

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/30/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345457</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/11/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>BELAIRE HEALTH CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2065 LYON STREET</b> <b>GASTONIA, NC 28052</b>		
(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	
E 000	Initial Comments  The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities (General Health Survey) Emergency Preparedness. Event ID# TWGL11	E 000			
F 623 SS=B	Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8)  §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section.  §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. (ii) Notice must be made as soon as practicable before transfer or discharge when- (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section; (B) The health of individuals in the facility would	F 623		5/3/19	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

04/26/2019

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 623	<p>Continued From page 1</p> <p>be endangered, under paragraph (c)(1)(i)(D) of this section;</p> <p>(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;</p> <p>(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or</p> <p>(E) A resident has not resided in the facility for 30 days.</p> <p>§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:</p> <p>(i) The reason for transfer or discharge;</p> <p>(ii) The effective date of transfer or discharge;</p> <p>(iii) The location to which the resident is transferred or discharged;</p> <p>(iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;</p> <p>(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;</p> <p>(vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and</p> <p>(vii) For nursing facility residents with a mental</p>	F 623			

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F 623	<p>Continued From page 2</p> <p>disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>§483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.</p> <p>§483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l). This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to provide a copy of the transfer/discharge notice to the Ombudsman for 2 of 2 residents (Resident #24 and Resident # 371 ) reviewed for hospitalization.</p> <p>Findings included:</p> <p>1. Resident #24 was admitted to the facility on 9/5/18 with a most recent admission date of 3/26/19 with diagnoses that included, in part, Chronic Obstructive Pulmonary Disorder, Heart Failure, Urinary Tract Infection, Diabetes,</p>	F 623	<p>The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be</p>		

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F 623	<p>Continued From page 3</p> <p>Hypertension and Renal Failure.</p> <p>A review of the most recent comprehensive minimum data set (MDS), which was a significant change assessment dated 2/18/19 revealed Resident #24 was cognitively intact.</p> <p>A review of the medical record revealed Resident #24 was admitted to the hospital on 3/12/2019 for a Urinary Tract Infection The resident returned to the facility on 3/26/2019. No written notice of transfer was documented to had been provided to the Ombudsman.</p> <p>On 4/10/19 at 4:53 PM an interview was conducted with the Administrator. He stated the Social Worker was out on leave from 2/7/2019 to 4/8/2019 and that during that time frame no staff was designated to send the transfer/discharge notice to the Ombudsman, therefore the notifications were not being made to the Ombudsman until the Social Worker's return on 4/8/2019.</p> <p>2. Resident #371 was admitted to the facility on 12/14/18 with a most recent admission date of 4/3/19 with a diagnosis that included pneumonitis due to inhalation of food and vomit, hypertension, dementia without behavioral disturbance, type 2 diabetes, Hemiplegia and hemiparesis.</p>	F 623	<p>completed by the dates indicated.</p> <p>How the corrective action will be accomplished for the resident(s) affected. A list was sent to the Ombudsman of the patients that transferred and where they transferred too. Beside each patient it was indicated the disposition of the patient for the month of February 2019 and March of 2019. Another list will be sent May 1, 2019 for all the patients that were transferred during the month of April.</p> <p>How corrective action will be accomplished for those residents with the potential to be affected by the same practice. In the future, in the absence of the Discharge Planner the Admissions Director or Assistant will be responsible for completing the Transfer/Discharge form and giving to the patient at time of discharge. If the patient is discharged on the weekend a completed form will be mailed to the family or hand carried to the hospital by the Admissions Director and given to the patient.</p> <p>Measures in place to ensure practices will not re-occur. Education was provided to the Admissions Director and Assistant by the Discharge Planner on the completion and distribution of the Transfer/Discharge Form and notification of the Ombudsman on April 29, 2019. The steps educated: 1) When the patient goes to the hospital complete Transfer/Discharge form, 2) Send copy of form to the hospital with the patient, 3) Give a copy to the Business Office Manager to be mailed to the family,</p>		

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F 623	<p>Continued From page 4</p> <p>A review of the medical record revealed Resident #371 was admitted to the hospital on 2/12/19 for a planned surgery. The resident returned to the facility on 2/20/19. No written notice of transfer was documented to had been provided to the ombudsman.</p> <p>A review of the medical record revealed Resident #371 was admitted to the hospital on 3/29/19 with an anticipated return. The resident returned to the facility on 4/3/19. No written notice of transfer was documented to had been provied to the ombudsman.</p> <p>On 4/10/19 at 4:53 PM an interview was conducted with the Administrator. He stated the Social Worker was out on leave from 2/7/2019 to 4/8/2019 and that during that time frame no staff was designated to send the transfer/discharge notice to the Ombudsman, therefore the notifications were not being made to the Ombudsman until the Social Worker's return on 4/8/2019.</p>	F 623	<p>4) Give copy to Medical Records to be scanned into chart, 5) Fax copy to Ombudsman. The Administrator will assign the week of April 29-May 3rd for the Admission department to do the Transfer/Discharge notices to ensure that they understand the process and ensure that notices are provided as educated. The oversight for this observation period will be the Discharge Planner. A checklist will be completed of the observation. This checklist will be completed in the absence of the Discharge Planner, these completed checklist will be provided to the Administrator at the end of each work day. If steps are missed re-education will be provided and counselling for continued non-compliance for missed steps.</p> <p>Starting the week ending 5/3/19 each week x4 and then monthly x5, a discharge list will be run and compared to the Discharge/Transfer Forms to ensure that one was generated for each Transfer/Discharge and all components of audit tool met. The audit will be turned into the Administrator to ensure completion. If steps are missed re-education will be provided and counselling for continued non-compliance for missed steps.</p> <p>How the facility plans to monitor and ensure correction is achieved and sustained. The completed audit tools will be reviewed during the QAPI Meeting to ensure completion of the audit and revisions made to the plan if needed to ensure requirements are met.</p>		

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