

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/23/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345509</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/18/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>KINGSWOOD NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>915 PEE DEE ROAD</b> <b>ABERDEEN, NC 28315</b>		
(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 206 SS=D	<p>483.15(e)(1)(2) POLICY TO PERMIT READMISSION BEYOND BED-HOLD</p> <p>(e)(1) Permitting residents to return to facility.</p> <p>A facility must establish and follow a written policy on permitting residents to return to the facility after they are hospitalized or placed on therapeutic leave. The policy must provide for the following.</p> <p>(i) A resident, whose hospitalization or therapeutic leave exceeds the bed-hold period under the State plan, returns to the facility to their previous room if available or immediately upon the first availability of a bed in a semi-private room if the resident-</p> <p>(A) Requires the services provided by the facility; and</p> <p>(B) Is eligible for Medicare skilled nursing facility services or Medicaid nursing facility services.</p> <p>(ii) If the facility that determines that a resident who was transferred with an expectation of returning to the facility, cannot return to the facility, the facility must comply with the requirements of paragraph (c) as they apply to discharges.</p> <p>(e)(2) Readmission to a composite distinct part. When the facility to which a resident returns is a composite distinct part (as defined in § 483.5), the resident must be permitted to return to an available bed in the particular location of the composite distinct part in which he or she resided previously. If a bed is not available in that location at the time of return, the resident must be given the option to return to that location upon the first</p>	F 206		7/28/17	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

07/27/2017

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345509</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/18/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>KINGSWOOD NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>915 PEE DEE ROAD</b> <b>ABERDEEN, NC 28315</b>		
(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 206	<p>Continued From page 1</p> <p>availability of a bed there. This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interviews and record reviews, the facility failed to readmit 1 of 3 sampled resident back to the first available bed after being discharged from the hospital. (Resident #40).</p> <p>The findings include:</p> <p>Review of the Resident Bed Hold Policy, not dated, revealed in part, it is illegal for this facility to require a hold fee as a condition of admission for a skilled nursing service. The policy further added, any request for a bed hold fee is voluntary and at the discretion of the resident and/or responsible party. The policy contained the information a resident had the option of requesting a bed hold. According to the Director of Nurrsing (DON) it was standard process for the Resident Bed Hold Policy to be part of the packet of information sent with a resident when they were discharged to the hospital.</p> <p>A review was completed of the Admissions Packet for Resident #40. The packet was signed by the responsible party for Resident #40, and signed by Facility Administrator or Designee, dated 12/14/15. The Medicaid Residents of the Bed-Hold Charge section read as follows: If the Resident chooses not to reserve the bed through payment, he/she will be readmitted to the Facility upon the first availability of a bed in a semi-private room, provided that the Resident requires the services provided by the Facility.</p> <p>Resident #40 was originally admitted to the facility on 8/18/15 with diagnoses that included: Bipolar disorder, chronic kidney disease, chronic pain,</p>	F 206	<p>F206</p> <p>Resident #40 has been admitted to the facility on July 24, 2017. Bed hold policy has been revised to reflect North Carolina regulations and to clearly define what the bed hold policy is designated to do. Re-admission policy was revised to reflect North Carolina regulations and provide clear directions for staff involved in admissions and re-admissions to understand. Inservice will be held on 7/28/2017 by Corporate Clinical Nurse and Regional Director for the Admission Coordinator, Administrator, Director of Nursing (DON), Assistant Director of Nursing (ADON), Business Office Manager (BOM), Unit Manager (UM), and Human Resource (HR). Inservice will cover: Federal and State regulations regarding readmissions, updated readmission policy for North Carolina facilities and the bed hold policy. Admission Director and the Administrator will receive education on North Carolina regulations regarding admission and readmissions. A review of all transfers and discharges since June 1, 2017 through July 26, 2017 from the facility will be reviewed to ensure that no other residents were affected. Results of the audit will be available July 28,2017. An audit of all discharges will be completed weekly for a period of three (3) months to ensure residents are permitted</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345509</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/18/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>KINGSWOOD NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>915 PEE DEE ROAD</b> <b>ABERDEEN, NC 28315</b>		
(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 206	<p>Continued From page 2 and iron deficiency anemia.</p> <p>Review of signed doctor's telephone orders revealed an order dated 6/29/17 to send the resident to the emergency room for evaluation.</p> <p>During an interview on 7/18/17 at 3:12 PM, the Director of Outcomes Management (DOM) from the hospital Resident #40 was discharged to recalled she was informed by the facility Admission's Coordinator via email on 6/20/17 the facility would not be taking new admissions. The DOM further added she had sought clarification regarding the facility's ability to accept readmissions. The response from the Admissions Coordinator, dated 6/20/17, informed the DOM that readmission to the facility was being determined by if a bed hold had been paid. The DOM stated she was informed by the Admissions Coordinator a bed hold had not been paid for Resident #40 and the facility would not be able to readmit her. Resident #40 was discharged to another facility on 7/5/17.</p> <p>During an interview on 7/18/17 at 6:12 PM with the Administrator she stated she had really wanted to readmit Resident #40. She further added the Admissions coordinator had called back to the Discharge Planner at the hospital and the facility was waiting to hear back from the hospital regarding Resident #40. The Administrator then stated "We never told them (the hospital) that we were not going to take her back." The Administrator clarified it was her expectation that when a Medicaid resident is discharged, we expect them to come back.</p>	F 206	<p>to return to the facility after hospitalization or placed on therapeutic leave by the BOM.</p> <p>The Plan of Correction of Action will be monitored at the QAPI will be for a period of three months. Audit results will be taken to the monthly QAPI meetings by the BOM. After three months the QAPI Committee will determine the need to continue or resolve the problem.</p>		