

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345044</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/03/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>ST JOSEPH OF THE PINES HEALTH CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>103 GOSSMAN DRIVE</b> <b>PINEHURST, NC 28374</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>POLICY TO PERMIT READMISSION BEYOND BED-HOLD CFR(s): 483.15(e)(1)(2)</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</p>	F 206		11/24/17	

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

TITLE

(X6) DATE

Electronically Signed

11/21/2017

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.

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F 206	<p>Continued From page 1</p> <p>the option to return to that location upon the first availability of a bed there.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interviews, resident interview, and record reviews, the facility failed to readmit 1 of 3 sampled residents back to the first available bed upon being ready to be readmitted to the facility. (Resident #5).</p> <p>The findings included:</p> <p>Review of the Resident Bed Hold Policy, dated 4/5/06, and most recently revised on 5/19/17, revealed in part, if the bed-hold option is not exercised, the resident shall be readmitted to the facility into the first available bed. The policy contained the information a resident could make the election to hold his/her bed if he/she is transferred to an acute hospital or leaves the building for any other reason for more than a day.</p> <p>Resident #5 was originally admitted to the facility on 5/4/16 with diagnoses that included: Generalized weakness, anemia, difficulty swallowing, kidney failure, depression, and left sided weakness from a stroke.</p> <p>A review of Resident #5's Medicaid application information revealed an application had been made for Medicaid services by the facility. The application had a submission date of 10/5/17. There was a Notice Of a Request For Additional Information dated 10/12/17 informing the facility that the status of the Medicaid application was pending and there was a request for additional information from the facility.</p> <p>Review of signed doctor's telephone orders for</p>	F 206	<p>F206 483.15(e)(1)(2) POLICY TO PERMIT READMISSION BEYOND BED-HOLD</p> <p>Saint Joseph of the Pines Health Center does permit residents to return to facility.</p> <p>Preparation and/or execution of this plan of correction do not constitute admission or agreement by provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies.</p> <p>Corrective Action: Resident #5 was readmitted to facility once medically stable from the hospital on 11-6-17.</p> <p>All other residents hospitalized or on therapeutic leave as of 11-6-17 that requested re-admission were readmitted.</p> <p>Systemic Change: By 11-22-17, St. Joseph of the Pines revised the policy for Medicaid Pending – Admission Criteria to be meet the intent of the regulation of being approved or denied for Medicaid before considering resident as Private Pay.</p> <p>By 11-24-17, all administrative staff within St. Joseph of the Pines Health Center will be educated by the Vice President of Health Services on the revised Medicaid Pending policy to include information on while under Medicaid Pending status,</p>		

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F 206	<p>Continued From page 2</p> <p>Resident #5 revealed an order dated 10/25/17 to send the resident to the emergency room for evaluation.</p> <p>A review of Resident #5's Nursing Home Notice of Transfer/Discharge revealed the date of the notice was 10/31/17. Further review of the notice revealed the resident was discharged to the hospital on 10/25/17.</p> <p>During an interview on 11/1/17 at 2:28 PM, the Social Services Director (SSD) from the facility stated Resident #5 was staying at the facility as a long-term care resident. The SSD stated a Medicaid application had been filed for Resident #5 in early October. The SSD further stated the resident had been discharged to the hospital on 10/25/17. The SSD added a 30 day discharge notice was issued to Resident #5 while he was in the hospital on 10/31/17. The SSD stated the facility was not going to readmit Resident #5 unless his Medicaid application was approved.</p> <p>During an interview with the facility administrator on 11/1/17 at 3:20 PM he stated the hospital had been informed the facility was not allowing Resident #5 to be readmitted to the facility due to the resident not having a bed hold at the facility. He added a 30 day discharge notice was given to the resident during Resident #5's hospitalization. The administrator further added the facility would readmit Resident #5 if he had a payer source, such as Medicaid.</p> <p>A phone interview completed with the hospital Discharge Planner on 11/2/17 at 4:09 PM revealed she was the Discharge Planner for Resident #5. The Discharge Planner stated she was aware the facility had made it clear to the</p>	F 206	<p>residents will be allowed to return to facility if hospitalization or therapeutic leave exceeds the bed-hold period to their previous room or immediately upon the first availability of a bed in a semi-private room.</p> <p>Monitoring: By 11-7-17, the Director of Social Services will perform audits to determine residents requesting return to St. Joseph of the Pines Health Center who were hospitalized or on therapeutic leave were readmitted for all residents for one month, then 50% of all residents for one month, and then 25% of all residents for one month.</p> <p>The Director of Social Services will report trends to the MD-QAPI Committee for review and recommendations. This will continue until substantial compliance is achieved and as further directed by the MD-QAPI Committee.</p> <p>The Vice President of Health Services is responsible for attaining and sustaining compliance.</p>		

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

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F 206	Continued From page 3 hospital discharge planners the facility was not going to readmit Resident #5. The Discharge Planner stated Resident #5's Medicaid status was Medicaid Pending. The Discharge Planner added Resident #5 would have been able to return to the facility on 11/1/17 and return to the facility had it not been for the resident having received the 30 day discharge notice from the facility.  It was revealed during an interview conducted on 11/3/17 at 8:45 AM with Resident #5 at the hospital he liked the facility and had a desire to return to the facility.	F 206		