STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs

AH PROVIDER # MULTIPLE CONSTRUCTION STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE PROVIDER # 345429 A. BUILDING:______________________ DATE SURVEY COMPLETE: 7/28/2016

NAME OF PROVIDER OR SUPPLIER PEAK RESOURCES - PINELAKE STREET ADDRESS, CITY, STATE, ZIP CODE

801 PINEHURST AVENUE

CARTHAGE, NC

ID PREFIX TAG

SUMMARY STATEMENT OF DEFICIENCIES

F 203 483.12(a)(4)-(6) NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE

Before a facility transfers or discharges a resident, the facility must notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand; record the reasons in the resident's clinical record; and include in the notice the items described in paragraph (a)(6) of this section.

Except as specified in paragraph (a)(5) (ii) and (a)(8) of this section, the notice of transfer or discharge required under paragraph (a)(4) of this section must be made by the facility at least 30 days before the resident is transferred or discharged.

Notice may be made as soon as practicable before transfer or discharge when the health of individuals in the facility would be endangered under (a)(2)(iv) of this section; the resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (a)(2)(i) of this section; an immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (a)(2)(ii) of this section; or a resident has not resided in the facility for 30 days.

The written notice specified in paragraph (a)(4) of this section must include the reason for transfer or discharge; the effective date of transfer or discharge; the location to which the resident is transferred or discharged; a statement that the resident has the right to appeal the action to the State; the name, address and telephone number of the State long term care ombudsman; for nursing facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act; and for nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act.

This REQUIREMENT is not met as evidenced by:

Based on record review and staff interviews the facility failed to provide the required written notification of discharge that included the reason for discharge and information on the right to appeal for 1 of 1 residents (Resident #143) reviewed for the provision of discharge notice. The findings included:

Resident #143 was admitted to the facility on 6/30/16 with multiple diagnoses that included Huntingdon's disease. The admission Minimum Data Set (MDS) assessment dated 7/7/16 indicated Resident #143 was cognitively intact.

A social services note dated 7/5/16 indicated the Social Worker (SW) spoke with Resident #143's RP by phone. The SW informed Resident #143's RP that he was to be discharged from skilled services due to his improvement. The RP was informed Resident #143's last covered day of skilled services was 7/6/16 and he was eligible to return to his home on 7/7/16. A care plan conference call was scheduled for 7/6/16 to discuss the discharge plan.

A "Notice of Medicare Non-Coverage" form dated 7/5/16 indicated Resident #143 and his RP were

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 required.

The above isolated deficiencies pose no actual harm to the residents.
informed that the coverage for his current skilled nursing services was to end on 7/7/16. It indicated Resident #143 and his RP refused to sign the form on 7/5/16.

A "Skilled Nursing Facility Advanced Beneficiary Notice" form dated 7/5/16 indicated Resident #143 and his RP were informed that skilled care was to end on 7/7/16. It indicated Resident #143 and his RP refused to sign the form on 7/5/16.

A nursing progress noted dated 7/6/16 indicated Resident #143 was met with to discuss discharge plans. Resident #143 was indicated to be alert and oriented and required no further skilled services.

A care conference progress note dated 7/6/16 indicated a care plan meeting was held with Resident #143, SW, Administrator, Occupational Therapist, and Speech Language Pathologist. Resident #143 was indicated to have met his therapy goals and looked forward to returning home. There was no indication a written notification of discharge was provided to Resident #143.

A social services note dated 7/6/16 indicated a care plan conference was held by phone with Resident #143's RP, SW, and Administrator following the face to face care conference with Resident #143. Resident #143's RP indicated she wanted Resident #143 to remain in the nursing facility or be discharged to an Assisted Living Facility (ALF) rather than discharged to their home. There was no indication a written notification of discharge was provided to Resident #143's RP.

A social services noted dated 7/7/16 indicated a referral was made for Resident #143's placement in an ALF.

A social services note dated 7/7/16 indicated the SW informed Resident #143's RP by phone of the assisted living placement for Resident #143. The SW met with Resident #143 to inform him of the assisted living placement. There was no indication a written notification of discharge was provided to Resident #143 or to his RP.

A nursing progress note dated 7/7/16 indicated the physician met with Resident #143 and no new orders were required. Resident #143 was to be discharged on 7/8/16 to an ALF.

The discharge plan of care dated 7/8/16 was signed by Resident #143. The form indicated Resident #143 was to be discharged at 2:00 PM on 7/8/16 to an ALF. The contact information for the ALF and for the Ombudsman were listed on the form. The discharge plan of care had not included the reason for discharge or information on the right to appeal the discharge.

A nursing progress noted dated 7/8/16 indicated Resident #143 was discharged to an ALF that afternoon (7/8/16).

A social services note dated 7/8/16 indicated the SW contacted Resident #143's RP by phone to inform her Resident #143 had been discharged to the ALF.
### Statement of Isolated Deficiencies Which Cause Provider # 345429

#### Multiple Construction

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<tr>
<th>A. Building</th>
<th>B. Wing</th>
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**Date Survey Complete:** 7/28/2016

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### Name of Provider or Supplier

**Peak Resources - Pinelake**

**Street Address, City, State, Zip Code**

801 Pinehurst Avenue

Carthage, NC

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### Summary Statement of Deficiencies

**ID**

**Prefix**

**Tag**

**F 203**

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An interview was conducted with the SW on 7/26/16 at 2:50 PM. She stated she was responsible for coordinating discharges. She indicated she was familiar with the discharge of Resident #143. She stated Resident #143 was one of the first discharges she coordinated as she began working at the facility a few months ago. The SW stated she informed Resident #143 verbally that he was going to be discharged. She stated the discharge plan was initially for Resident #143 to return to his home with his RP. She indicated she spoke with Resident #143's RP by phone to inform her Resident #143 was going to be discharged. She stated Resident #143's RP had not wanted Resident #143 to return home and that was the reason assisted living placement was sought out. The SW indicated Resident #143 and his RP agreed verbally to discharge and placement at the ALF. The SW revealed written notification of discharge was not provided to Resident #143 or to his RP. She indicated she was not aware written notification of discharge was required. The SW reported the only written documentation related to discharge that was given to Resident #143 was the discharge plan of care that was provided to him at the time of discharge on 7/8/16.

An interview was conducted with the Director of Nursing on 7/27/16 at 12:55 PM. She revealed she was not aware written notification of discharge was required for all discharges. She stated that written notification of discharge was provided for 30 day notices, but she thought verbal notification was appropriate in this instance for Resident #143.

An interview was conducted with the Administrator on 7/27/16 at 2:40 PM. He revealed a written notification of discharge was not provided to Resident #143 or his RP. He added that at the time of discharge, Resident #143 was alert and oriented and he thought verbal notification of discharge was sufficient. He stated that written notification of discharge was not usually provided to the resident and/or RP if it was not a 30 day notice.

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**Event ID:** YNJZ11