JENTERS F	OR MEDICARE & MEDICAID SERVICES			"A" FORM			
STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE		PROVIDER #	MULTIPLE CONSTRUCTION	DATE SURVEY			
NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs			A. BUILDING:	_ COMPLETE:			
		345515	B. WING	4/26/2018			
NAME OF PRO	OVIDER OR SUPPLIER	STREET ADDRESS, O	CITY, STATE, ZIP CODE	'			
		6300 ROBERTA ROAD					
PRUITTHEALTH-TOWN CENTER		HARRISBURG, NC					
	SUMMARY STATEMENT OF DEFICIENC	IES					
F 623	Notice Requirements Before Transfer/Dis CFR(s): 483.15(c)(3)-(6)(8) §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a (i) Notify the resident and the resident's re move in writing and in a language and ma a representative of the Office of the State (ii) Record the reasons for the transfer or oparagraph (c)(2) of this section; and (iii) Include in the notice the items describ §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4) required under this section must be made discharged. (ii) Notice must be made as soon as practic (A) The safety of individuals in the facilit (B) The health of individuals in the facilit section; (C) The resident's health improves sufficient paragraph (c)(1)(i)(B) of this section; (D) An immediate transfer or discharge is (c)(1)(i)(A) of this section; or (E) A resident has not resided in the facilit §483.15(c)(5) Contents of the notice. The include the following: (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is to	resident, the facility meterical presentative (s) of the unner they understand. Long-Term Care Ombidischarge in the residenced in paragraph (c)(5) (ii) and (c)(8) of this by the facility at least icable before transfer of y would be endangered by would be endangered by the residence of the required by the residence of the residence of the required by the residence of the residence of the required by the residence of the region of the residence of the region	transfer or discharge and the reasons for a The facility must send a copy of the notion budsman. Int's medical record in accordance with the of this section. Section, the notice of transfer or discharg 30 days before the resident is transferred or discharge whendunder paragraph (c)(1)(i)(C) of this section, under paragraph (c)(1)(i)(D) of this section, and the paragraph (c)(1)(i)(D) of this section, and the paragraph (c)(1)(i)(D) of this section must be discharged in paragraph (c)(3) of this section	e or tion;			
	(iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal						
	form and assistance in completing the form and submitting the appeal hearing request;						
	(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care						
	Ombudsman;						
	(vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy						
	of individuals with developmental disabilities established under Part C of the Developmental Disabilities						
	Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and						
	(vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address						
	and telephone number of the agency responsible for the protection and advocacy of individuals with a mental						

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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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCE	CIES					
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	disorder established under the Protection and Advocacy for Mentally III Individuals Act.						
	§483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.						
	§483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l). This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to notify the Ombudsman of Resident #9's transfer to the hospital for 2 of 2 rehospitalizations on 12/7/17 and 12/28/17.						
	Findings included:						
	Resident #9 was admitted to the facility on 6/3/09 with diagnoses of Thrombocytopenia, Anemia, Heart Failure, Hypertension, Alzheimer's Disease, Anxiety and a history of Breast Cancer.						
	Review of Nurse's Note dated 12/7/17 revealed Resident #9 was transferred to the hospital after her oncologist reviewed her platelet count.						
	Review of Nurse's Note dated 12/28/17 revealed Resident #9 was transferred to the hospital after her Oncologist was made aware of her platelet count.						
	An interview with the Social Worker on 4/25/18 at 3:55 pm revealed she had not notified the Ombudsman of Resident #9's discharges on 12/7/17 or 12/28/17.						
	An interview with the Administrator on 4/25/18 at 4:21 pm revealed the facility had not notified the Ombudsman of Resident #9's discharges on 12/7/17 or 12/28/17.						
	There was no evidence the ombudsman was notified of the transfers on 12/7/17 or 12/28/17.						