

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

PRINTED: 12/08/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345277	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/10/2021
NAME OF PROVIDER OR SUPPLIER WOODLAND HILL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203	
(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 000	INITIAL COMMENTS A follow up and complaint survey was conducted on 11/8/21 through 11/10/21. One of the 5 allegations was substantiated resulting a federal deficiency at F623 and F626. See Event # COID11.	F 000		
F 626 SS=E	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 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	F 626		11/29/21

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

TITLE

(X6) DATE

Electronically Signed

11/29/2021

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 626	<p>Continued From page 1</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, interviews with hospital staff and facility staff, the facility failed to permit a resident to return to the facility after hospitalization for 1 of 3 residents sampled for admission and discharges (Resident #2).</p> <p>The findings included:</p> <p>Resident #2 was admitted to the facility on 3/20/2021 with diagnoses that included metabolic encephalopathy and dementia.</p> <p>The resident's quarterly Minimum Data Set (MDS) dated 6/24/2021 indicated the resident had severely impaired cognition and displayed both physical and verbal behaviors during the assessment period. Resident #2 received antipsychotics 6 of 7 days during the assessment period.</p> <p>Resident #2's electronic medical record revealed he was discharged to the hospital on 9/16/2021 for low blood pressure and altered mental status.</p> <p>The resident's discharge MDS, dated 9/16/2021 coded the resident as discharged with return not anticipated.</p> <p>The resident's responsible party was interviewed via phone on 11/8/2021 at 12:29pm. She stated she was informed by the hospital social worker on 9/17/2021 the facility would not accept Resident</p>	F 626	<p>F 626 Permitting Residents to Return to the Facility</p> <ol style="list-style-type: none"> 1. Resident # 2 no longer resides in the facility. Resident # 2 was discharged to another skilled facility. The Facility Administrator contacted Resident #2's spouse via phone on 11/11/21 and discussed options for resident to return to facility, Resident's spouse declined readmission at this time. In addition to the phone conversation the Administrator sent a letter to Resident #2's spouse regarding the same conversation via certified mail on 11/18/21. 2. All residents who are discharged to the hospital have potential to be effected. Regional Nurse completed an audit of all hospital transfers for the last 30 days to determine if they had been readmitted to the facility according to policy and regulation. No deviations were noted. 3. Education completed by the Corporate Nurse with the Administrator, Director of Nursing, Social Service Director and Admissions Coordinator regarding requirement to permit a resident to return to facility after hospitalization. Education included the requirement to notify in 		

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F 626	<p>Continued From page 2</p> <p>#2 back into the facility. She stated she contacted the facility and was directed to the facility social worker (SW) who told her they would not be accepting the resident back and she could come to the facility to pick up his belongings. She further stated she never received a call from the facility stating they would accept Resident #2 back after his hospitalization.</p> <p>On 11/8/2021 at 3:13pm an interview was conducted with the MDS nurse. She stated Resident #2 was discharged for behaviors and she coded the MDS as discharged-return not anticipated. She was not sure where she got that information, but she knew there were discussions among administration regarding sending the resident to a higher level of care due to his behaviors.</p> <p>On 11/8/2021 at 3:25pm an interview was conducted with the facility's Admissions Coordinator. She stated the facility never received a referral for placement from the hospital for Resident #2. She further stated she didn't get a call from the hospital stating they were having difficulty placing the resident and that is something the hospital would typically do.</p> <p>A phone interview was conducted with the hospital's clinical social worker (CSW) #1 on 11/9/2021 at 11:30am. She stated she made attempts to place Resident #2 back in the facility on 9/19/2021 after the Emergency Room social worker documented she had already attempted to send the resident back to the facility on 9/17/2021 and a staff member (not named) informed her the resident would not be able to return to the facility due to behaviors. CSW #1 stated she called the facility's corporate admissions and referral hotline</p>	F 626	<p>writing the hospital, resident/responsible party and LTC Ombudsman if the facility was not going to be able to accept a resident to return to the facility due to facility not being able to meet the resident's needs.</p> <p>4. Director of Nursing or Social Services will review all residents who are transferred to the hospital to ensure appropriate return to the facility and appropriate notification to the receiving facility/hospital, the resident/responsible party and Ombudsman of transfer and anticipation of return, according to regulation. Results of these reviews will be reviewed by the Quality Assurance and Performance Improvement Committee monthly with the QAPI Committee responsible for ongoing compliance.</p> <p>5. Date of compliance: 11/29/21</p>		

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F 626	<p>Continued From page 3</p> <p>and spoke to corporate admissions #1 who instructed her to forward a referral and they would review the referral and let her know. CSW #1 stated corporate admissions #1 called her back the same day and informed her they would not be able to accept Resident #2 's referral due to his behaviors. She then spoke to the resident's wife to obtain consent to reach out to other facilities for placement. CSW #1 stated another call was made to the corporate admissions and referral hotline on 9/26/2021 due to not being able to place resident elsewhere. She stated she spoke with corporate admissions #2 who verbally confirmed they would not accept Resident #2 back into the facility.</p> <p>On 11/9/2021 at 11:56am a phone interview was conducted with the facility Administrator who stated he was not aware of the contact between the hospital social workers and the corporate admissions and referral hotline. He stated that information was not given to the facility. He further stated he did speak with the state regulatory office on 9/28/2021 regarding a complaint and he did agree to offer the resident a bed. When asked who would have been responsible for making a call to the hospital and/or resident's wife to offer placement, he stated it was the Admissions Coordinator's responsibility to make the call to offer placement. When asked if he made the Admissions Coordinator aware the facility would accept the resident back, he stated he did inform the Admissions Coordinator they would accept the resident back. When asked if the facility had evidence the facility reached out to the hospital social workers or the wife and offered placement, he stated he did not have evidence the facility ever reached out to either. He stated the facility</p>	F 626			

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F 626	Continued From page 4 was told the resident had been placed, but he could not provide the person, date, or time he was provided that information.	F 626			