

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345391	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 4/12/2019
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NAME OF PROVIDER OR SUPPLIER HEARTLAND LIVING & REHAB AT THE MOSES H CONE I	STREET ADDRESS, CITY, STATE, ZIP CODE 1131 NORTH CHURCH STREET GREENSBORO, NC
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F 623	<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> <ul style="list-style-type: none"> (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. (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 (iii) Include in the notice the items described in paragraph (c)(5) of this section. <p>§483.15(c)(4) Timing of the notice.</p> <ul style="list-style-type: none"> (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. (ii) Notice must be made as soon as practicable before transfer or discharge when- <ul style="list-style-type: none"> (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section; (B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section; (C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section; (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 (E) A resident has not resided in the facility for 30 days. <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> <ul style="list-style-type: none"> (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (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
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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

The above isolated deficiencies pose no actual harm to the residents

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F 623	<p>Continued From Page 1</p> <p>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(1). This REQUIREMENT is not met as evidenced by: Based on staff interviews, resident representative interview and record review, the facility failed to provide the resident and resident representative a written notification for the reason for transfer to the hospital for 1 of 2 residents (Resident #12) reviewed for hospitalization.</p> <p>Findings included:</p> <p>Resident #12 was admitted to the facility on 10/12/13 with diagnoses that included, in part, chronic kidney disease and Alzheimer's disease.</p> <p>A review of the most recent comprehensive minimum data set (MDS) assessment dated 1/17/19 revealed Resident #12 had impaired short term and long term memory and severely impaired daily decision making skills.</p> <p>A review of the medical record revealed Resident #12's representative was a family member.</p> <p>A review of the medical record revealed Resident #12 was transferred to the hospital on 1/2/19 due to decreased responsiveness and elevated temperature. The resident returned to the facility on 1/9/19. No written notice of transfer was documented to have been provided to the resident or resident representative.</p> <p>On 4/9/19 at 10:05 AM an interview was completed with Resident #12's representative. He stated Resident #12 discharged to the hospital on 1/2/19 because she had a fever. The resident representative stated he had not received a transfer/discharge notice from the facility when Resident #12 discharged to the hospital.</p> <p>On 4/11/19 at 11:48 AM an attempt to contact the nurse who sent Resident #12 to the hospital on 1/2/19 was unsuccessful.</p> <p>On 4/10/19 at 3:52 PM an interview was completed with Nurse #2. She said when a resident was sent to the hospital the paperwork that went with a resident included a facesheet, medication list and a form with clinical information about a resident's medical condition. Nurse #2 stated there was no paperwork or transfer/discharge notice sent to a resident's representative when a resident transferred to the hospital.</p>
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F 623	<p>Continued From Page 2</p> <p>On 4/10/19 at 4:26 PM an interview was completed with Social Worker #1. She said she had no involvement with the paperwork that was sent when a resident transferred/discharged to the hospital.</p> <p>On 4/11/19 at 8:52 AM an interview was completed with Nurse #3. She said when a resident was sent to the hospital the paperwork that went with a resident included a facesheet, medication list and a form with clinical information about a resident's medical condition. Nurse #3 stated she had not sent a transfer/discharge notice to a resident or resident representative when a resident transferred to the hospital but called a resident representative when a resident went to the hospital.</p> <p>On 4/11/19 at 11:01 AM an interview was completed with the Director of Nursing (DON). She said there was a packet of information that was sent with a resident when transferred to the hospital that included a medication list, facesheet, notice of discharge, form with clinical information about a resident's condition, and labwork if appropriate. The DON stated the packet of information was reviewed in orientation with nursing staff.</p> <p>On 4/11/19 at 4:56 PM a follow up interview was completed with the DON during which she stated she was unsure why the transfer/discharge form was not sent to Resident #12's representative when the resident discharged to the hospital. She said she expected a transfer/discharge notice be sent to the resident or resident representative upon transfer/discharge from the facility.</p>
F 625	<p>Notice of Bed Hold Policy Before/Upon Trnsfr CFR(s): 483.15(d)(1)(2)</p> <p>§483.15(d) Notice of bed-hold policy and return-</p> <p>§483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies-</p> <ul style="list-style-type: none"> (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any; (iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e) (1) of this section, permitting a resident to return; and (iv) The information specified in paragraph (e)(1) of this section. <p>§483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section.</p> <p>This REQUIREMENT is not met as evidenced by: Based on resident representative interview, staff interviews and record review, the facility failed to provide</p>

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F 625	<p>Continued From Page 3</p> <p>the resident and/or resident representative a written notification of the bed hold policy upon a resident's transfer to the hospital for 1 of 2 residents (Resident #12) reviewed for hospitalization.</p> <p>Findings included:</p> <p>Resident #12 was admitted to the facility on 10/12/13 with diagnoses that included, in part, chronic kidney disease and Alzheimer's disease.</p> <p>A review of the most recent comprehensive minimum data set (MDS) assessment dated 1/17/19 revealed Resident #12 had impaired short term and long term memory and severely impaired daily decision making skills.</p> <p>A review of the medical record revealed Resident #12's representative was a family member.</p> <p>A review of the medical record revealed Resident #12 was transferred to the hospital on 1/2/19 due to decreased responsiveness and elevated temperature. The resident returned to the facility on 1/9/19. Further review of the medical record revealed there was no written notice of the bed hold policy provided to the resident or resident representative when she was transferred to the hospital.</p> <p>On 4/9/19 at 10:05 AM an interview was completed with Resident #12's representative. He stated Resident #12 discharged to the hospital on 1/2/19 because she had a fever. The resident representative stated he had not received a copy of the bed hold policy when Resident #12 discharged to the hospital.</p> <p>On 4/11/19 at 11:48 AM an attempt to contact the nurse who sent Resident #12 to the hospital on 1/2/19 was unsuccessful.</p> <p>On 4/10/19 at 4:17 PM an interview was completed with the Director of Admissions. She said the bed hold policy was reviewed with the resident and/or resident representative upon admission. She stated she thought the bed hold policy was sent with a resident when he/she transferred to the hospital. The Director of Admissions said nobody from the facility contacted the resident or resident representative after being transferred to the hospital and it was the resident or resident representative's responsibility to contact the facility if they wanted to hold the bed.</p> <p>On 4/10/19 at 4:26 PM an interview was completed with Social Worker #1. She said she had no involvement with the paperwork that was sent when a resident transferred/discharged to the hospital. She further stated she thought the Admissions Director stayed in touch with the resident representative when a resident transferred to the hospital.</p> <p>On 4/11/19 at 8:52 AM an interview was completed with Nurse #3. She said when any resident was sent to the hospital the paperwork that went with the resident included a facesheet, medication list and a form with clinical information about the resident's medical condition. Nurse #3 stated nursing staff typically had not sent information about the bed hold policy to the resident's representative.</p>
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