within 6 hours of admission for 1 of 3 residents reviewed (Resident #23). Findings included: Record review revealed Resident #23 was admitted to the facility on 11/29/2017 with diagnoses which included Sacral Insufficiency Fractures (type of stress fracture) and acute on chronic back pain. Review of the Progress Notes revealed an Admissions Summary Note dated 11/29/2017 at 2:09 PM. The note was signed by Nurse #1 and revealed Resident #23 could make her needs known, required assistance with transfers and activities of daily living (ADLs) and was in no distress. There were no further Progress Notes in Resident #23's medical record upon the initial review. Review of the Admission Minimum Data Set (MDS) revealed an Admission entry dated 11/29/2017 which indicated Resident #23 was admitted to the facility from an acute care hospital for a short-term stay. There was a Discharge MDS dated 11/29/2017 which indicated the resident was discharged from the facility on 11/29/2017. The discharge MDS revealed the discharge was unplanned, and the resident's	F 555	Residents Rights 1. Plan for correcting specific deficiency. The process that led to deficiency cited. The facility failed to secure an alternate physician when the resident declined the admitting physician and agreed upon any other facility physician which resulted in the residents discharge to another facility within 6 hours of admission for 1 of 3 residents reviewed. Beginning 02/09/2018, prior to admission, the admissions coordinator or designee will notify the resident and/or responsible party that Dr. Mary Rudyk is the medical director and physician. In the event a resident does not want the services of Dr. Rudyk, the resident will be asked who they would like to provide physician services. The facility will contact the physician the resident chooses and see if they are willing to take on the resident and comply with the skilled nursing regulatory requirements. If the physician is unwilling to provide the services the staff will communicate with the resident and make alternative arrangements for care. 2. Procedure for implementing the acceptable plan of correction. Beginning 02/09/2018 in-service education was provided to all full time, part time, and as needed nurses and admissions staff by the Director of Nursing and/or Administrator. As of 02/19/2018 all nurses and admissions staff have been educated. Topics	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345571	A. BUILDING _____ B. WING _____	C 02/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA BAY HEALTHCARE CTR OF WILMINGTON LLC	740 DIAMOND SHOALS ROAD WILMINGTON, NC 28403

(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 555	Continued From page 2 return to the facility was not anticipated. Review of the Admission Nursing Facility Agreement signed by Resident #23's responsible party (RP) on 11/29/2017 included the following statement: -The Facility shall obtain the services of a licensed Physician of the residents' choosing whenever necessary, or the services of another licensed Physician if Resident's personal Physician is not available. Resident #23 was unavailable for interview. A telephone interview was conducted with Resident #23's RP on 2/6/2018 at 12:30 PM. The RP revealed the resident was admitted to the facility from the hospital on 11/29/2017 at approximately 1:30 PM for short-term rehabilitation due to lower back fractures. The RP revealed she signed the Admission paperwork shortly after the resident arrived at the facility. The RP revealed after the initial paperwork was signed, the person assisting with the paperwork informed her of the Physician who would be assigned to the resident's care during the facility stay. The RP stated she informed the person the resident was familiar with the Physician named and would prefer another Physician. The RP stated the admissions person indicated there were other Physicians in the named Physician's group as well as a Physician's Assistant (PA) and asked if they would agree to anyone else in the named Physician's group. The RP stated she informed the admissions person any of the other Physicians or the PA would be fine. The RP indicated she did not think there was an issue after the paper work was signed, and the decision was made to assign the resident to another	F 555	included: • Residents right to choose a physician This information has been integrated into the standard orientation training and in the required in-service refresher courses for the nursing staff and will be reviewed by the Quality Assurance process to verify that the change has been sustained. The administrator spoke to Dr. Mary Rudyk on Wednesday, 2/21/2018, regarding providing coverage for a resident until the physician that the resident chooses can be contacted and alternate physician services arranged. Dr. Rudyk is in agreement and will provide services. 3. Monitoring Procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with regulatory requirements. The administrator or designee will monitor procedures for resident's rights weekly x 2 weeks then monthly x 3 months using the Residents rights QA monitor. Monitoring will include a review of all new admissions to ensure they were given the right to choose their physician. Reports will be presented to the weekly QA committee by the Administrator to ensure corrective action initiated as appropriate. Compliance will be monitored and ongoing auditing program reviewed at the weekly QA Meeting. The weekly QA Meeting is attended by the Administrator, DON, MDS Coordinator, Therapy, HIM, and the Dietary Manager.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345571	A. BUILDING _____ B. WING _____	C 02/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA BAY HEALTHCARE CTR OF WILMINGTON LLC	740 DIAMOND SHOALS ROAD WILMINGTON, NC 28403

(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 555	Continued From page 3 Physician. The RP stated they were not informed of the attending Physician until after the resident was admitted to the facility. The RP stated after she signed all the papers, she checked on the resident and then left the facility to retrieve some items for the resident's stay. The RP stated it was approximately 4:30 PM when she left the facility. The RP further stated she received a call from the resident who was upset and indicated the Physician who they declined was in the resident's room and wanted to speak to the RP. The RP indicated she spoke with the Physician and informed her they desired for another Physician to care for the resident while she was at the facility and stated she informed the Physician they were agreeable to any other Physician in the group. The RP stated the Physician said ok, thanked the RP, and there was no further conversation. The RP indicated when she returned to the facility at approximately 5:30 PM, she was informed the resident would have to return to the hospital, because the named Physician would not allow anyone in the group to follow the resident. The RP stated she told the staff she would not agree for the resident to be sent back to the hospital and asked if there was anything that could be done to secure a physician. The RP indicated the Administration staff informed her since the resident did not have a Physician, she could not remain in the facility, as there was no one to treat her. The RP stated the staff told her another facility agreed to take the resident, and transportation would be arranged as soon as possible. The RP indicated she could not remember if they asked if the facility was acceptable, and although she and the resident	F 555	4. The title of the person responsible for implementing the plan of correction. The Administrator is responsible for implementation and completion of the acceptable plan of correction. 5. Dates when corrective action will be completed. Wednesday, 02/21/2018	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345571	A. BUILDING _____ B. WING _____	C 02/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA BAY HEALTHCARE CTR OF WILMINGTON LLC	740 DIAMOND SHOALS ROAD WILMINGTON, NC 28403

(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 555	Continued From page 4	F 555		

were upset about the move, they felt it was better than returning to the hospital.

A telephone interview was conducted with Nurse #1 on 2/6/2018 at 4:40 PM. Nurse #1 indicated she recalled Resident #23 and verified she was the admitting nurse. Nurse #1 reported she spoke with the named Physician the evening of 11/29/2017 and informed her the resident and the RP agreed to another Physician in the practice group. Nurse #1 revealed the named Physician was in the facility and spoke with the resident. After speaking with the resident, the named Physician informed the nurse no one in the practice group would follow the resident in the facility. Nurse #1 reported she contacted the Administrator (Adm), they tried to talk to the Physician again, and the Physician adamantly refused. Nurse #1 reported the Adm called the hospital liaison who contacted another facility, and the resident was transferred. Nurse #1 reported the resident and the RP were upset and did not understand why the resident could not be seen by another physician.

An interview was conducted with the Administrator (Adm) 2/6/2018 at 5:05 PM. The Adm indicated she recalled the evening of 11/29/2017 and Resident #23. The Adm revealed the named Physician informed her no one in the practice group would follow the resident during her stay at the facility. The Adm indicated the situation arose late in the evening, and the resident could not stay in the facility without an attending Physician. The Adm reported she spoke with the RP, and the RP agreed to another Physician. The Adm further reported due to the time and the circumstances, the decision was made to transfer the resident to another facility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345571	A. BUILDING _____ B. WING _____	C 02/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA BAY HEALTHCARE CTR OF WILMINGTON LLC	740 DIAMOND SHOALS ROAD WILMINGTON, NC 28403

(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 555	Continued From page 5 The Adm indicated if the situation had occurred earlier in the day, an alternate Physician possibly could have been secured. The Adm indicated there was no discussion with the named Physician, resident or the RP of the possibility of the named Physician or one of Physicians in the practice group to follow the resident until the next day to enable the facility to secure an alternate Physician. The Adm stated the named Physician was the facility's Medical Director. The Adm stated awareness of the resident's right to choose a Physician and stated there was no choice offered the evening the resident was transferred. An interview was conducted with the named Physician on 2/7/2018 at 2:52 PM. The Physician indicated she remembered Resident #23. The Physician stated she went to the resident's room on the evening of 11/29/2018 to complete her assessment. The Physician reported while in the room the resident informed her she did not want her services. The Physician stated she left the room and spoke to the Adm and informed her the resident was in the facility without an assigned Physician, and the facility would not be able to secure another Physician due to the lateness of the day. The Physician stated she informed the Adm the resident would be unable to stay in the facility. The Physician indicated since the resident did not want her services and her practice group would not follow her, it was not her responsibility to secure a Physician for Resident #23.	F 555		