STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345357	A. BUILDING _____ B. WING _____	C 07/30/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRUITTHEALTH-NEUSE	1303 HEALTH DRIVE NEW BERN, NC 28560

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E 000	Initial Comments An unannounced COVID-19 Focused Survey was conducted on 07/27/2020. The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# Y9UJ11.	E 000		
F 000	INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted from 07/27/2020 - 07/29/2020. The facility was found to be in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Two of the 21 complaint allegations were substantiated resulting in deficiencies.	F 000		
F 552 SS=D	Right to be Informed/Make Treatment Decisions CFR(s): 483.10(c)(1)(4)(5) §483.10(c) Planning and Implementing Care. The resident has the right to be informed of, and participate in, his or her treatment, including: §483.10(c)(1) The right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition. §483.10(c)(4) The right to be informed, in advance, of the care to be furnished and the type of care giver or professional that will furnish care. §483.10(c)(5) The right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed	F 552		8/28/20

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

Electronically Signed | 08/17/2020

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F 552	Continued From page 1 care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers. This REQUIREMENT is not met as evidenced by: Based on staff, guardian and resident interviews, and record review the facility allowed a resident with an appointed permanent guardian to sign herself out of the facility against medical advice, without involving or notifying the resident's guardian of this decision for 1 of 1 resident reviewed for guardianship (Resident #1). The findings included: The facility's Refusal of Care: Against Medical Advice form effective date 7/2/2015 specified in the instructions the form was not to be used for residents who had a guardian. Resident #1 was admitted to the facility on 5/29/20 with diagnoses that included respiratory failure and heart failure. A hospital physician progress note dated 5/19/20 revealed Resident #1 was being treated for suspected Korsakoff syndrome with cognitive dysfunction and short-term memory deficits. It also stated the doctor believed she was medically incapacitated to make healthcare decisions for herself and was being evaluated by Craven County Department of Social Services (DSS) for guardianship. An Order on a Motion for Appointment of Interim Guardian revealed Craven County DSS was appointed her interim guardian on 5/20/20. A physician's order dated 5/29/20 stated "3 liters	F 552	This plan of correction constitutes a written allegation of substantial compliance with Federal and Medicaid requirements. Preparation and /or execution of this correction do not constitute admission or agreement by the provider of the truth of items alleged or conclusions set forth for the alleged deficiencies. The plan of correction is prepared and /or executed solely because it is required by the provision of the state and federal law. I also demonstrate our good faith and desire to continue to improve the quality of care and services to our residents. "How corrective action will be accomplished for those residents found to have been affected by the deficient practice -Resident was to be located and transported back to the facility under the guidance and supervision of law enforcement and guardian. -Resident was located and transported back to the facility under the guidance and supervision of law enforcement and guardian. "How the facility will identify other residents having the potential to be affected by the same deficient practice	

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F 552	Continued From page 2 of oxygen via nasal cannula continuous." Resident #1's admission Minimum Data Set dated 6/15/20 revealed she was assessed as cognitively intact with no behaviors. She required limited assistance with bed mobility, transfers, and walking. She required oxygen therapy while a resident of the facility. A Letter of Appointment General Guardian revealed Craven County Department of Social Services was appointed her permanent guardian on 7/2/20. A nurse's progress note written by Nurse #1 dated 7/6/20 revealed Resident #1 stated she was leaving the facility. All her belongings were packed and placed in her wheelchair. She reported she had contacted a cab. The nurse informed the resident if she left she would not be able to take any of her medications and it would be against medical advice. The resident signed a Refusal of Care: Against Medical Advice form at 2:15 PM. The nurse contacted the facility social worker to let her know. An interview with Nurse #1 was conducted on 7/28/20 at 12:30 PM. Nurse #1 reported she tried to convince Resident #1 to stay in the facility on 7/6/20 but Resident #1 had contacted a cab which was waiting for her. Nurse #1 stated she told the cab driver that Resident #1 was a "ward of the state" in hopes he would not transport her. Nurse #1 indicated she was aware that Resident #1 had a guardian but since the resident was alert and oriented she didn't think it was applicable. The nurse stated that since Resident #1 was alert and oriented she had her sign a Refusal of Care: Against Medical Advice form.	F 552	-Facility will review documentation and paperwork from resident(s) profile(s) to accurately determine which resident(s) do and do not have a guardian. "What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur. -Clinical team members, leadership and other related facility partners will be educated in regards to the safety and betterment of residents and that a Refusal of Care: Against Medical Advice Form cannot be signed or offered to any resident and/or patient that currently has a guardian in place no matter the personal judgement of whether the patient and/or resident seemed to be currently alert and oriented. -Facility will have a guide at each Nurse□s Station that will identify which residents and/or patient currently has an interim/permanent guardian in place. "How will the facility monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur. -Facility will have a guide at each Nurse□s Station that will identify which residents and/or patient currently has an interim/permanent guardian in place. -The guide will be updated upon admission, change in status or discharge	

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F 552	Continued From page 3 An interview was conducted with Resident #1 on 7/28/20 at 1:55 PM. She reported she did not feel she needed to be in the facility any longer. Resident #1 stated she was not aware she couldn't sign herself out of the facility. She indicated that had she known that she could not sign out she would have waited for her guardian. A social work progress note dated 7/6/20 revealed the social worker contacted Resident #1's guardian who stated she was on the way. The guardian arrived at the facility just after the resident left. An interview was conducted with the social worker on 7/28/20 at 1:27 PM who stated she was told by the nurse on 7/6/20 Resident #1 was leaving. She stated the nurse informed her that Resident #1 had signed a Refusal of Care: Against Medical Advice form. The social worker indicated the resident was alert and oriented so the resident signing the form was appropriate. The social worker stated the guardian and law enforcement located Resident #1 and brought her back to the facility. During an interview with Resident #1's guardian on 7/28/20 at 10:01 AM she stated law enforcement located Resident #1 on 7/7/20 at a neighbor's home. She stated Resident #1 was transported back to the facility by law enforcement. An interview was conducted with the Admissions Coordinator on 7/28/20 at 3:32 PM who stated she was aware that Resident #1 had a guardian. She stated guardianship status prevented Resident #1 from signing the admission	F 552	of a patient/resident into/from the facility and/or changes that occur in regards to the party deemed responsible for the patient, including guardian. -The Social Services Director, Medical Records Director and/or Admissions Director will be responsible for ensuring compliance of this POC is met by reviewing the guide and ensuring its accuracy upon admission, throughout the stay and discharge. -The Administrator will be responsible for the compliance of the monitoring of this plan of correction. In addition, the Administrator will monitor the compliance of this POC in the monthly QAPI meeting for 3 months to ensure of appropriate corrective action. Changes could potentially be made to the plan as indicated to include, but not limited to, further education or immediate corrective action. "Date of Compliance -Expected date of compliance will be August 28, 2020	

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F 552	Continued From page 4 paperwork. She reported it was her understanding that residents who had guardians could sign out of the facility Against Medical Advice form if they were alert and oriented. An interview was conducted with the Director of Nursing (DON) on 7/28/20 at 1:04 PM. She reported she was not in the building when Resident #1 left. She stated the resident should not have been able to sign herself out of the facility due to having a guardian. The DON stated this was a facility policy. She indicated the guardian should have been notified immediately.	F 552		
F 626 SS=D	Permitting Residents to Return to Facility CFR(s): 483.15(e)(1)(2) §483.15(e)(1) Permitting residents to return to facility. A facility must establish and follow a written policy on permitting residents to return to the facility after they are hospitalized or placed on therapeutic leave. The policy must provide for the following. (i) A resident, whose hospitalization or therapeutic leave exceeds the bed-hold period under the State plan, returns to the facility to their previous room if available or immediately upon the first availability of a bed in a semi-private room if the resident- (A) Requires the services provided by the facility; and (B) Is eligible for Medicare skilled nursing facility services or Medicaid nursing facility services. (ii) If the facility that determines that a resident who was transferred with an expectation of returning to the facility, cannot return to the facility, the facility must comply with the	F 626		8/28/20

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F 626	Continued From page 5 requirements of paragraph (c) as they apply to discharges. §483.15(e)(2) Readmission to a composite distinct part. When the facility to which a resident returns is a composite distinct part (as defined in § 483.5), the resident must be permitted to return to an available bed in the particular location of the composite distinct part in which he or she resided previously. If a bed is not available in that location at the time of return, the resident must be given the option to return to that location upon the first availability of a bed there. This REQUIREMENT is not met as evidenced by: Based on record review, staff, family and resident interviews, the facility failed to permit a resident to return to the facility from the hospital for 1 of 2 residents reviewed for discharge (Resident #2). The findings included: Resident #2 was admitted to the facility on 1/30/20 with diagnoses that included encephalopathy (a disease that affects the brain function or structure) and dementia. Review of Resident #2's discharge Minimum Data Set (MDS) assessment dated 1/31/20 revealed Resident #2 was severely cognitively impaired. The discharge assessment was coded as discharge to acute hospital with return anticipated. A nurse's note dated 1/31/20 written by Nurse #2 revealed Resident #2 was discharged to a local hospital on 1/31/20 due to exhibiting behaviors which included swinging his cane, dancing in the	F 626	1.How corrective action will be accomplished for those residents found to have been affected by the deficient practice -Resident was to have been able to return to the facility following hospitalization for care, either to their previous room if available or immediately upon the first availability of a bed within the facility. 2.How the facility will identify other residents having the potential to be affected by the same deficient practice. -Any resident that is transferred from the facility to the hospital will have the opportunity to return to the facility following hospitalization and/or emergency department visit. 3.What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.	

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F 626	Continued From page 6 hallway and yelling at people in the hallway. Review of the medical record revealed no documentation of the efforts the facility made to enable or allow the resident to return. An interview was conducted with Nurse #2 on 7/30/20 at 4:51 PM who stated Resident #2 attempted to strike her with his cane while she was doing an assessment. She reported she notified the Director of Nursing and Administrator. Nurse #2 further stated she was instructed by the Administrator to get him transferred to the hospital. She also stated the Administrator told her at that time she did not want him to come back to the facility. A nurse's note dated 2/3/20 written by Nurse #3 revealed she had received a call from the Ombudsman regarding Resident #2 returning to the facility. The note stated she discussed Resident #2 and the Administrator stated she would follow-up. An interview was conducted with Nurse #3 on 7/29/20 at 11:29 AM who stated she could not recall Resident #2. A social work note dated 2/4/20 revealed the Social Worker faxed information regarding Resident #2 to a local hospital. An interview was conducted with the social worker on 7/28/20 at 1:27 PM who reported she did not recall Resident #2. An interview was conducted with the Physician on 7/29/20 at 9:15 AM who indicated he was not familiar with the resident.	F 626	-Facility will work in conjunction with the hospital for a either a safe return to the facility of prior residence or transfer to a residence of the patient and/or responsible party□s selection and the receiving party□s agreement of the transfer. -Facility will ensure a competent plan of care is in place for the patient/resident□s return following hospitalization that would be deemed appropriate and would not provide harm to said patient/resident and/or other patients/residents. 4.How will the facility monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur. -The Admissions Director will work in conjunction with the hospital in regards to concerns if were to arise at the facility-level prior to patient being sent to the hospital and work towards a resolution upon resident□s return to the facility post-hospitalization. -Clinical Leadership will work with IDT to develop a plan of care for each patient/resident and their safe return to the facility and stay at the facility. -Facility will be responsible for ensuring compliance of this POC is met by reviewing, tracking and trending the results and ensure that this is brought before the QAPI Committee and that a	

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F 626	Continued From page 7 An interview was conducted with the regional ombudsman on 7/29/20 at 10:32 AM who stated the facility would not take Resident #2 back into the facility. An interview was conducted with the Administrator on 7/29/20 at 11:30 AM. He stated he was not employed at the facility when the discharge occurred and was unfamiliar with the circumstances. An interview was conducted with the former administrator on 7/30/20 at 5:55 PM who stated she felt Resident #2 never should have been admitted to the facility. She reported that she did not feel that it was safe for him to come back to the facility. During an interview with Resident #2's responsible party on 7/30/20 at 3:29 PM she stated Resident #2 remained in the Emergency Department of the hospital for seven days without placement then returned to his residence. She stated the family provided necessary care upon his return home. The family member reported that she had spoken with the Administrator and the Administrator refused to allow him to return to the facility. The Responsible Party indicated Resident #2 was not interviewable.	F 626	Performance Improvement Plan is implemented or revised as necessary. 5.Date of Compliance -Expected date of compliance will be August 28, 2020	
F 742 SS=D	Treatment/Srvcs Mental/Psychoscial Concerns CFR(s): 483.40(b)(1) §483.40(b) Based on the comprehensive assessment of a resident, the facility must ensure that- §483.40(b)(1) A resident who displays or is diagnosed with	F 742		8/28/20

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F 742	Continued From page 8 mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder, receives appropriate treatment and services to correct the assessed problem or to attain the highest practicable mental and psychosocial well-being; This REQUIREMENT is not met as evidenced by: Based on record review, staff, guardian and resident interviews, the facility failed to provide requested treatment for psychosocial concerns for 1 of 1 resident reviewed for behavioral health treatment (Resident #1). The findings included: Resident #1 was admitted to the facility on 5/29/20 with diagnoses that included respiratory failure and heart failure. Her admission Minimum Data Set (MDS) dated 6/15/20 revealed her to be assessed as cognitively intact with no behaviors. She required limited assistance with bed mobility, transfers, and walking. She required oxygen therapy while a resident of the facility. She did not have any behaviors or moods coded on the assessment. There was no mention of a need for psychiatric referral on the Resident #1's care plan. Her care plan dated 6/12/20 stated she received an anxiolytic medication for anxiety. An Order on a Motion for Appointment of Interim Guardian revealed Craven County Department of Social Services (DSS) was appointed her interim guardian on 5/20/20. A Letter of Appointment General Guardian	F 742	1.How corrective action will be accomplished for those residents found to have been affected by the deficient practice -Facility arranged for an appointment for the resident that was scheduled by the psychiatric provider to occur on 08/18/2020 for the resident□s requested treatment for psychosocial concerns through behavioral health treatment. 2.How the facility will identify other residents having the potential to be affected by the same deficient practice. -Facility will assess patient(s)/resident(s) of the facility as whom would benefit from treatment for psychosocial concerns through behavioral health treatment. -Upon completion of assessing the patient(s)/resident(s) of the facility, if there are any concerns, they will be addressed appropriately through use of behavioral health and other relatable treatment(s). 3.What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.	

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F 742	Continued From page 9 revealed Craven County DSS was appointed her permanent guardian on 7/2/20. During an interview with Resident #1's guardian on 7/28/20 at 10:01 AM she stated she had requested psychological services for the resident due to the transition to a long-term facility with DSS guardianship and previous trauma. She reported she requested these services during the initial treatment team meeting in June. The guardian stated she was unsure if any referrals had been made. An interview was conducted with the MDS Nurse on 7/28/20 at 10:44 AM who stated a referral to a psychiatrist had been discussed to evaluate Resident #1 for competency. She stated that once she had spoken to the guardian and they disagreed about competency, a referral had not been made. The MDS Nurse checked the medical record and no order for psychological services had been placed. She reported no knowledge of Resident #1 having behaviors. During an interview with the social worker on 7/28/20 at 1:27 PM she indicated she had no knowledge of any discussion of psychological services for Resident #1. She stated that she was unaware of any behaviors. An interview was conducted with Resident #1 on 7/28/20 at 1:55 PM who stated she had requested psychological services since her admission to the facility. She indicated she has serious health problems and her guardianship status has made her feel a loss of autonomy. Resident #1 indicated she made these requests to the Medical Director and nursing staff. Resident #1 stated it is her impression that if she	F 742	-Facility will conduct assessments upon admission, notice of change in condition, quarterly and/or annually for the patient(s)/resident(s) of the facility, speak to the responsible party of the patient(s)/resident(s) of the facility, etc. and address appropriately through use of psychological, pharmaceutical or outside agencies for treatment. 4.How will the facility monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur. -Behaviors and psychosocial needs of patient(s)/resident(s) will be reviewed during rounds daily, as well as, during the weekly Patient at Risk (PAR) meeting. -The DHS will be responsible for ensuring compliance of this POC is met by reviewing, tracking and trending the results and ensure that this is brought before the QAPI Committee and that a Performance Improvement Plan is implemented or revised as necessary. -The Administrator will be responsible for the compliance of the monitoring of this plan of correction. In addition, the Administrator will monitor the compliance of this POC in the monthly QAPI meeting for 3 months to ensure we have appropriate corrective action. Changes will be made to the plan by the committee as indicated to include, but not limited to, further education or immediate corrective action.	

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F 742	Continued From page 10 sees a psychiatrist her guardianship could possibly be overturned. During an interview with the Medical Director on 7/29/20 at 9:15 AM he stated he felt Resident #1 was not incompetent and the facility was attempting to refer her for a psychiatry consult. The Medical Director stated he was not aware of any trauma or psychiatric diagnoses. He stated he was unsure of the process. An interview was conducted with the Nurse Navigator on 7/29/20 at 11:55 AM who stated she faxed a referral to a psychiatrist on 7/10/20 and has not heard back. The Nurse Navigator stated the referral was made for a competency evaluation as the facility felt that she is competent. The Nurse Navigator provided a referral for the resident's competency evaluation that was dated 7/09/20. She stated the Social Worker would be notified.	F 742	5.Date of Compliance -Expected date of compliance will be August 28, 2020	