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

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE

031099

NO HARM WITH FOR SNFs AND N	ONLY A POTENTIAL FOR MINIMAL HARM Fs		A. BUILDING:	COMPLETE:		
		345213	B. WING	6/8/2018		
NAME OF PROVIDER OR SUPPLIER UNIVERSAL HEALTH CARE LILLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 1995 EAST CORNELIUS HARNETT BOULEVARD LILLINGTON, NC				
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES	IENCIES				
F 623	Notice Requirements Before Transfer/Dischar CFR(s): 483.15(c)(3)-(6)(8)	rge				
	 §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a residing in Notify the resident and the resident's representative of the Office of the State Long (ii) Record the reasons for the transfer or disciparagraph (c)(2) of this section; and (iii) Include in the notice the items described §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) required under this section must be made by the discharged. (ii) Notice must be made as soon as practicab (A) The safety of individuals in the facility with the safety of individuals in the facility with the safety of individuals in the facility with the safety of this section; (C) The resident's health improves sufficiently paragraph (c)(1)(i)(B) of this section; (D) An immediate transfer or discharge is required to the solution of the notice. The writinclude the following: (i) The reason for transfer or discharge; (ii) The reason for transfer or discharge; (iii) The location to which the resident is transform and assistance in completing the form and (v) The name, address (mailing and email) an Ombudsman; (vi) For nursing facility residents with intelled mailing and email address and telephone numer of individuals with developmental disabilities Assistance and Bill of Rights Act of 2000 (Put (vii) For nursing facility residents with a mention of the resident is the substance in completing the form and completing the form and assistance in the substance in the facility for the substance in the substance is required. 	sentative(s) of the transfer er they understand. The fac ag-Term Care Ombudsman harge in the resident's med in paragraph (c)(5) of this) and (c)(8) of this section, he facility at least 30 days le before transfer or discha ould be endangered under ould be endangered, under ould be endangered, under uter by the resident's urg or 30 days. tten notice specified in par sisferred or discharged; s, including the name, addr s such requests; and inform nd submitting the appeal h d telephone number of the ctual and developmental di uber of the agency responsi s established under Part C o ub. L. 106-402, codified at	illity must send a copy of the notice to dical record in accordance with section. the notice of transfer or discharge before the resident is transferred or arge when- paragraph (c)(1)(i)(C) of this section; paragraph (c)(1)(i)(D) of this the transfer or discharge, under ent medical needs, under paragraph ragraph (c)(3) of this section must ress (mailing and email), and nation on how to obtain an appeal earing request; Office of the State Long-Term Care isabilities or related disabilities, the ible for the protection and advocacy of the Developmental Disabilities 42 U.S.C. 15001 et seq.); and			

PROVIDER #

MULTIPLE CONSTRUCTION

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

The above isolated deficiencies pose no actual harm to the residents

DATE SURVEY

DEPARTMENT OF HEALTH AND HUMAN SERVICES

	NT OF HEALTH AND HUMAN SERVICES OR MEDICARE & MEDICAID SERVICES			"A" FO		
STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE		PROVIDER #	MULTIPLE CONSTRUCTION	DATE SURVEY		
NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFS NAME OF PROVIDER OR SUPPLIER UNIVERSAL HEALTH CARE LILLINGTON			A. BUILDING:	COMPLETE:		
		345213	B. WING	6/8/2018		
		1995 EAST COR	STREET ADDRESS, CITY, STATE, ZIP CODE 1995 EAST CORNELIUS HARNETT BOULEVARD LILLINGTON, NC			
D PREFIX TAG	SUMMARY STATEMENT OF DEFICIEN	ICIES				
F 623	Continued From Page 1					
	and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally III Individuals Act.					
	\$483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.					
	 §483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(1). This REQUIREMENT is not met as evidenced by: Based on record review, staff interviews and resident interview the facility failed to notify the ombudsman of a resident's transfer to the hospital and provide a written reason for transfer to the resident/responsible party within 30 days for 1 of 1 residents reviewed for transfer/discharge (Resident #54). 					
	Findings included:					
	Record review revealed Resident #54 was admitted to the facility on 4/26/2011 with diagnoses which included Acute Respiratory Failure and Congestive Heart Failure.					
	Review of the Quarterly Minimum Data Set (MDS) dated 2/21/2018 indicated Resident #54 was cognitively intact and required supervision to extensive assistance of 1 staff member for all activities of daily living.					
	Review of the physician's orders revealed an order dated 4/14/2018 to send Resident #54 to the Emergency Room for unresponsiveness.					
	An interview was conducted with Resident #54 on 6/5/2018 at 3:47 PM. The resident was noted to be alert and oriented. The resident indicated she was her own responsible party. The resident stated she did not receive written notification for the reason of her discharge to the hospital from the facility. The resident stated she had been in the hospital several times in the last few months and never received any written notification from the facility.					
	An interview was conducted with the Social Worker (SW) on 6/7/2018 at 10:04 AM. The SW indicated she did not notify the ombudsman, the resident or responsible parties in writing for the reason for the hospitalization for Resident #54. The SW stated she was unaware if anyone sent the information.					
	An interview was conducted with the Facility Chief Clinical Officer (CCO) 6/7/2018 at 10:17 AM. The Director of Nursing (DON) was present in the interview. The CCO indicated the Social Worker was responsible for reporting the discharges to the ombudsman and the residents/family members. The CCO					

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FOR SNFs AND NFs						
		345213	B. WING	6/8/2018		
AME OF PROV	/IDER OR SUPPLIER	STREET ADDRESS, CI				
			1995 EAST CORNELIUS HARNETT BOULEVARD			
UNIVERSAL HEALTH CARE LILLINGTON		LILLINGTON, NO	LILLINGTON, NC			
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REFIX AG	SUMMARY STATEMENT OF DEFICIEN	VCIES				
F 623	Continued From Page 2	6 d		1		
			irements and the SW should have received and resident and/or responsible party wo			
	be notified of the reasons for discharge			una		
	be notified of the reasons for alsonarge i	in writing per the facility	poney and regulatory requirements.			

AH FORM