

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345555	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 10/13/2016
NAME OF PROVIDER OR SUPPLIER HILLCREST RALEIGH AT CRABTREE VALLEY	STREET ADDRESS, CITY, STATE, ZIP CODE 3830 BLUE RIDGE ROAD RALEIGH, NC		
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F 156	<p>483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES</p> <p>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes: A description of the manner of protecting personal funds, under paragraph (c) of this section; A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels. A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.</p>		

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

The above isolated deficiencies pose no actual harm to the residents

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F 156	<p>Continued From Page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, staff interviews, and family interviews the facility failed to assure bed hold policies were clearly written and communicated resulting in one (Resident # 1) out of three sampled residents not being given the opportunity to hold a bed based on the facility 's accepted ways of payment and timeframes. The findings included: On initial entry to the facility on 10/12/16 at 8:45 AM administrative staff were asked to provide their written bed hold policy and information given to residents. A review of the facility 's written information revealed a form was given to residents upon admission entitled, " Consent/Release Form. " The form had 14 different items listed and at the bottom was space for a resident or responsible party to sign acknowledgement they had received the information. The Bed Hold information was included as item # 11 and read: " Bed Hold- I understand that in the event the resident is transferred and admitted to the hospital, I will have to make a decision about paying the current private daily rate to hold the bed from the date of discharge. " This was the only statement regarding bed holds given to residents. A business office employee was interviewed on 10/12/16 at 1:45 PM and stated when residents were transferred to the hospital she typically called them the day after the transfer and discussed with them if they wanted to hold the resident 's current bed. The business office employee stated if the person wanted to bring a check then she usually gave them the next day to bring the check when it was confirmed they wanted the bed hold. The business office employee stated if the family 's circumstances were such that they could not bring the check, then the facility would also take a credit card via phone to hold the bed. Review of Resident # 1 's closed record revealed the resident had resided in the facility from 1/27/16 until she was transferred to the hospital on 8/15/16. According to the record the resident never returned to the facility following 8/15/16. Record review revealed the resident had a diagnosis of dementia and her responsible party was consulted for decisions related to the resident 's care. The resident 's (RP) responsible party was interviewed on 10/12/16 at 11:47 AM and 10/13/16 at 2 PM. The interviews revealed on the day after the resident 's transfer to the hospital, which corresponded to the Tuesday of 8/16/16, she talked to the business office employee and told the employee she definitely wanted to hold the resident 's bed. The RP stated she asked how she was to remit payment and was told a check would be fine. The RP stated her mother was in ICU (intensive care unit), and she told the business office employee she would not be able to come that day and asked if she could bring the check the next day. The RP stated the business office employee explained she left at 4:30 PM, and it would be fine to bring the check the following day. The RP stated on the following day, which corresponded to the Wednesday of 8/17/16, the resident was scheduled to move from ICU to a step down unit. The RP stated she wanted to help the resident through the transition because the resident was confused, and additionally the RP had personal commitments which ran her late. The RP stated the time drew closer to 4 PM and she called the business office employee to inform her she would be there, and asked if she could leave the check with the receptionist if the business office employee had left. The RP stated the business office employee told her to " hold on " and she would " go and check. " The RP stated the business office employee returned to the phone and informed the RP not to bring the check because the bed had already been given away, and the facility thought the RP didn 't want the resident to return. The RP stated she was very upset and explained to the business office employee that she did want the bed hold and had agreed to it. The RP stated that while the resident was hospitalized she had</p>
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F 156	<p>Continued From Page 2</p> <p>inquired about openings at a facility closer to the RP ' s residence, but it had always been her intent to do the bed hold at the resident ' s former facility because there was no guarantee of a bed closer to the RP ' s home. The RP stated the business office employee referred her to the facility admission ' s coordinator on Wednesday when she was told not to bring the check as planned. The RP stated after a discussion with the admissions coordinator she was told, " When your mom is discharged then call me and we can work something out. " The RP stated she was never given a chance to secure the bed hold with a credit card at any time during the conversations with the facility staff or she would have secured it with her debit card. The RP also stated she had been clear in communication with the staff that she wanted the bed hold.</p> <p>On 10/13/16 at 3:30 PM the facility provided the written " billing notes " for Resident # 1 in regards to her bed hold. According to the billing notes the business office employee talked to Resident # 1 ' s RP on 8/16/16. This corresponded to the day following the resident ' s day of transfer to the hospital. The business office employee had noted, " Called (RP) to offer bed hold. She stated she would do bed hold but could not bring check in until tomorrow. I informed her that she should be here by 4:30 p.m. " There was also documentation for the following day, 8/17/16, that the business office employee talked to the RP and the RP stated she would bring the check in that evening after 4:30 PM.</p> <p>The business office employee was interviewed on 10/13/16 3:45 PM. This interview revealed the following information. The business office employee never offered to let the RP secure the bed with a credit card because the RP stated she would bring a check. It was the business office employee ' s understanding that the RP ' s intent was to bring the check and secure the bed. The business office employee stated according to the admissions coordinator, the bed was promised to another incoming resident on Wednesday, 8/17/16. This was the date the RP had been told not to bring the check although it had been agreed upon that she could do so. The bed was filled on Thursday, 8/18/16.</p>
F 206	<p>483.12(b)(3) POLICY TO PERMIT READMISSION BEYOND BED-HOLD</p> <p>A nursing facility must establish and follow a written policy under which a resident whose hospitalization or therapeutic leave exceeds the bed-hold period under the State plan, is readmitted to the facility immediately upon the first availability of a bed in a semi-private room if the resident requires the services provided by the facility; and is eligible for Medicaid nursing facility services.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, staff interviews, and family interviews the facility failed to assure their written bed hold policy clearly included all of the rights afforded to Medicaid residents. The responsible party for one (Resident # 1) out of three sampled residents stated their Medicaid rights had not been made clear in the facility ' s bed hold policy. The findings included: On initial entry to the facility on 10/12/16 at 8:45 AM administrative staff were asked to provide their written bed hold policy and information given to residents. A review of the facility's written information revealed a form was given to residents upon admission entitled, " Consent/Release Form. " The form had 14 different items listed and at the bottom was space for a resident or responsible party to sign acknowledgement they had received the information. The Bed Hold information was included as item # 11 and read: " Bed Hold- I</p>

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F 206	<p>Continued From Page 3</p> <p>understand that in the event the resident is transferred and admitted to the hospital, I will have to make a decision about paying the current private daily rate to hold the bed from the date of discharge. " This was the only statement regarding bed holds given to residents. The bed hold information did not include information about rights specifically afforded to Medicaid residents if they did not pay to hold the bed.</p> <p>Review of Resident # 1 ' s closed record revealed the resident had resided in the facility from 1/27/16 until she was transferred to the hospital on 8/15/16. At the time of discharge the resident was a Medicaid resident. According to the record the resident never returned to the facility following 8/15/16. Record review revealed the resident had a diagnosis of dementia and her responsible party was consulted for decisions related to the resident ' s care.</p> <p>Interview with the resident ' s responsible party on 10/13/16 at 2 PM revealed the responsible party had met with facility staff on 8/19/16 about the responsible party ' s desire for the resident to return to the facility. The RP stated during the meeting the facility discussed they were losing Medicaid beds in which to place residents on 10/1/16. The RP stated it was not made clear to her that if the resident had to go to another facility temporarily during the reduction of Medicaid beds that the resident could still be on the waiting list to return when a Medicaid bed became available.</p> <p>Interview with the administrator on 10/13/16 at 12:45 PM revealed the facility had recently gone through a decertification process of some of their Medicaid beds and they verbally communicated to Medicaid residents and families that residents could return to the first available bed if transferred because of this or if they were discharged to the hospital.</p>
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