Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ HAL025035 05/01/2024 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2915 BRUNSWICK AVENUE THE GARDENS OF TRENT **NEW BERN, NC 28562** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) D 000 Initial Comments D 000 The Adult Care Licensure Section conducted and Annual Survey on 04/30/24 and 05/01/24. Response to cited deficiencies do not constitute an admission or agreement by the D 432 D 432 10A NCAC 13F .1106 (f) Settlement Of Cost Of facility of the truth of facts alleged or the Care conclusions set forth in the corrective action report; the plan of correction is prepared solely as a matter of compliance with State 10A NCAC 13F .1106 Settlement Of Cost Of Law. Care (f) If a resident dies, the administrator of his estate or the Clerk of Superior Court, when no administrator for his estate has been appointed, shall be given a refund equal to the cost of care for the month minus any nights spent in the facility during the month. This is to be done within 30 days after the resident's death. ED/BOC will follow up every two weeks on the 6-15-24 status of the refund check for residents who have passed away. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure the Estate Administrator for 4 of 4 residents (#7,#8,#9, #10) received the ED/BOC will include RDO after three weeks of 6-15-24 unsuccessful attempts to receive check. refund owed within 30 days after the resident's death. RDO will follow up with Accounts Manager to have checks issued with a reminder of the 30 day rule. The findings are: 1. Review of Resident #7's Move-out/Room and Board Refund form revealed: -She was discharged due to death on 01/07/24. -Her financial responsibility end date was Accountas payable department will provide BOC/ED with copy of the check as well as any 01/06/24. tracking information for payments that were sent 6-15-24 -There was documentation that a refund in the via overnight. amount of \$895.97 was requested on 01/08/24. BOC will keep a copy of email correspondence -The form was signed by the corporate Billing with tracking information as well as copies of Manager beside the entered amount as approved checks in a seperate refund folder. on 01/09/24. Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

FF3811

STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
HAL025035		B. WING		05/0	05/01/2024	
THE GARDENS OF TRENT 2915 BRU			DRESS, CITY, INSWICK AV RN, NC 2856			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 432	Telephone interview Administrator on 05 -His family member -He thought he was -He thought the require facility within a conflict of his family member -He thought there whome office that was was owed. Review of an accourrevealed a check in issued on 05/01/24. Telephone interview Clerk for the facility 05/01/24 at 4:48pm -Resident #7's was was sent on 05/01/2 -She thought she findue a refund in the I was given approval 04/30/24. Attempted telephone in the service of the facility of the fa	with Resident #7's Estate //01/24 at 3:22pm revealed: passed away on 01/07/24. owed approximately \$895. uest for refund was made by lay or two following the death er. as a problem at the corporate s delaying the refund that he Int invoice for Resident #7 the amount of \$895.97 was with the Accounts Payable 's corporate office on revealed: owed \$895.97 and the check et. st found out Resident #7 was beginning of April 2024 and to release the funds on e interview with the Director of s for the facility's corporate t 4:15pm was unsuccessful. e interview with the r for the facility's corporate t 4:40 was unsuccessful. Interview with the Accounts of facility's corporate office on	D 432	DEFICIENCY		
	05/01/24 at 4:48pm. Refer to interview with the Administrator on 05/01/24 at 10:04am.					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL025035	B. WING		05/	01/2024
	PROVIDER OR SUPPLIER	2915 BRL	DRESS, CITY, INSWICK AV RN, NC 2856		· · · · · · · · · · · · · · · · · · ·	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
D 432	Refer to interview won 05/01/24 at 3:30/22. Review of Reside Board Refund form -She was discharge -Her financial responder of 2/16/24. -There was docume amount of \$762.07 vertical and the control of t	with the Area Clinical Director pm. ant #8's Move-out/Room and revealed: d due to death on 02/17/24. Insibility end date was antation that a refund in the was requested on 02/19/24. Isigned for approval. with Resident #8's Estate /01/24 at 5:15pm revealed: died on 02/17/24. died a refund and she was not due from the facility. Intinvoice for Resident #8 the amount of \$762.07 was with the Accounts Payable is corporate office on revealed: by wed \$762.07. Droved and a check was sent of the facility's corporate of it interview with the Director of it interview with the Director of it interview was unsuccessful.	D 432			
		nterview with the Accounts e facility's corporate office on	:			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
HAL025035		B. WING		05/01/2024		
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
THE GAI	RDENS OF TRENT		INSWICK AV RN, NC 2856			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
D 432	Continued From page	ge 3	D 432			
	Refer to interview w 05/01/24 at 10:04an	rith the Administrator on n.				
.	on 05/01/24 at 3:30					
	Board Refund form					
•	-She was discharged on due to death on 01/10/24Her financial responsibility end date was 01/09/24There was documentation that a refund in the					
	amount of \$1,206 was requested on 01/12/24. -The form was not signed for approval.					
	Review of an account invoice for Resident #9 revealed a check in the amount of \$379.44 was issued on 05/01/24.					
	Telephone interview with the Accounts Payable Clerk for the facility's corporate office on 05/01/24 at 4:48pm revealed: -Resident #9's was owed \$379.44The funds were approved and a check was sent out on 05/01/24.					·
,		e interview with Resident #8's on 05/01/24 at 5:15pm was				
	Financial Operations	e interview with the Director of s for the facility's corporate t 4:15pm was unsuccessful.				
	Attempted telephone interview with the Accounting Manager for the facility's corporate office on 05/01/24 at 4:40 was unsuccessful.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
HAL025035		B. WING		05/01/2024		
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY,	STATE, ZIP CODE		
THE GAI	RDENS OF TRENT		NSWICK AV			
(۷() ID	SHMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORREC	TION	AVE)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
D 432	Continued From pag	ge 4	D 432			
		nterview with the Accounts e faclility's corporate office on				
	Refer to interview w 05/01/24 at 10:04an	ith the Administrator on n.				
	Refer to interview w on 05/01/24 at 3:30	ith the Area Clinical Director om.				
	4. Review of Resident #10's Move-out/Room and Board Refund Form revealed: -She was discharged on due to death on 01/08/24Her financial responsibility end date was 01/06/24.					:
	-There was documentation that a refund in the amount of \$895.97 was requested on 01/08/24The form was not signed for approval.					
	Review of an account invoice for Resident #10 revealed a check in the amount of \$1,370.97 was issued on 05/01/24.					
****	Clerk for the facility 05/01/24 at 4:48pm -Resident #7's was					
	out on 05/01/24.	a interview with Regident #91a				
		e interview with Resident #8's on 05/01/24 at 5:19pm was				
	Financial Operations	e interview with the Director of s for the facility's corporate 4:15pm was unsuccessful.				
	Attempted telephone	e interview with the				

Division of Health Service Regulation
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:) DATE SURVEY COMPLETED	
			A. BOILDING	SILDINO.			
HAL025035		B. WING		05/01/2024			
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE			
THE GA	RDENS OF TRENT		INSWICK AV				
•	T		N, NC 2856				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
D 432	Continued From pa	ge 5	D 432				
		er for the faclility's corporate at 4:40 was unsuccessful.					
		interview with the Accounts ne facilility's corporate office on					
	Refer to interview with the Administrator on 05/01/24 at 10:04am. Refer to interview with the Area Clinical Director on 05/01/24 at 3:30pm. Telephone interview with the Accounts Payable Clerk on 05/01/24 at 4:48pm revealed: -She thought refunds should have been sent to a resident's Estate Administrator within 30-45 days of a resident's death.						
	Board Refund Form	ted the Move-out/Room and and would send it to					
		le. ble would verify the amounts d into the system and send the					
:	form to herIt was her responsibility to send the refund						
ļ	-The paperwork for	nount was approved. to request refunds for the was submitted by the facility					
	staff but it was not e	entered into the system by the					
staff in the Accounts Receivable department.							
	-Some refund requests got lost due to recent staff turnover in the accounting department. Interview with the Administrator on 05/01/24 at 10:04am revealed: -The form to request a refund following a						
			;				
resident's death was completed by the facility and sent to Accounts Receivable within 2 days of a							
	resident's death.						
-Once it was approved, Accounts Payable was							

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMF	SURVEY
		HAL025035	B. WING		05/0	1/2024
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE THE GARDENS OF TRENT 2915 BRUNSWICK AVENUE						
		NEW BEF	RN, NC 2856	32		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 432	Continued From pa	ge 6	D 432			
	responsible for issu Administrator. -She was aware a r issued within 30 day	e the check to the Estate efund was supposed to be ys but she did not have the				
<u>.</u>	-She did not know v	e or send the refund. why there was a delay in s by the Accounts Payable				
	o5/01/24 at 3:30pm -The facility was res Move-out/Room and sending it to Accour corporate officeOnce the amount v responsibility of Acc	ponsible for completing the d Board Refund Form and hits Receivable at the was verified, it was the ounts Payable to send the hits' Estate Administrator and				