

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

*Accepted*

PRINTED: 11/23/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345092</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/10/2011</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GRACE HEALTHCARE OF WINSTON SALEM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1900 W 1ST STREET WINSTON-SALEM, NC 27104</b>
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F 205  
SS=B

483.12(b)(1)&(2) NOTICE OF BED-HOLD POLICY BEFORE/UPON TRANSFR

Before a nursing facility transfers a resident to a hospital or allows a resident to go on therapeutic leave, the nursing facility must provide written information to the resident and a family member or legal representative that specifies the duration of the bed-hold policy under the State plan, if any, during which the resident is permitted to return and resume residence in the nursing facility, and the nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (b)(3) of this section, permitting a resident to return.

At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and a family member or legal representative written notice which specifies the duration of the bed-hold policy described in paragraph (b)(1) of this section.

This REQUIREMENT is not met as evidenced by:

Based on discharged record reviews and staff interviews the facility failed to provide written documentation showing each resident's written acceptance or decline of a Bed-Hold. Notice of a Bed -Hold before transfer out of the facility was not given for four of four discharged residents (Res. #'s 1, 2, 5, and 6). Findings include: A review of the facility's Bed Hold policy and procedure was conducted on 11/09/11 at 8:30 AM. The policy and procedure read in part, "  
\_\_\_\_\_(Facility Name)

Attachment D -Bed Hold Policy, "revised 10/2008 (page 11 of 32) revealed in the first paragraph

F 205

This plan of correction is submitted as required under state and federal law. The facility's submission of this Plan of Correction does not constitute any admission on the part of the facility that the findings cited are accurate, that the findings constitute a deficiency, or that the scope and severity determination is correct. Because the facility makes no such admissions, the statements made in the plan of correction cannot be used against the facility in any subsequent administrative or civil proceedings.

F-205

i. Resident # 1 was discharged from the facility on 06/29/2011 and no longer resides at the facility. *12/5/11*

Resident # 2 was discharged from the facility on 04/01/2011 and no longer resides at the facility.

Resident # 5 was discharged from the facility on 08/11/2011 and no longer resides at the facility.

Resident # 6 was discharged from the facility on 11/07/2011 and no longer resides at the facility.

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

*Raymond Cooper*

TITLE

*Administrator*

(X6) DATE

*12/5/11*

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.

*J-B* *X*

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F 205	<p>Continued From page 1</p> <p>and documented: "At the time the Resident is to leave the center for a temporary stay in a hospital or for therapeutic leave, the Resident/Legal Representative will be given a written copy of the Bed Hold Policy and may elect to hold open the Resident's room and bed until the Resident returns. At this time the Resident/Legal Representative will indicate in writing whether the Resident desires or declines the bed hold."</p> <p>1. Record review indicatd Resident #1 was discharged from the facility on 06/29/11 to the Orthopedic Doctor's office. This was verified by an interview conducted on 1109/11 at 3:30 PM with the Medical Records staff.</p> <p>Review of the Discharge Summary dated 06/29/11 indicated the events of Resident # 1's care during the stay at the facility included, "Medications, Assistance with ADL'S(Activities of Daily Living), Physical Therapy (PT) and Occupational Therapy (OT)." The reason for Discharge read: "Went to hospital from Orthopaedic office. Responsible Party Notified: Family(sister) aware (the resident) was at appt. (appointment). D/C (Discharge) Diagnosis: Sent to MD(Physician) appointment with Orthopaedics and they sent (the resident) to hospital from their office."</p> <p>Review of the Discharged Medical Record for Resident #1 indicated there was no Bed -Hold Form signed by the resident or the Responsible Party/Family member found in the Medical Record.</p> <p>A staff interview was conducted on 11/10/11 at 9:00 AM with the Director of Nurses(DON)</p>	F 205	<p>2. An audit was conducted on 12/02/2011 by the Medical Records Director of all discharges for the previous sixty day to determine if it was documented that a bed hold policy was given to the resident at discharge.</p> <p>3. The Assistant Director of Nursing, Unit Coordinator, Admissions Coordinators, Business Office Manager, Social Workers, were inserviced by the Staff Development Coordinator on 11/09/2011 on the bed hold policy process. The Staff Development Coordinator inserviced all licensed nurses on 11/09/2011 through 12/05/2011. On the bed hold policy and documentation requirements when discharging a resident.</p> <p>4. An audit of bed hold policy notification and documentation will be reviewed five days per week for four weeks by the Medical Records and Director of Nursing and then weekly for four weeks and/or 100% compliance. Results of this audit will be brought to and reviewed in the monthly</p>	

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F 205	<p>Continued From page 2</p> <p>regarding whether a Bed Hold Form with a signature of the resident or the Responsible Party(RP)/Family member was given to the resident and/or RP/Family member. The DON stated, "There is not a copy of the Bed-Hold documentation in the chart. It is my expectation that there be some indication in the resident's chart that a Bed-Hold was given. We do not have any evidence, and there is no indication that there is any documentation that a Bed-Hold Policy was offered to (Resident #1). It is my expectation that those forms be in the resident's chart." When the DON was asked if she believed Bed-Hold Policies and Bed-Hold information had not been given to residents and/or RP/Family in the past, she stated, "Yes, I believe that this information had not been given"</p> <p>Further review of the Medical Record indicated the Bed-Hold form that the resident signs when they are being discharged was not in the Admission packet for Resident #1.</p> <p>A staff interview was conducted on 11/10/11 at 9:50 AM with Nurse #1 regarding whether a Bed-Hold form was given to Resident #1 for the transfer when the resident was transferred to the hospital on ? date. The Nurse indicated,"I don't know."</p> <p>An additional staff interview was conducted on 11/10/11 at 10:00 AM with the Assistant Director of Nurses(ADON) on the 200 Hall. When asked whether a Bed-Hold form was given to Resident #1 at the time of transfer, the ADON indicated, "Admissions should be the ones to take over the Bed Hold in a case like that, but I'm not sure. We have not been doing the Bed-Hold</p>	F 205	<p>Improvement Committee Meeting. Any issues or trends identified will be addressed by the Quality Assurance/Performance Improvement Committee as they arise and the plan will be revised as needed to ensure continued compliance. The Quality Assurance/Performance Improvement Committee consists of the Administrator, the Director of Nursing, Staff Development Coordinator, Minimum Data Set Coordinator, Admission Coordinator, Rehabilitation Manager, Medical Director, Director of Social Services, Environmental Services, Director of Maintenance, Dietary Manager, and the Activities Director.</p>	

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F 205 Continued From page 3 F 205

(facility's)policies like we were supposed to. Moving forward, when we will call the RP(Responsible Party) and notify them first of the resident's admission to the hospital, and at that time we will offer the Bed Hold. In that case (Resident #1) (when they are admitted to the hospital from an outside facility) we will notify the RP(Responsible Party) of the admission and offer the Bed-Hold at the same time when we call the RP(Responsible Party)."

The Administrator provided a blank copy of the facility's "Resident Transfer Form" on 11/10/11 at 6:20 PM as the documentation the facility which should of been used/provided to the resident/ family/legal guardian for Bed-Holds. The form did not have any documentation concerning whether the facility was conducting a Bed- Hold for any resident named on the form. The documentation on the form indicated that the form was for - "Continuity of care between a hospital and extended care facility or extended care facility and a hospital." Attached to the Resident Transfer Form was a copy of the facility's blank transfer checklist. The checklist did not have any documentation concerning whether the facility was holding a resident's bed (dates, times, costs, etc.) per their policy.

2. Record review indicated Resident #2 was discharged to the hospital on 04/01/11 at 4:32 PM. Review of the Nurses notes revealed there was no documentation regarding a Bed-Hold being offered. There was no documentation found in the resident's records showing the resident, his legal guardian and/or family was notified of the facility's Bed-Hold information, offered a Bed-Hold, or signed any documentation

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F 205	Continued From page 4 accepting or declining a Bed-Hold.	F 205		
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A staff interview with the Admissions Coordinator was conducted on 11/09/11 at 5:10 PM related to Bed- Hold notification for Resident #2. The Admissions staff stated she did not have the Bed-Hold notification and information for the resident and that it was a Nursing function and it should be requested through the DON. An interview was conducted on 11/09/11 at 6:10 PM with the Administrator and the DON in reference to the Bed-Hold documentation for Resident #2. Both were asked what the expectation was of the facility staff to inform the residents going out to the hospital or extended therapy concerning a Bed-Hold and the resident's/family/legal guardian's right to request accept or decline a Bed-Hold per the facility's policies and procedures. The Administrator and DON stated the facility's staff are responsible for informing each resident, their family, and/or legal guardian of the facility's Bed-Hold policy information and be provided a form in writing documenting the resident's/family members/legal guardian wishes for a Bed-Hold or to decline (also in writing) with the documentation as to the checklist information for the Bed-Hold when going to the hospital. When asked if a written Bed-Hold and/or documentation, including the facility's Bed-Hold policy and procedure was offered to Resident #2, the family, or his legal representative for the transfer to the hospital on 04/01/2011, the Administrator stated, "There was no Bed- hold documentation offered to the resident or family."

3. Record review revealed Resident # 5 was discharged to the hospital on 08/11/11.

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F 205 Continued From page 5

F 205

A staff interview was conducted on 11/10/11 at 11:05 AM with Nurse #2 who discharged Resident #5 to the hospital. Nurse #2 revealed she did not give the resident or the family members the Bed-Hold policy or form to sign whether a Bed Hold would be implemented or not.

An interview was conducted on 11/09/11 at 6:10 PM with the Administrator and the DON in reference to the Bed-Hold documentation for Resident #5. Both were asked what the expectation was of the facility staff to inform the residents going out to the hospital or extended therapy concerning a Bed-Hold and the resident's/family/legal guardian's right to request accept or decline a Bed-Hold per the facility's policies and procedures. The Administrator and DON stated the facility's staff are responsible for informing each resident, their family, and/or legal guardian of the facility's Bed-Hold policy information and be provided a form in writing documenting the resident's/family members/legal guardian wishes for a Bed-Hold or to decline (also in writing) with the documentation as to the checklist information for the Bed-Hold when going to the hospital.

4. Record review revealed Resident # 6 was discharged to the hospital on 11/07/11.

A staff interview was conducted on 11/10/11 at 11:50 AM with Nurse #2 who discharged Resident #6 to the hospital. Nurse #2 revealed she did not give the resident or the family members the Bed-Hold policy or form to sign whether a Bed-Hold would be implemented or

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F 205 Continued From page 6  
not.

F 205

An interview was conducted on 11/09/11 at 6:10 PM with the Administrator and the DON in reference to the Bed-Hold documentation for Resident #6. Both were asked what the expectation was of the facility staff to inform the residents going out to the hospital or extended therapy concerning a Bed-Hold and the resident's/family/legal guardian's right to request accept or decline a Bed-Hold per the facility's policies and procedures. The Administrator and DON stated the facility's staff are responsible for informing each resident, their family, and/or legal guardian of the facility's Bed-Hold policy information and be provided a form in writing documenting the resident's/family members/legal guardian wishes for a Bed-Hold or to decline (also in writing) with the documentation as to the checklist information for the Bed-Hold when going to the hospital.