

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345293</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/29/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND PINES HEALTHCARE AND REHABILITATION CENTE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>HIGHWAY 177 S BOX 1489</b> <b>HAMLET, NC 28345</b>		
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F 660 SS=D	<p>Discharge Planning Process CFR(s): 483.21(c)(1)(i)-(ix)</p> <p>§483.21(c)(1) Discharge Planning Process The facility must develop and implement an effective discharge planning process that focuses on the resident's discharge goals, the preparation of residents to be active partners and effectively transition them to post-discharge care, and the reduction of factors leading to preventable readmissions. The facility's discharge planning process must be consistent with the discharge rights set forth at 483.15(b) as applicable and-</p> <p>(i) Ensure that the discharge needs of each resident are identified and result in the development of a discharge plan for each resident.</p> <p>(ii) Include regular re-evaluation of residents to identify changes that require modification of the discharge plan. The discharge plan must be updated, as needed, to reflect these changes.</p> <p>(iii) Involve the interdisciplinary team, as defined by §483.21(b)(2)(ii), in the ongoing process of developing the discharge plan.</p> <p>(iv) Consider caregiver/support person availability and the resident's or caregiver's/support person(s) capacity and capability to perform required care, as part of the identification of discharge needs.</p> <p>(v) Involve the resident and resident representative in the development of the discharge plan and inform the resident and resident representative of the final plan.</p> <p>(vi) Address the resident's goals of care and treatment preferences.</p> <p>(vii) Document that a resident has been asked about their interest in receiving information regarding returning to the community.</p> <p>(A) If the resident indicates an interest in returning to the community, the facility must document any</p>	F 660		9/14/18	

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

TITLE

(X6) DATE

Electronically Signed

09/12/2018

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 660	<p>Continued From page 1</p> <p>referrals to local contact agencies or other appropriate entities made for this purpose.</p> <p>(B) Facilities must update a resident's comprehensive care plan and discharge plan, as appropriate, in response to information received from referrals to local contact agencies or other appropriate entities.</p> <p>(C) If discharge to the community is determined to not be feasible, the facility must document who made the determination and why.</p> <p>(viii) For residents who are transferred to another SNF or who are discharged to a HHA, IRF, or LTCH, assist residents and their resident representatives in selecting a post-acute care provider by using data that includes, but is not limited to SNF, HHA, IRF, or LTCH standardized patient assessment data, data on quality measures, and data on resource use to the extent the data is available. The facility must ensure that the post-acute care standardized patient assessment data, data on quality measures, and data on resource use is relevant and applicable to the resident's goals of care and treatment preferences.</p> <p>(ix) Document, complete on a timely basis based on the resident's needs, and include in the clinical record, the evaluation of the resident's discharge needs and discharge plan. The results of the evaluation must be discussed with the resident or resident's representative. All relevant resident information must be incorporated into the discharge plan to facilitate its implementation and to avoid unnecessary delays in the resident's discharge or transfer.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review the facility failed to provide safe and orderly discharge by failing to provide instructional</p>	F 660	<p>F660-D</p> <p>1. All future discharges that have an</p>		

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F 660	<p>Continued From page 2</p> <p>training for the use of an abdominal feeding tube, (a tube to administer medications and feeding directly to the stomach) and medications at the time of discharge for 1 of 3 residents sampled for discharge to home (Resident #1).</p> <p>Findings included: Resident # 1 was admitted on 5/9/18 with the diagnosis in part, Merrf Syndrome, with dysphagia. Her most recent Minimum Data Set dated 5/17/18 revealed severe cognitive impairment. She had abdominal feeding tube for nutrition and medications and a mechanically altered diet.</p> <p>Record review of the Patient Discharge Instructions dated 7/27/18, provided by the facility revealed medications were scheduled to be given to Resident #1 by abdominal feeding tube and orally</p> <p>During interview on 8/28/18 at 12:03 PM, Director of Nursing (DON) indicted on the day of discharge some of Resident #1 medications had not yet arrived from the pharmacy and as because of payor source her medications were supposed to be given to her at discharge. Director of Nursing reviewed the discharge document and indicated when a medication was ordered by abdominal feeding tube the expectation was to provide training to the care giver.</p> <p>During an interview on 8/28/18 at 1:46 PM, family indicated they were sent home and unable to administer a medication at 2:00PM via abdominal feeding tube. The facility had provided prescriptions for medications which could not be filled. The day of discharge a home health nurse came out in the evening to show her how to use the feeding tube.</p> <p>During an interview on 8/29/18 at 9:00 AM, Nurse #1 indicated she was not aware that Resident #1</p>	F 660	<p>abdominal feeding tube (a tube to administer medications and feeding directly to the stomach) will be provided instructional training. Facility will ask family member that will be providing care to do return demonstration until they are comfortble with the process.</p> <p>2. This potentially could affect any resident that is discharged with an abdominal feeding tube that is not provided instructional training. The facility reviewed all discharges for the past 30 days, no other residents were discharged with a feeding tube. The review was completed by QI RN on 09/11/2018.</p> <p>3. Licensed Nursing Staff will be educated on appropriate discharge planning and assuring that the primary family members understands how to use the abdominal feeding tube by 09/14/2018. Director of Nursing/Designee will follow up with any discharge resident the following day to assure that there is not anything that they do not understand or still need.</p> <p>4. All planned discharges will be monitored at morning clinical meeting to assure everything is in place as needed for a safe discharge including patient/family education. For tasks not completed during the review, the Director of Nursing/Designee will assure it is completed prior to the discharge. Negative findings will be reported to QAPI monthly for 3 months and then as directed by the QAPI Committee.</p> <p>5. 09/14/2018</p>		

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

PRINTED: 10/09/2018  
FORM APPROVED  
OMB NO. 0938-0391

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F 660	Continued From page 3 payor source required that she received all medications when discharged. Nurse #1 confirmed she did not provide any training on the use of Resident #1's abdominal feeding tube at the time of the resident's discharge from the facility.	F 660		