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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345163	A. BUILDING _____ B. WING _____	C 10/28/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENBRIDGE HEALTH AND REHABILTATION CENTER	211 MILTON BROWN HEIRS ROAD BOONE, NC 28607

(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 202 SS=D	483.12(a)(3) DOCUMENTATION FOR TRANSFER/DISCHARGE OF RES When the facility transfers or discharges a resident under any of the circumstances specified in paragraph (a)(2)(i) through (v) of this section, the resident's clinical record must be documented. The documentation must be made by the resident's physician when transfer or discharge is necessary under paragraph (a)(2)(i) or paragraph (a)(2)(ii) of this section; and a physician when transfer or discharge is necessary under paragraph (a)(2)(iv) of this section. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to have the physician document the necessity of the discharge for 1 of 3 sampled residents who were discharged (Resident #2). The findings included: Resident #2 was admitted to the facility on 06/24/15. His diagnoses included leg edema and acute right lower lobe bacterial pneumonia. He was his own responsible party and signed himself into the facility. According to the Admission Data Collection tool dated 06/24/15, Resident #2's initial discharge plan noted his anticipated length of placement was, "To be determined after completion of rehabilitation." The physician's progress note dated 07/01/15 noted he was admitted from the hospital for rehabilitation after developing right lower lobe pneumonia. He was noted to have been	F 202	The identified resident discharged on July 7, 2015. On November 2, 2015, the facility initiated the Nursing Home Notice of Transfer/Discharge form, DMA # 9050, the Nursing Home Hearing Requisition Form, DMA #9051 and the Notice of Medical Non-Coverage form, CMS # 10123. Social Services or Designee will issue these notices to all discharging residents as soon as practicable prior to discharge. The Administrator and/or Designee will educate the Medical Director and other attending physicians on required documentation for anticipated discharges by 11/25/15. Physicians will review and sign the Notices of Transfer/Discharge Form, DMA# 9050, prior to discharge. The identified issues will be placed in the QAPI program. The next twenty (20) resident discharges will be audited to ensure compliance with transfer/discharge requirements. The QAPI Committee will then re-evaluate compliance.	11/27/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Tonia White — TITLE: Administrator — (X6) DATE: 11/20/15

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.

DSR MAIL ROOM Received NOV 23 2015 by:

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F 202	Continued From page 1 previously in the hospital for leg edema and pain. This note also stated he was homeless and was living in a trailer which was no longer available to him. The note did not address any plans for discharge. A Discharge/Transfer Request dated 07/06/15 was sent to the physician indicating Resident #2 was to be discharged 07/07/15 with home health services and needed a pain medication prescription. The physician signed he agreed to this plan and faxed it to the facility on 07/07/15. The only other note in the medical record from the physician was a Face To Face Encounter note dated 07/07/15 which stated home care was needed for pneumonia, altered mental status, edema and obesity. The note noted he needed physical and occupational therapies to increase endurance and for strengthening, and he was unable to ambulate for long distances due to weakness. The physician discharge summary dated 07/08/15 noted he was discharged home after receiving treatment in the facility for bed mobility, transfers, self care, homemaking and assisted with activities of daily living skills. There was no physician's documentation which explained why the resident was discharged. Interview with the DON on 10/28/15 at 1:52 PM revealed Resident #2's level of care changed and he no longer required the services of the skilled nursing facility. She was unable to give any reason why this was not documented by the physician in the medical record.	F 202		

Jana White Administrator 11/20/15

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F 202	Continued From page 2 Interview with the Social Worker on 10/28/15 at 3:33 PM revealed Resident #2 was discharged because his Medicare covered services were ending, he did not want to appeal the decision and did not meet the criteria to stay in the facility due to his independence. Interview with the Administrator on 10/28/15 at 4:20 PM revealed during a recent internal survey, the facility identified a lack of documentation and a plan was going to be put into action.	F 202		
F 203 SS=D	483.12(a)(4)-(6) NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE Before a facility transfers or discharges a resident, the facility must notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand; record the reasons in the resident's clinical record; and include in the notice the items described in paragraph (a)(6) of this section. Except as specified in paragraph (a)(5)(ii) and (a)(8) of this section, the notice of transfer or discharge required under paragraph (a)(4) of this section must be made by the facility at least 30 days before the resident is transferred or discharged. Notice may be made as soon as practicable before transfer or discharge when the health of individuals in the facility would be endangered under (a)(2)(iv) of this section; the resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (a)(2)(i) of this section; an immediate transfer or	F 203	The identified resident discharged on July 7, 2015. On November 2, 2015, the facility initiated the Nursing Home Notice of Transfer/Discharge form, DMA # 9050, the Nursing Home Hearing Requisition Form, DMA #9051 and the Notice of Medical Non-Coverage form, CMS # 10123. Social Services or Designee will issue these notices to all discharging residents as soon as practicable prior to discharge.	11/27/15

Tawa White Administrator 11/20/15

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F 203	Continued From page 3 discharge is required by the resident's urgent medical needs, under paragraph (a)(2)(ii) of this section; or a resident has not resided in the facility for 30 days. The written notice specified in paragraph (a)(4) of this section must include the reason for transfer or discharge; the effective date of transfer or discharge; the location to which the resident is transferred or discharged; a statement that the resident has the right to appeal the action to the State; the name, address and telephone number of the State long term care ombudsman; for nursing facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act; and for nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to issue a discharge notice to 1 of 3 sampled residents who were discharged from the facility (Resident #2). The findings included: Resident #2 was admitted to the facility on 06/24/15. His diagnoses included leg edema and acute right lower lobe bacterial pneumonia. He was his own responsible party and signed himself into the facility.	F 203	The Administrator and/or Designee will educate the Medical Director and other attending physicians on required documentation for anticipated discharges by 11/25/15. Physicians will review and sign the Notices of Transfer/Discharge Form, DMA# 9050, prior to discharge. The identified issues will be placed in the QAPI program. The next twenty (20) resident discharges will be audited to ensure compliance with transfer/discharge requirements. The QAPI Committee will then re-evaluate compliance.	11/27/15

Tonia W. Cole Administrator 11/20/15

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F 203	Continued From page 4 According to the Admission Data Collection tool dated 06/24/15, Resident #2's initial discharge plan noted his anticipated length of placement was, "To be determined after completion of rehabilitation." The physician's progress note dated 07/01/15 noted he was admitted from the hospital for rehabilitation after developing right lower lobe pneumonia. He was noted to have been previously in the hospital for leg edema and pain. This note also stated he was homeless and was living in a trailer which was no longer available to him. The note did not address any plans for discharge. A Discharge/Transfer Request dated 07/06/15 was sent to the physician indicating Resident #2 was to be discharged 07/07/15 with home health services and needed a pain medication prescription. The physician signed he agreed to this plan and faxed it to the facility on 07/07/15. This signed request did not indicate the reason for discharge. The business office record revealed Resident #2 was provided a Skilled Nursing Facility Advance Beneficiary Notice (SNFABN) notice that Medicare benefits were ending on 07/06/15 because "Resident will have met all goals and is expected to reach maximum functional level." Neither the medical record nor the business office records contained evidence that a discharge notice was given to Resident #2 prior to his discharge on 07/07/15. A nursing note dated 07/08/15 at 5:17 PM and	F 203		11/20/15

Jamie White Administrator 11/20/15

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F 203	Continued From page 5 marked as a late entry for 07/07/15 was written by the Director of Nursing (DON). The note stated the resident was given information about a homeless shelter in the area and a local motel's name, address, phone number and rates. The note noted that family was informed that Resident #2 no longer met the needs of skilled nursing services and that the resident left with his belongings in his own truck. The note included that the facility received a phone call from the homeless shelter that the resident was there. Interview with the DON on 10/28/15 at 1:52 PM revealed Resident #2's level of care changed and he no longer required the services of the skilled nursing facility. She further stated that she thought the SNFABN notice was sufficient for a discharge notice. Interview with the Social Worker on 10/28/15 at 3:33 PM revealed Resident #2 was discharged because his Medicare covered services were ending, he did not want to appeal the decision and did not meet the criteria to stay in the facility due to his independence. She stated she was unaware that the SNFABN letter was not the required discharge notice when a resident no longer required the services of a nursing facility. Interview with the Administrator on 10/28/15 at 4:20 PM revealed she was unaware of the need for the discharge notice for Resident #2.	F 203		11/20/15

Tamra McCall Administrator 11/20/15