

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345349	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/07/2018
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NAME OF PROVIDER OR SUPPLIER WOODBURY WELLNESS CENTER INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2778 COUNTRY CLUB DRIVE HAMPSTEAD, NC 28443
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F 551 SS=D	<p>Rights Exercised by Representative CFR(s): 483.10(b)(3)-(7)(i)-(iii)</p> <p>§483.10(b)(3) In the case of a resident who has not been adjudged incompetent by the state court, the resident has the right to designate a representative, in accordance with State law and any legal surrogate so designated may exercise the resident's rights to the extent provided by state law. The same-sex spouse of a resident must be afforded treatment equal to that afforded to an opposite-sex spouse if the marriage was valid in the jurisdiction in which it was celebrated.</p> <p>(i) The resident representative has the right to exercise the resident's rights to the extent those rights are delegated to the representative.</p> <p>(ii) The resident retains the right to exercise those rights not delegated to a resident representative, including the right to revoke a delegation of rights, except as limited by State law.</p> <p>§483.10(b)(4) The facility must treat the decisions of a resident representative as the decisions of the resident to the extent required by the court or delegated by the resident, in accordance with applicable law.</p> <p>§483.10(b)(5) The facility shall not extend the resident representative the right to make decisions on behalf of the resident beyond the extent required by the court or delegated by the resident, in accordance with applicable law.</p> <p>§483.10(b)(6) If the facility has reason to believe that a resident representative is making decisions or taking actions that are not in the best interests of a resident, the facility shall report such concerns when and in the manner required under State law.</p>	F 551		12/28/18
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 12/21/2018
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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 551	<p>Continued From page 1</p> <p>§483.10(b)(7) In the case of a resident adjudged incompetent under the laws of a State by a court of competent jurisdiction, the rights of the resident devolve to and are exercised by the resident representative appointed under State law to act on the resident's behalf. The court-appointed resident representative exercises the resident's rights to the extent judged necessary by a court of competent jurisdiction, in accordance with State law.</p> <p>(i) In the case of a resident representative whose decision-making authority is limited by State law or court appointment, the resident retains the right to make those decisions outside the representative's authority.</p> <p>(ii) The resident's wishes and preferences must be considered in the exercise of rights by the representative.</p> <p>(iii) To the extent practicable, the resident must be provided with opportunities to participate in the care planning process.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews, facility failed to allow a resident responsible party to sign a " Notice of Medicare Provider Non-Coverage" form for 1 of 3 sampled residents.(Resident #200).</p> <p>The findings included:</p> <p>Resident #200 was admitted to the facility on 4/17/2018 with diagnoses which included hypertension, anxiety, dementia and renal insufficiency. The resident was discharged from the facility on 6/26/2018.</p> <p>Resident #200's admission Minimum Data Set (MDS) dated 4/24/2018 and discharge Minimum</p>	F 551	<p>Preparation and submission of this plan of correction is in response to the CMS Form 2567 from the 12/07/2018 survey. It does not constitute an agreement or admission by Woodbury Wellness Center of the truth of the facts alleged or of the correctness of the conclusions stated on the statement of deficiency. The facility reserves all rights to contest the deficiencies, findings, conclusions and actions of the Agency. This Plan of Correction (and the attached documents) also functions as the facility's credible allegation of compliance</p> <p># 1 - Address how corrective action will be</p>		

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F 551	<p>Continued From page 2</p> <p>Data Set(MDS) dated 6/26/2018 coded the resident as severely impaired with his cognition, requiring limited assistance for bed mobility and transfer and was discharged to another facility on 6/26/2018.</p> <p>Review of the admission paperwork information revealed the responsible party signed the forms when Resident # 200 was admitted to the facility on 4/17/2018.</p> <p>Review of the form "Notice of Medicare Provider Non- coverage" dated 5/16/2018 revealed Resident # 200 who was severely cognitively impaired signed the form on 5/16/2018. The form indicated "The effective date coverage of your current skilled nursing services will end 5/23/2018."</p> <p>Review of the facility finance statement dated 9/1/2018 revealed Resident # 200 owed the facility \$6,567.00. The responsible party wrote a check to the facility dated on 10/19/2018 for the amount of \$6,567.00.</p> <p>During the interview on 12/6/2018 at 11:00 AM, the Social worker stated she could not get in touch with Resident # 200's responsible party before 5/16/2018 so Resident # 200 signed the "Notice of Medicare Provider Non- Coverage" form on 5/16/2018. The SW also stated she understands the resident was cognitively impaired but she felt the resident understood what he was signing.</p> <p>The Director of Nursing stated during the interview on 12/7/2018 at 11:07 AM that she was not sure why the SW failed to document the effort she made to get in touch with responsible party</p>	F 551	<p>accomplished for those residents found to have been affected by the deficient practice;</p> <p>" Notice of Medicare Provider Non-Coverage form with effective date of 05/16/18 mailed by certified mail by 12/28/2018 by the Social Worker to Resident # 200's responsible party who had signed the resident admission forms on 04/17/2018</p> <p># - 2 Address how the facility will identify other residents having the potential to be affected by the same deficient practice;</p> <p>" Audit to be completed by Social Work/Designee using newly developed Audit Tool by 12/28/2018 of all Notice of Medicare Provider Non-Coverage forms issued by facility in last 60 days to ensure that person signing form was appropriate signer. Any concerns on audit to be addressed with Notice of Medicare Provider Non-Coverage to be reissued and signature obtained by correctly identified person or if person unavailable, form will be mailed via certified mail by Social Work/Designee.</p> <p># -3 Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;</p> <p>" Educational Guideline for Notice of Medicare Provider Non-Coverage Form developed on 12/18/2018 by Administrator</p>		

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F 551	Continued From page 3 before 5/16/2018. She stated her expectation was for SW to make an effort to get in touch with the responsible party before the non- coverage Medicare date ends and not to have a severely cognitively impaired resident sign the Medicare non-coverage form. Responsible party was called multiple times but did not answer the phone call.	F 551	to ensure the appropriate resident/Representative is allowed to sign the Notice of Medicare Provider Non-Coverage Form,. " Education was provided to Social Work by Administrator on 12/18/2018 regarding guidelines/instructions for properly issuing the Notice of Medicare Provider Non-Coverage Form that included appropriate signatures. Education also included the need to document attempts made to notify the resident representative of the issuance and mailing of the Notice of Medicare Provider Non-Coverage form for instances when the resident representative is not available in person to receive and sign the Notice. # - 4 Indicate how the facility plans to monitor its performance to make sure that solutions are sustained; and Include dates when corrective action will be completed. " Audit Tool was developed by Administrator on 12/18/2018 for auditing process for Notice of Medicare Provider Non-Coverage Forms. " Social Work was inserviced on how to complete the Audit Tool by Administrator on 12/18/2018. " Effective week of 12/23/2018 Social Work/Designee will audit all residents who have been issued a Notice of Medicare Provider Non-Coverage Form weekly times 4 (four) weeks then every 2 (two)		

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F 551	Continued From page 4	F 551	<p>weeks times 4(four) weeks to ensure proper person received and/or signed form.</p> <p>" Results of Social Work/Designee audits to be reviewed by Administrator weekly times 4 (four) weeks then every 2 (two) weeks times 4(four).</p> <p>" Results will be reviewed and discussed in the monthly Quality Assurance Performance improvement Committee meetings. The Quality Assurance Committee will assess and modify the action plan as needed to ensure continued compliance.</p> <p>" Completion Date: 12/28/18</p>		
F 623 SS=D	<p>Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8)</p> <p>§483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must-</p> <p>(i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman.</p> <p>(ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and</p> <p>(iii) Include in the notice the items described in paragraph (c)(5) of this section.</p>	F 623		12/28/18	

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F 623	<p>Continued From page 5</p> <p>§483.15(c)(4) Timing of the notice.</p> <p>(i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>(ii) Notice must be made as soon as practicable before transfer or discharge when-</p> <p>(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;</p> <p>(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;</p> <p>(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;</p> <p>(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or</p> <p>(E) A resident has not resided in the facility for 30 days.</p> <p>§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:</p> <p>(i) The reason for transfer or discharge;</p> <p>(ii) The effective date of transfer or discharge;</p> <p>(iii) The location to which the resident is transferred or discharged;</p> <p>(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;</p> <p>(v) The name, address (mailing and email) and</p>	F 623			

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F 623	<p>Continued From page 6</p> <p>telephone number of the Office of the State Long-Term Care Ombudsman;</p> <p>(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</p> <p>(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 disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>§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.</p> <p>§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 interview, the</p>	F 623	Preparation and submission of this plan		

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F 623	<p>Continued From page 7</p> <p>facility failed to notify the responsible party and the Ombudsman in writing the reason 1 of 1 sampled resident (Resident #55) was discharged to the hospital.</p> <p>The findings included:</p> <p>Resident #55 was originally admitted to the facility on 08/18/18 with diagnoses including Cerebrovascular Accident, Sepsis and Hip Fracture. Resident #55 was acutely hospitalized on four occasions. The admit and discharge dates are as follows: 8/31/18 to 9/12/18, 9/25/18 to 10/2/18, 10/10/18 to 10/16/18, and 10/26/18 to 11/12/18. The quarterly Minimum Data Set dated 11/16/18 had the resident coded as severely cognitively impaired, needing extensive assist with bed mobility, eating, dressing, toilet use and personal hygiene, and total dependence with transfer.</p> <p>The comprehensive care plan dated 11/12/18 had focuses of risk for falls r/t Gait/balance problems, is at risk for pain r/t recent falls and aging process and impaired cognition, an ADL self-care performance deficit r/t weakness, impaired mobility r/t recent hospital stay with dx of Right hip prosthetic infection s/p girdlestone procedure and explant of right hip prosthetic and acute CVA with measurable goals and interventions.</p> <p>During a record review, there were no written documentation to the responsible party and the Ombudsman for the explanations of hospitalization discharges.</p> <p>During an interview with the Nurse Manager (NM) on 12/06/18 at 09:25 A.M., the NM stated the resident had a fall causing a fractured hip that led</p>	F 623	<p>of correction is in response to the CMS Form 2567 from the 12/07/2018 survey. It does not constitute an agreement or admission by Woodbury Wellness Center of the truth of the facts alleged or of the correctness of the conclusions stated on the statement of deficiency. The facility reserves all rights to contest the deficiencies, findings, conclusions and actions of the Agency. This Plan of Correction (and the attached documents) also functions as the facility's credible allegation of compliance</p> <p># 1 - Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>" Written Notices of Discharges to the Hospital, that included the reason for discharge, mailed to Resident # 55's resident representative and the Local Ombudsman by 12/28/2018 by the Social Worker for dates of discharge 08/31/18 to 9/12/18, 9/25/18 to 10/2/18, 10/10/18 to 10/16/18, and 10/26/18 to 11/12/18. Notices were mailed via USPS mail. Copies were retained by Social Worker.</p> <p># - 2 Address how the facility will identify other residents having the potential to be affected by the same deficient practice;</p> <p>" The Social Worker/designee will review all hospital discharges that occurred in the last 60 days to ensure that written notification was provided to the resident representative and Ombudsman</p>		

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F 623	<p>Continued From page 8</p> <p>to an infection. The NM also stated her hip was being care for at the facility and that was the cause of the hospitalizations. The NM further stated the resident's responsible party was called to inform them of each transfer to the hospital.</p> <p>During an interview with the Social Worker (SW) on 12/07/18 on 02:29 P.M., the SW stated she was not aware that a letter was supposed to be mailed to the responsible party and Ombudsman indicating the cause of the discharge. The SW also stated starting today, she will get information required for a discharge letter to be mailed to responsible party an Ombudsman.</p> <p>During an interview with the Administrator on 12/07/18 at 03:41 P.M., the Administrator stated she was not aware the responsible party and the Ombudsman needed a letter mailed to them regarding hospital discharges initiated by the facility but there is a discharge letter sent to the hospital with the resident during transfer. The Administrator also stated there is a monthly notice sent to the Ombudsman with the list of transfers/discharges, but they do not include the reasons for the discharges. The Administrator also stated her expectation are to have a letter sent to the resident/resident's responsible party and the Ombudsman concerning the facilities-initiated discharge to the hospital.</p>	F 623	<p>to include the reason for the discharge. A notice will be issued via USPS mail to the resident representative and Ombudsman if the original notice was not provided to include the reason for the discharge, by the Social Worker. Audit to be completed by 12/28/2018.</p> <p>" # -3 Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;</p> <p>" Educational guidelines regarding written notices of unplanned discharges to hospital issued to the resident representative and Ombudsman was developed by Administrator on 12/18/2018, that included the reason for the discharge.</p> <p>" Education was provided to Social Work by Administrator on 12/18/2018 on the above educational guidelines .</p> <p># - 4 Indicate how the facility plans to monitor its performance to make sure that solutions are sustained; and Include dates when corrective action will be completed.</p> <p>" Audit Tool Developed by Administrator on 12/18/2018 for auditing written notification of discharge to hospital, to include written notification of reason for discharge to responsible party and Ombudsman.</p> <p>" Social Work inserviced on newly developed Audit Tool by Administrator on</p>		

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F 623	Continued From page 9	F 623	<p>12/18/2018.</p> <p>" Effective week of 12/23/2018 the Social Work/Designee will review all hospital discharges using the audit tool developed by the Administrator to ensure the reason for the discharge was provided resident representative and Ombudsman in writing. This auditing will occur weekly times 4 (four) weeks then every 2 (two) weeks times 4(four)</p> <p>" Results of Social Work/Designee audits to be reviewed by Administrator weekly times 4 (four) weeks then every 2 (two) weeks times 4(four).</p> <p>" Results will be reviewed and discussed in the monthly Quality Assurance Performance improvement Committee meetings. The Quality Assurance Committee will assess and modify the action plan as needed to ensure continued compliance.</p> <p>"</p> <p>" Completion Date: 12/28/18</p>		