STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345310	A. BUILDING _____ B. WING _____	C 02/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIEDMONT CROSSING	100 HEDRICK DRIVE THOMASVILLE, NC 27360

(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 An unannounced recertification and complaint investigation survey was conducted on 2/10/25 through 2/14/25. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #FH6B11.	E 000		
F 000	INITIAL COMMENTS A recertification and complaint investigation survey was conducted from 2/10/25 through 2/14/25. Event ID# FH6B11. The following intakes were investigated NC00217557 and NC00214301. 3 of the 3 complaint allegations did not result in deficiency.	F 000		
F 625 SS=B	Notice of Bed Hold Policy Before/Upon Trnsfr CFR(s): 483.15(d)(1)(2) §483.15(d) Notice of bed-hold policy and return- §483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies- (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any; (iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and (iv) The information specified in paragraph (e)(1)	F 625		3/7/25

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

Electronically Signed | 03/07/2025

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 625	Continued From page 1 of this section. §483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. This REQUIREMENT is not met as evidenced by: Based on record review, and Resident Representative and staff interviews, the facility failed to provide the resident representative with a written notification of the bed hold policy upon a resident's transfer to the hospital for 1 of 2 residents (Resident #224) reviewed for discharge. Findings included: Resident #224 was admitted to the facility on 10/20/23 with the Resident Representative listed as his legal representative according to the medical record. A review of the baseline care plan dated 10/20/23 revealed Resident #224 was cognitively impaired. The discharge Minimum Data Set (MDS) Discharge Return Not Anticipated assessment dated 10/23/23 revealed Resident #224 was discharged to the hospital. Further review of the medical record revealed there was no written notice of the bed hold policy provided to the resident or resident representative when he was transferred to the hospital on 10/23/23.	F 625	Prefix Tag: F625 It is the intent of this facility to provide the resident representative with a written notification of the bed hold policy at the time of transfer to the hospital or for therapeutic leave. 1) How corrective action will be accomplished for those residents found to have been affected by the deficient practice. Resident #224 expired; therefore not able to offer bed hold policy. 2) How the facility will identify other residents having the potential to be affected by the same deficient practice. At the time of transfer, the charge nurse gives a discharge packet containing the Notice of Transfer/Discharge as well as a written copy of our bed-hold policy to the resident or resident representative if present. Piedmont Crossing's Interdisciplinary Team reviews all transfers/discharges	

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F 625	Continued From page 2 An interview was conducted with the Resident Representative on 2/12/25 at 9:24 AM. She indicated she was not provided with a written notice of the bed hold policy upon the resident's transfer to the hospital. An attempt was made to interview Nurse #1 who was assigned to Resident #224 at the time of discharge, but attempts were not successful. An interview was conducted with Administrator #1 on 2/14/25 at 11:24 AM. She indicated after Resident #224 was sent to the hospital, the facility team felt they could not permit Resident #224 to return to the facility due to his behaviors, and the resident was not offered a bed hold option.	F 625	during our daily stand-up meeting. Our Social Worker or Admission's Liaison follow-up with the resident representative to provide an additional Notice of Transfer/Discharge and written copy of our bed-hold policy. During this call the Social Worker or Admission's Liaison inquire as to whether the resident/resident representative want to hold the bed. An audit of all residents transferred to the hospital was completed for dates 2/7/2025 through 3/7/2025 by the Executive Director, revealing compliance with Tag F625. Audit Tool #1 attached. 3) What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur On March 3, 2025, education was provided by the Executive Director to members of the Interdisciplinary Team that would be responsible for issuing our Bed Hold Policy upon transfer of a resident to the hospital (Education provided attached). Piedmont Crossing's Interdisciplinary Team meets daily Monday through Friday to discuss all resident transfers and audits compliance with Bed Hold issuance. An audit tool will be utilized during our daily stand-up meeting Monday through Friday to track compliance for a period of twelve (12) weeks. Audit Tool #1 attached Facility staff documents in Electronic	

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F 625	Continued From page 3	F 625	Health Record confirmation that the bed hold policy has been provided for any transfer. 4) How the facility plans to monitor its performance to make sure that solutions are sustained; and include dates when corrective action will be completed. These corrective measures will be monitored by the Social Worker and Admissions Liaison utilizing our Audit Tool (in attachments), with oversight by the Administrator through the QAPI process to ensure the plan of correction is effective and that the deficiency cited remains corrected and/or in compliance with the regulatory requirements. The NHA will report on the corrective measures to the QAPI Committee which will evaluate for effectiveness for a minimum of 3 months. The Committee will make further recommendations to adjust the corrective measures as needed. The Committee is authorized to charter Performance Improvement Projects when most appropriate. The Administrator is responsible to see that recommendations are acted upon in a timely manner to ensure that compliance is achieved and maintained. Completion Date: 3/7/2025	
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.	F 626		3/7/25

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F 626	Continued From page 4 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 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, Resident Representative (RR), Hospital Case Manager, Hospice Hospital Liaison, Ombudsman and staff interviews, the facility failed to permit a resident to	F 626	Prefix Tag: F-626 It is the intent of this facility to permit a resident to return to the facility after transferring to the hospital or for	

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F 626	Continued From page 5 return to the facility after being transferred to the hospital for evaluation due to a resident-to-resident altercation for 1 of 2 resident reviewed for discharge (Resident #224). The findings included: Resident #224 was admitted to the facility on 10/20/23 under hospice care with diagnoses that included neurocognitive disorder with Lewy bodies, dementia with mood disturbance, and dementia with agitation. A progress note written by the Director of Nursing (DON) on 10/22/23 at 9:38 PM documented that she had received a call from Nurse Supervisor #1 and was informed Resident #224 had become aggressive with staff and had an altercation with another resident. The altercation resulted in the resident being pushed to the floor. The on-call provider was notified of the incident and received a verbal order to send Resident #224 to the hospital. Resident #224's family member was present in the facility at the time of the incident. Emergency Medical Service (EMS) was called to the facility, but the Resident Representative declined hospitalization. The DON and Nursing Supervisor #1 went to the local magistrate's office and received a court order to have Resident #224 sent to the hospital for evaluation. Resident #224 was sent to the hospital on 10/23/23 at approximately 1:00 AM. A progress note written by Social Worker #1 on 10/23/23 at 12:54 PM indicated the local Ombudsman was contacted and informed Resident #224 had been sent to the hospital under involuntary commitment due to aggressive behavior. The note also indicated that the facility	F 626	therapeutic leave. 1) How corrective action will be accomplished for those residents found to have been affected by the deficient practice. Resident #224 expired; therefore, Piedmont Crossing can not permit the resident to return to the facility. 2) How the facility will identify other residents having the potential to be affected by the same deficient practice. An audit of all residents transferred to a higher level of care was conducted for the dates 2/8/2025 through 3/7/2025 was completed by the Executive Director revealing facility as compliant with Tag F626. Audit #1 in attachments. 3) What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur. On March 3,2025, education was provided by the Executive Director to members of the Interdisciplinary Team (Nursing Home Administrator, Social Worker, Director of Nursing, Admissions Coordinator, Weekend Supervior, Health Information Coordinator, Admission's Liasiaon and Assistant Director of Nursing) that would be responsible for permitting residents to return to facility (Education in attachments). Piedmont Crossing's Interdisciplinary Team will meet weekly Monday through Friday in our stand-up to	

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F 626	Continued From page 6 had no plans to accept Resident #224 back. A review of the investigation report completed by Administrator #1 on 10/24/23 indicated a resident abuse investigation was completed and was not substantiated. The allegation details indicated Resident #224 entered another resident's room as NA #1 was walking that resident to the dining room. Resident #224 was noted to be walking with his stepdaughter at that time and he walked into another resident causing that resident to fall onto the floor. The report further indicated that neither was injured. The report included an attached summary signed by Administrator #1 on 10/24/23. The summary indicated Resident #224 was so severely impaired both physically and mentally and had absolutely no idea that he was walking into other individuals. Resident #224 was not capable of making willful decisions and the allegation of abuse was not substantiated. Review of the Minimum Data Set assessment dated 10/23/23 revealed Resident #224 had an unplanned discharge to the hospital with return not anticipated. An interview was conducted with the local Ombudsman on 2/10/25 at 2:18 PM. The Ombudsman indicated that she did recall speaking to Social Worker #1 regarding Resident 224's hospitalization and that the facility did not plan to readmit him to the facility. An interview was conducted with the Resident Representative on 2/12/25 at 9:24 AM. She indicated that she did not want Resident #224 sent to the hospital as his behaviors were related to his diagnosis. The facility was insistent on him going to the hospital, but she declined the first attempt at hospitalization. She further revealed	F 626	discuss all resident transfers and that collaborates with hospital discharge planners for a safe return from post-acute care. An audit tool will be utilized by the Social Worker and Admission's Liaison daily Monday through Friday to track compliance for a period of twelve (12) weeks (in attachments). 4) How the facility plans to monitor its performance to make sure that solutions are sustained; and include dates when corrective action will be completed. These corrective measures will be monitored by the Social Worker, Admissions Liaison, and Admissions Director utilizing our Audit Tool (in attachments) with oversight by the Administrator through the QAPI process to ensure the plan of correction is effective and that the deficiency cited remains corrected and/or in compliance with the regulatory requirements. The NHA will report on the corrective measures to the QAPI Committee which will evaluate for effectiveness for a minimum of 3 months. The Committee will make further recommendations to adjust the corrective measures as needed. The Committee is authorized to charter Performance Improvement Projects when most appropriate. The Administrator is responsible to see that recommendations are acted upon in a timely manner to ensure that compliance is achieved and maintained. .	

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F 626	Continued From page 7	F 626	Completion date 3/7/2025	

that she was made aware by the DON that the facility had received a court order to have Resident #224 sent to the hospital for an evaluation as they felt they could not meet his needs. She indicated she had reached out to hospital staff for support but once the facility obtained the court order for involuntary commitment, she could not stop the discharge. The Resident Representative indicated that an unnamed staff member told her at the time of discharge to the hospital that the facility was selective in the type of residents they took and that they could not meet Resident #224's needs. She further revealed that she was not offered a bed hold option or an offer to readmit Resident #224 even though he was documented to be stable at the hospital.

An interview was conducted with the Hospice Hospital Liaison on 02/14/25 8:29 AM. The liaison recalled the Hospital Case Manger contacted her to let her know the facility would not allow Resident #224 to readmit and would need to seek alternate placement. She further revealed that she had spoken with the Resident Representative and the family did want Resident #224 to be admitted back to the facility, but she was told the facility could not meet Resident #224's needs.

An interview was conducted with the Hospital Case Manager on 2/14/25 at 11:08 AM. She indicated she was the case manager assigned to Resident #224 and attempted to have him admitted back to the facility. She recalled contacting Administrator #1 when Resident #224 was cleared to return to the facility. Administrator #1 indicated the facility would not readmit resident #224 because the facility could not meet the resident's needs. Resident #224 was placed at

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F 626	Continued From page 8	F 626		

another skilled nursing facility.

An interview was conducted with the DON on 2/13/25 at 4:37 PM. She stated Resident #224 was involved in an incident where he walked into another resident and the resident fell to the floor. The DON further indicated she did not feel this was intentional and that Resident # 224 had no safety awareness. The Resident Representative denied the initial attempt at hospitalization and therefore she consulted with the local law enforcement and was directed to seek involuntary commitment (IVC) from the local magistrate's office. She indicated that she and Nursing Supervisor #1 presented their request to the local magistrate, and it was granted. The DON returned to the facility and explained the IVC process to the family. EMS and law enforcement arrived at the facility approximately 1:00 AM on 10/23/23 and transported Resident #224 to the local hospital. She further revealed that she did not have any discussion with the family or hospital staff regarding readmission status.

An interview was conducted with Administrator #1 on 2/14/25 at 11:24 AM. She indicated that after Resident #224 was sent to the hospital, the facility team felt they could not permit Resident #224 to return to the facility due to his behavior.