

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

PRINTED: 06/04/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345575	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/02/2019
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NAME OF PROVIDER OR SUPPLIER BRUNSWICK HEALTH & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 9600 NO 5 SCHOOL ROAD ASH, NC 28420
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E 000	Initial Comments An unannounced Recertification survey was conducted on 04/29/19 through 05/02/19. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID # U7S711.	E 000		
F 849 SS=D	Hospice Services CFR(s): 483.70(o)(1)-(4) §483.70(o) Hospice services. §483.70(o)(1) A long-term care (LTC) facility may do either of the following: (i) Arrange for the provision of hospice services through an agreement with one or more Medicare-certified hospices. (ii) Not arrange for the provision of hospice services at the facility through an agreement with a Medicare-certified hospice and assist the resident in transferring to a facility that will arrange for the provision of hospice services when a resident requests a transfer. §483.70(o)(2) If hospice care is furnished in an LTC facility through an agreement as specified in paragraph (o)(1)(i) of this section with a hospice, the LTC facility must meet the following requirements: (i) Ensure that the hospice services meet professional standards and principles that apply to individuals providing services in the facility, and to the timeliness of the services. (ii) Have a written agreement with the hospice that is signed by an authorized representative of the hospice and an authorized representative of the LTC facility before hospice care is furnished to any resident. The written agreement must set out at least the following: (A) The services the hospice will provide.	F 849		5/10/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 05/13/2019
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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 849	Continued From page 1 (B) The hospice's responsibilities for determining the appropriate hospice plan of care as specified in §418.112 (d) of this chapter. (C) The services the LTC facility will continue to provide based on each resident's plan of care. (D) A communication process, including how the communication will be documented between the LTC facility and the hospice provider, to ensure that the needs of the resident are addressed and met 24 hours per day. (E) A provision that the LTC facility immediately notifies the hospice about the following: (1) A significant change in the resident's physical, mental, social, or emotional status. (2) Clinical complications that suggest a need to alter the plan of care. (3) A need to transfer the resident from the facility for any condition. (4) The resident's death. (F) A provision stating that the hospice assumes responsibility for determining the appropriate course of hospice care, including the determination to change the level of services provided. (G) An agreement that it is the LTC facility's responsibility to furnish 24-hour room and board care, meet the resident's personal care and nursing needs in coordination with the hospice representative, and ensure that the level of care provided is appropriately based on the individual resident's needs. (H) A delineation of the hospice's responsibilities, including but not limited to, providing medical direction and management of the patient; nursing; counseling (including spiritual, dietary, and bereavement); social work; providing medical supplies, durable medical equipment, and drugs necessary for the palliation of pain and symptoms	F 849			

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F 849	<p>Continued From page 2</p> <p>associated with the terminal illness and related conditions; and all other hospice services that are necessary for the care of the resident's terminal illness and related conditions.</p> <p>(I) A provision that when the LTC facility personnel are responsible for the administration of prescribed therapies, including those therapies determined appropriate by the hospice and delineated in the hospice plan of care, the LTC facility personnel may administer the therapies where permitted by State law and as specified by the LTC facility.</p> <p>(J) A provision stating that the LTC facility must report all alleged violations involving mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property by hospice personnel, to the hospice administrator immediately when the LTC facility becomes aware of the alleged violation.</p> <p>(K) A delineation of the responsibilities of the hospice and the LTC facility to provide bereavement services to LTC facility staff.</p> <p>§483.70(o)(3) Each LTC facility arranging for the provision of hospice care under a written agreement must designate a member of the facility's interdisciplinary team who is responsible for working with hospice representatives to coordinate care to the resident provided by the LTC facility staff and hospice staff. The interdisciplinary team member must have a clinical background, function within their State scope of practice act, and have the ability to assess the resident or have access to someone that has the skills and capabilities to assess the resident.</p> <p>The designated interdisciplinary team member is</p>	F 849			

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F 849	Continued From page 3 responsible for the following: (i) Collaborating with hospice representatives and coordinating LTC facility staff participation in the hospice care planning process for those residents receiving these services. (ii) Communicating with hospice representatives and other healthcare providers participating in the provision of care for the terminal illness, related conditions, and other conditions, to ensure quality of care for the patient and family. (iii) Ensuring that the LTC facility communicates with the hospice medical director, the patient's attending physician, and other practitioners participating in the provision of care to the patient as needed to coordinate the hospice care with the medical care provided by other physicians. (iv) Obtaining the following information from the hospice: (A) The most recent hospice plan of care specific to each patient. (B) Hospice election form. (C) Physician certification and recertification of the terminal illness specific to each patient. (D) Names and contact information for hospice personnel involved in hospice care of each patient. (E) Instructions on how to access the hospice's 24-hour on-call system. (F) Hospice medication information specific to each patient. (G) Hospice physician and attending physician (if any) orders specific to each patient. (v) Ensuring that the LTC facility staff provides orientation in the policies and procedures of the facility, including patient rights, appropriate forms, and record keeping requirements, to hospice staff furnishing care to LTC residents.	F 849			

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F 849	<p>Continued From page 4</p> <p>§483.70(o)(4) Each LTC facility providing hospice care under a written agreement must ensure that each resident's written plan of care includes both the most recent hospice plan of care and a description of the services furnished by the LTC facility to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being, as required at §483.24.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews the facility failed to obtain authorization from hospice for physical therapy to evaluate and treat a resident after a fall for 1 of 3 residents (Resident #54) who was reviewed for accidents. Findings included:</p> <p>Review of the medical record revealed Resident #54 was admitted to the facility on 07/11/18 and had diagnoses of muscle weakness, unsteadiness, and dementia with behaviors.</p> <p>Review of Resident #54's medical record revealed an order dated 07/17/18 for hospice services.</p> <p>Review of the quarterly Minimum Data Set (MDS) dated 01/14/19 revealed Resident #54 had short and long term memory problems and was severely impaired in cognitive skills for daily decision making. Resident #54 required the extensive assistance of two persons for transfers and was under the care of hospice.</p> <p>Review of the Nursing Note dated 04/07/19 revealed that Resident #54 had been found lying on the floor at 11:10 AM and was transported to the hospital.</p>	F 849	<ol style="list-style-type: none"> 1. Address how the corrective action will be accomplished for those residents found to have been affected: <ol style="list-style-type: none"> 1a. Evaluation for physical therapy for resident #54 for chair positioning was completed on 05/01/2019. 2. Address how corrective action will be accomplished for those residents having the potential to be affected by the same deficient practice: <ol style="list-style-type: none"> 2a. An audit of current Hospice residents was reviewed by the Director of Nursing/designee for any therapy referrals, orders and/or evaluations. 3. Address what measures will be put into place, or systemic changes to ensure that the deficient practice will not occur: <ol style="list-style-type: none"> 3a. The Director of Nursing/and or designee will in-service nurses and therapist on communication with receiving a letter of authorization for therapy on any Hospice resident requiring therapy services. Education will be provided to newly hired nurses and therapist during general orientation. 4. Indicate how the facility plans to 		

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F 849	<p>Continued From page 5</p> <p>Review of the Hospice Routine Visit note dated 04/08/19 and electronically signed by the hospice nurse revealed that the Director of Nursing (DON) would like Resident #54 evaluated for positioning and wanted to know if hospice would pay for physical therapy to evaluate and treat the resident times 2-3 visits as indicated. The order for physical therapy was received and written in the facility.</p> <p>Review of the Nursing Note dated 04/08/19 revealed that the hospice nurse came to the facility that day to assess Resident #54. Orders were written for the resident to be evaluated and treated for positioning by physical therapy for two to three visits as indicated. The note indicated that physical therapy was aware of the order.</p> <p>In an interview on 05/01/19 at 3:00 PM Physical Therapist #1 stated that she had just evaluated Resident #54 that day. She indicated that she had not been aware that a therapy evaluation was needed for Resident #54.</p> <p>In an interview on 05/01/19 at 3:06 PM the Therapy Manager stated that an order for treatment and a letter of authorization were both needed for therapy to evaluate a resident who received hospice care. She indicated that although she was aware that the order for a therapy evaluation was in the computer system she had been waiting for the authorization letter from hospice because the authorization letter outlined what was needed, the number of visits that were authorized and the payor source. She stated that the process was for the hospice nurse to discuss the assessment of a resident with the therapy department after a fall occurred and then an order for the evaluation and treatment would</p>	F 849	<p>monitor it's performance to make sure that solutions are sustained:</p> <p>4a. Referrals for letter of authorization for Hospice resident(s) will be reviewed in Clinical Morning Meeting by the Director of Nursing/ and or designee and the Director of Rehabilitation/and or designee 5 times per week for 4 weeks; then three times per week for 4 weeks and then weekly for 4 weeks. Results of the audits will be reviewed monthly for 3 months by the QAPI Committee. If any discrepancies are noted, further action will be implemented.</p>		

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F 849	<p>Continued From page 6</p> <p>be written but that this had not occurred. The Therapy Manager indicated that the authorization letter had still not been received but that therapy had gone ahead and performed the evaluation that day. The Therapy Manager indicated she felt there had been a breakdown in communication between the facility and hospice which resulted in a delay in the therapy evaluation for Resident #54.</p> <p>In an interview on 05/01/19 at 3:15 PM Nurse #1 stated she had spoken with the hospice nurse when she came in to the facility to assess Resident #54 on 04/08/19. Nurse #1 stated that she had received the order for the physical therapy evaluation from the hospice nurse and entered the order for the evaluation into the computer. She stated she had also spoken to one of the therapists that was working in the facility that day about the ordered evaluation. Nurse #1 was unable to remember which therapist she had spoken to about the evaluation. Nurse #1 indicated that the hospice nurse did not provide her with an authorization letter for Resident #54's ordered evaluation and treatment.</p> <p>In an interview on 05/02/19 at 9:20 AM the Administrator indicated the facility had made multiple attempts over the last two days to reach the hospice nurse to inform her that an interview had been requested.</p> <p>On 05/02/19 at 9:35 AM a telephone interview was attempted with the hospice nurse. A voice mail message was left requesting a call back for an interview. No call back was received and an interview was not able to be completed.</p> <p>In an interview on 05/02/19 at 11:15 AM the DON</p>	F 849			

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F 849	Continued From page 7 stated that normally when the hospice nurse requested a therapy evaluation an order would be written and the hospice nurse would speak with someone in the therapy department about why the evaluation was needed. Hospice would then provide a letter of authorization that would be faxed to the facility later that same day. She stated that there should have been better communication between hospice and the facility to make sure the evaluation had been completed.	F 849			