

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345152	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/30/2013
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NAME OF PROVIDER OR SUPPLIER TRINITY VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1265 21 ST NE HICKORY, NC 28601
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F 201 SS=B	<p>483.12(a)(2) REASONS FOR TRANSFER/DISCHARGE OF RESIDENT</p> <p>The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless the transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility;</p> <p>The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility;</p> <p>The safety of individuals in the facility is endangered;</p> <p>The health of individuals in the facility would otherwise be endangered;</p> <p>The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. For a resident who becomes eligible for Medicaid after admission to a nursing facility, the nursing facility may charge a resident only allowable charges under Medicaid; or</p> <p>The facility ceases to operate.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record reviews, family interviews and staff interviews, the facility discharged 4 of 8 sampled residents to other long term care facilities when the residents were already residing in dually certified long term care beds.</p>	F 201	<p>Address how corrective action will be accomplished for each resident found to be affected by the deficient practice as listed in the 2567. Specify in detail the corrective action that will be accomplished, include dates of correction.</p> <p>Residents #7, #8, #10 and #11 who were transferred to other facilities were offered the opportunity to return to the facility by the Admission Director on June 18, 2013. The remaining residents identified in the survey have either been discharged home or have expired.</p> <p>Address how corrective action will be accomplished for those residents having a potential to be affected by the same deficient practice. Specify in detail the process the facility will utilize in identifying those residents and then how the process will be implemented to protect the residents in similar situations. Use details including dates of correction.</p> <p>Beginning June 21, 2013, the Medical Records Director will randomly review 3 charts and payer source of residents currently residing in dually certified beds on the rehab unit to determine eligibility before a discharge or transfer notice is issued. Transfer and discharge notices will only be issued to residents who are eligible for transfer/discharge under 42 CFR 483.12(a)(2).</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Marcheta Campbell TITLE: Administrator (X6) DATE: 6/28/13

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 201	Continued From page 1 #7, #8, #10 and #11. The findings included: 1. Resident #7 was admitted to the facility for rehabilitation on 08/29/12. His diagnoses included asthma, dementia, hypotension, obstructive sleep apnea, and a history of thrombosis. Social work notes dated 08/29/12 at 9:56 PM stated in part "Resident admitted to (facility's initials) for ST (short term) Rehab to return home with spouse upon discharge from therapy." and "Spouse states she will need to apply for Medicaid if resident stays longer than 20 days." Review of care conference notes dated 09/06/12 at 10:45 AM revealed Resident #7 continued to make progress in therapy and planned on going home with his wife. Care Conference notes dated 09/20/12 at 10:43 AM noted the interdisciplinary team discussed with the resident and family that they recommended 24 hours supervision for after care and that the family was referred to discharge planning for skilled facilities. Resident #7's family signed receipt of notice on 10/04/12 that Medicare benefits were ending 10/09/12. Additional information written on this notice was that the resident met his full potential and would change payer sources as of 10/10/12 "if still a resident - may be transferred to another facility for long term placement."	F 201	Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not occur. Effective June 28, 2013, the Admission Director will provide additional information in the admission packet to include a statement indicating residents may remain in the facility for necessary skilled care and services after their Medicare benefits have been exhausted. Along with the room rates, the admission packet will include a statement noting that if a resident chooses to remain in the private room after Medicare benefits have been exhausted, the resident may be charged the difference between the Medicaid per diem rate and the private room rate. Otherwise, the resident will be moved to a semi-private room in the facility if one is available. If a semi-private room is not available, the resident may remain in the private room at the Medicaid rate until a semi-private room becomes available. Further, all admissions, discharge, nursing and therapy staff will be instructed of these changes and that residents are to be offered the opportunity to remain in the facility if they require continued skilled care, regardless of payer source. Implementation will begin immediately and all applicable staff to be instructed of these changes as of June 28, 2013.		

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F 201	<p>Continued From page 2</p> <p>reason "Your health has improved sufficiently so that you no longer need the services provided by this (the rest of the sentence is missing). It was also noted that Resident #7 was being discharged to another long term care facility.</p> <p>Per discharge planning notes dated 10/10/12 Resident #7 was discharged on 10/10/12 to another nursing home with follow up physical therapy instructions.</p> <p>Interview with the Admissions and Marketing Director (AMD) on 05/30/13 at 1:09 PM revealed she was responsible for all admissions, reviewing the FL2s, doing the admission paper work and setting up the first care plan meeting. She also assisted in discharging residents from the designated short term rehab section of the facility. The AMD stated all the nursing home beds in the facility were certified for both Medicare and Medicaid benefits. She further explained the facility had 32 beds allotted for short term rehab and the remainder were for long term care residents. The AMD stated that she explained to residents and families how the facility designated beds upon admission and that if the resident chose or needed to stay long term, she would try to get them in the designated long term side or assist in placement to another nursing facility for long term care. Once she was notified that a resident would be ready for discharge from the designated short term rehab area, she would begin to assist residents and families with transfers, placements or discharges to home.</p> <p>She stated that for any resident who needed continued nursing care, if there were no beds available in the designated long term area, she assisted them in transferring to another</p>	F 201	<p>Indicate how the facility plans to monitor the measures to make sure that solutions are sustained. The facility must develop a plan for ensuring that corrections are achieved and sustained. The plan must be implemented and the corrective action evaluated for its effectiveness. The POC must integrate into the QAPI system of the facility. Include dates when corrective action will be complete. Specify how the plan will be integrated into the QA system.</p> <p>On June 21, 2013, the facility assigned the Medical Records Director and/or Medical Records Assistant to audit 3 resident discharges and transfers weekly for one month. An audit of 3 resident charts will be conducted monthly for 3 months, then quarterly for 6 months. The facility will extend quarterly audits if concerns are identified with the audits as listed above.</p> <p>The Medical Records Director or Medical Records Assistant will report to the QAPI committee each quarter on the compliance with these changes.</p> <p>Effective June 28, 2013, the plan will include:</p> <p>a) Additional and amended information in the admission packet as previously mentioned.</p> <p>b) All discharges and transfers will be audited for compliance on a monthly basis by the Medical Records Director or Medical Records Assistant, with a report given at the quarterly QAPI meeting. The Medical Records Director will be responsible to notify the Administrator immediately with instances of non-compliance.</p>		

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F 201	<p>Continued From page 3</p> <p>facility. According to the AMD, no resident ever stayed in the short term area once Medicare benefits ended.</p> <p>Resident #7's family was interviewed by phone on 05/30/13 at 2:34 PM. Family stated that Resident #7 was transferred to another facility because she was told this facility had no available bed after he completed rehabilitation. Family further stated it would have been her preference for Resident #7 to stay at this facility but that was not an option.</p> <p>Follow up interview with the AMD on 05/30/13 at 3:49 PM revealed the AMD was aware that Resident #7's family preferred for the resident to remain in this facility but because there was no bed available on the long term care area, the resident transferred to another facility.</p> <p>Interview with the Administrator on 05/30/13 at 4:35 PM revealed that when she came to the facility, the previous administrator had already designated the short term rehab and the long term care sections. She further stated all beds were dually certified for Medicare and Medicaid but she was unaware the facility could not designate the beds differently.</p> <p>2. Resident #10 was admitted to the facility on 04/23/13. Her diagnoses included dementia, hypertension, diabetes, asthma, aortic valve disorder, anemia, and esophageal reflux disease.</p> <p>Social work notes dated 04/23/13 at 5:38 PM stated in part "Resident admitted for ST (short term) rehab and will return home."</p>	F 201	<p>c) The plan will be evaluated by the QAPI committee to identify potential problems with discharges and transfers, and will suggest corrective action and follow up in a timely manner.</p> <p>d) The plan has been implemented as of June 19, 2013 and will be reviewed quarterly.</p>	7-7-13	

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F 201	<p>Continued From page 4</p> <p>Resident #10's family signed receipt of notice on 05/24/13 that Medicare benefits were ending 05/26/13. Additional information hand written on the notice by the Business Office Manager (BOM) stated the resident and her family had decided "she needs a long term placement and has decided to discharge to another facility Monday 5-27-13 for long term placement. Son understands." This was noted as being discussed with the son, BOM and the Admissions and Marketing Director (AMD).</p> <p>Review of the Notice of Transfer/Discharge dated 05/22/13 stated Resident #10 was being discharged from the facility on 05/22/13 for the reason "Your health has improved sufficiently so that you no longer need the services provided by this (the rest of the sentence is missing)." It was also noted that Resident #10 was being discharged to another long term care facility.</p> <p>Discharge planning notes dated 05/24/13 at 1:52 PM stated the resident was to be discharged to (name of facility) with recommendation to continue skilled occupational therapy.</p> <p>Per the capitulation of stay, dated 05/27/13 at 10:30 AM, Resident #10 was "admitted to facility for supportive nursing services and rehab due to diagnosis. Resident discharged to (name of nursing facility) Date 05/27/2013."</p> <p>Interview with the Admissions and Marketing Director (AMD) on 05/30/13 at 1:09 PM revealed she was responsible for all admissions, reviewing the FL2s, doing the admission paper work and setting up the first care plan meeting.</p>	F 201		

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F 201	<p>Continued From page 5</p> <p>designated short term rehab section of the facility. The AMD stated all the nursing home beds in the facility were certified for both Medicare and Medicaid benefits. She further explained the facility had 32 beds allotted for short term rehab and the remainder were for long term care residents. The AMD stated that she explained to residents and families how the facility designated beds upon admission and that if the resident chose or needed to stay long term, she would try to get them in the designated long term side or assist in placement to another nursing facility for long term care. Once she was notified that a resident would be ready for discharge from the designated short term rehab area, she would begin to assist residents and families with transfers, placements or discharges to home.</p> <p>She stated that for any resident who needed continued nursing care, if there were no beds available on the designated long term area, she assisted them in transferring to another nursing facility. According to the AMD, no resident ever stayed in the short term area once Medicare benefits ended.</p> <p>Resident #10's family was interviewed via telephone on 05/30/13 at 2:45 PM. Family stated he was informed by the facility that Resident #10 had progressed as far as she could in therapy and he would either have to take her home or to another long term care facility. He stated he was told the facility had no Medicaid bed at this facility but they had one at their sister facility. He further stated that he would have preferred for Resident #10 to stay at this facility as it was closer to his home.</p>	F 201			

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F 201	<p>Continued From page 6</p> <p>3:50 PM revealed Resident #10 transferred to another nursing facility because she was preparing to discharge from therapy and there was no long term care bed available at this facility. Per the AMD she transferred with remaining Medicare benefits so that she could transition from therapy to being a long term resident at the new facility.</p> <p>Interview with the Administrator on 05/30/13 at 4:35 PM revealed that when she came to the facility, the previous administrator had already designated the short term rehab area and the long term care sections. She further stated all beds were dually certified for Medicare and Medicaid but she was unaware the facility could not designate the beds differently.</p> <p>3. Resident #8 was admitted to the facility for rehabilitation on 03/06/13. Her diagnoses included a clavicle fracture, humerus fracture, femur fracture, and dysphagia.</p> <p>Social worker notes dated 03/27/13 at 5:19 PM stated in part "Resident admitted for St (short term) rehab and will return to (name of assisted living center)."</p> <p>Resident #8's family signed receipt of notice on 05/14/13 that Medicare benefits were ending 05/02/13. Additional information hand written on the notice stated that on 05/01/13 care plan discussed discharge to skilled facility for long term placement with son and resident. A bed was available now and Resident #8 was to be discharged to a skilled facility to continue her Medicare A benefits since a long term bed was available. The note indicated the resident agreed</p>	F 201			

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F 201	<p>Continued From page 7 to transfer on 05/03/13.</p> <p>Review of the Discharge planning notes dated 05/02/13 at 3:20 PM revealed the resident was to be discharged to another facility for long term care. Required assistance for all self care tasks and continued to be non weight bearing to left upper extremity.</p> <p>Review of the Notice of Transfer /Discharge dated 05/03/13 revealed Resident #8 was being discharged from the facility on 05/03/13 for the reason "Your health has improved sufficiently so that you no longer need the services provided by this (the rest of the sentence is missing)." It was also noted that Resident #8 was being discharged to another long term care facility.</p> <p>The capitulation of stay note dated 05/03/13 at 7:49 AM stated the resident was admitted to the facility for supportive nursing services and rehab due to diagnosis and the resident was discharged 05/03/13.</p> <p>Interview with the Admissions and Marketing Director (AMD) on 05/30/13 at 1:09 PM revealed she was responsible for all admissions, reviewing the FL2s, doing the admission paper work and setting up the first care plan meeting. She also assisted in discharging residents from the designated short term rehab section of the facility. The AMD stated all the nursing home beds in the facility were certified for both Medicare and Medicaid benefits. She further explained the facility had 32 beds allotted for short term rehab and the remainder were for long term care residents. The AMD stated that she</p>	F 201		

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F 201	<p>Continued From page 8</p> <p>beds upon admission and that if the resident chose or needed to stay long term, she would try to get them in the designated long term side or assist in placement to another nursing facility for long term care. Once she was notified that a resident would be ready for discharge from the designated short term rehab area, she would begin to assist residents and families with transfers, placements or discharges to home. She stated that for any resident who needed continued nursing care, if there were no beds available on the designated long term area, she assisted them in transferring to another nursing facility. According to the AMD, no resident ever stayed in the short term area once Medicare benefits ended.</p> <p>Follow up interview with the AMD on 05/30/13 at 3:50 PM revealed Resident #8 was not progressing in therapy. The family was called and because there was no bed available in the designated long term care area, the family agreed to move her to another skilled nursing facility.</p> <p>Interview with the Administrator on 05/30/13 at 4:35 PM revealed that when she came to the facility, the previous administrator had already designated the short term rehab area and the long term care sections. She further stated all beds were dually certified for Medicare and Medicaid but she was unaware the facility could not designate the beds differently.</p> <p>Several attempted phone calls to Resident #8's responsible party were unsuccessful.</p> <p>4. Resident #11 was admitted to the facility on</p>	F 201		
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F 201	<p>Continued From page 9 a recent stroke and fractured femur.</p> <p>Social service notes dated 04/10/13 at 9:35 AM stated in part "Resident admitted for ST (short term) Rehab and will return home."</p> <p>Social service notes dated 05/24/13 at 10:30 AM stated the facility called to speak with the responsible party regarding long term care placement. The responsible party was noted to be in agreement and resident will move 05/28/13.</p> <p>Resident #11's responsible party signed receipt of notice on 05/27/13 that Medicare benefits were ending 05/27/13. Additional information hand written on the notice stated on 05/24/13 the Admissions and Marketing Director (AMD) talked with the resident's son and explained the long term care bed availability at the sister facility. The note stated the son requested the resident be transferred to the sister facility on 05/28/13 to continue Med A treatment and transitioning to long term care.</p> <p>Discharge Planning notes dated 05/27/13 at 6:31 PM indicated Resident #11 was nonweight bearing through lower extremity. Resident needed support for safety with transfers and should not walk because he was noncompliant with non weight bearing status. He should continue leg exercises.</p> <p>The Notice of Transfer/Discharge dated 05/28/13 stated Resident #11 was being discharged from the facility on 10/10/12 for the reason "Your health has improved sufficiently so that you no longer need the services provided by this (the</p>	F 201			

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F 201	<p>Continued From page 10 that Resident #11 was being discharged to another long term care facility for care.</p> <p>The capitulation of stay dated 05/28/13 at 7:56 AM stated Resident #11 was admitted to the facility for supportive nursing services and rehab due to diagnoses and he was discharged on 05/28/13.</p> <p>Interview with the Admissions and Marketing Director (AMD) on 05/30/13 at 1:09 PM revealed she was responsible for all admissions, reviewing the FL2s, doing the admission paper work and setting up the first care plan meeting. She also assisted in discharging residents from the designated short term rehab section of the facility. The AMD stated all the nursing home beds in the facility were certified for both Medicare and Medicaid benefits. She further explained the facility had 32 beds allotted for short term rehab and the remainder were for long term care residents. The AMD stated that she explained to residents and families how the facility designated beds upon admission and that if the resident chose or needed to stay long term, she would try to get them in the designated long term side or assist in placement to another nursing facility for long term care. Once she was notified that a resident would be ready for discharge from the designated short term rehab area, she would begin to assist residents and families with transfers, placements or discharges to home.</p> <p>She stated that for any resident who needed continued nursing care, if there were no beds available on the designated long term area, she assisted them in transferring to another nursing facility. According to the AMD, no</p>	F 201		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345152	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/30/2013
NAME OF PROVIDER OR SUPPLIER TRINITY VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 1265 21 ST NE HICKORY, NC 28601		
(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 201	<p>Continued From page 11 benefits ended.</p> <p>Follow up interview with the AMD on 05/30/13 at 3:49 PM revealed Resident #11's intent was to discharge home after rehab but he was not able to return home. The AMD stated there was no available bed in the long term designated area so while on Medicare A he moved to another facility to transition to long term care. She further stated the resident nor the family expressed anything about remaining in this facility.</p> <p>Interview with the Administrator on 05/30/13 at 4:35 PM revealed that when she came to the facility, the previous administrator had already designated the short term rehab area and the long term care sections. She further stated all beds were dually certified for Medicare and Medicaid but she was unaware the facility could not designate the beds differently.</p> <p>Several attempted phone calls to Resident #8's responsible party were unsuccessful.</p>	F 201		