## DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR	MEDICARE & MEDICAID SERVICES	_		"A" FORM			
STATEMENT OF IS	OLATED DEFICIENCIES WHICH CAUSE	PROVIDER #	MULTIPLE CONSTRUCTION	DATE SURVEY			
NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM			A. BUILDING:	COMPLETE:			
FOR SNFs AND NFs		345429	B. WING	7/28/2016			
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE					
PEAK RESOURCES - PINELAKE		801 PINEHURST AVENUE CARTHAGE, NC					
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES						
F 203	483.12(a)(4)-(6) NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE						
	<ul> <li>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.</li> <li>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.</li> <li>Notice may be made as soon as practicable before transfer or discharge when the health of individuals in the</li> </ul>						
	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 Part C of mentally ill individuals established under the Protection and Advocacy for Mentally III 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 t phone. The SW informed Resident #143's RF improvement. The RP was informed Residen was eligible to return to his home on 7/7/16. the the discharge plan.	t #143's last covered day of	ged from skilled services due to his of skilled services was 7/6/16 and he				
	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

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F 203	Continued From Page 1					
	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.					

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F 203	Continued From Page 2				
F 203	Continued From Page 2 An interview was conducted with the SW on coordinating discharges. She indicated she w Resident #143 was one of the first discharges months ago. The SW stated she informed R stated the discharge plan was initially for Res spoke with Resident #143's RP by phone to in Resident #143's RP had not wanted Resident placement was sought out. The SW indicate placement at the ALF. The SW revealed writ or to his RP. She indicated she was not awar reported the only written documentation relat discharge plan of care that was provided to hi An interview was conducted with the Directo aware written notification of discharge was re discharge was provided for 30 day notices, bu for Resident #143. An interview was conducted with the Admini notification of discharge was not provided to discharge, Resident #143 was alert and orient sufficient. He stated that written notification if it was not a 30 day notice.	vas familiar with the discha she coordinated as she be esident #143 verbally that sident #143 to return to his nform her Resident #143 v #143 to return home and t d Resident #143 and his R then notification of discharge e written notification of di ted to discharge that was g im at the time of discharges. at she thought verbal notification istrator on 7/27/16 at 2:40 Resident #143 or his RP. ted and he thought verbal n	arge of Resident #143. She stated egan working at the facility a few he was going to be discharged. She is home with his RP. She indicated she was going to be discharged. She stated hat was the reason assisted living RP agreed verbally to discharge and ge was not provided to Resident #143 ischarge was required. The SW iven to Resident #143 was the e on 7/8/16. t 12:55 PM. She revealed she was not She stated that written notification of ication was appropriate in this instance PM. He revealed a written He added that at the time of notification of discharge was		