CENTERS FO	OR MEDICARE & MEDICAID SERVICES	_		"A" FORM		
STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE		PROVIDER #	MULTIPLE CONSTRUCTION	DATE SURVEY		
NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs			A. BUILDING:	COMPLETE:		
		345011	B. WING	11/20/2019		
NAME OF PRO	VIDER OR SUPPLIER	STREET ADDRESS, C	ITY, STATE, ZIP CODE	•		
ACCORDIUS HEALTH AT LEXINGTON		279 BRIAN CENTER DRIVE				
		LEXINGTON, NC				
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIEN	CIES				
F 623	Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8)					
	§483.15(c)(3) Notice before transfer.  Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman.  (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and  (iii) Include in the notice the items described in paragraph (c)(5) of this section.					
	§483.15(c)(4) Timing of the notice.  (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged.  (ii) Notice must be made as soon as practicable before transfer or discharge when- (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section; (B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section; (C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section; (D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or (E) A resident has not resided in the facility for 30 days.					
	§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:  (i) The reason for transfer or discharge;  (ii) The effective date of transfer or discharge;  (iii) The location to which the resident is transferred or discharged;  (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;  (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;  (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental					

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

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		345011	B. WING	11/20/2019		
NAME OF PROVIDER OR SUPPLIER  ACCORDIUS HEALTH AT LEXINGTON		279 BRIAN CENT	STREET ADDRESS, CITY, STATE, ZIP CODE  279 BRIAN CENTER DRIVE  LEXINGTON, NC			
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENC	IES				
F 623	Continued From Page 1					
	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 reviews and staff interviews, the facility failed to provide written notification to the Ombudsman for 1 of 2 residents reviewed for hospitalization (Resident #92). Resident #92 was transferred to the hospital on 1/28/2019 and readmitted to the facility on 2/4/2019.					
	Findings included:  Resident #92 was admitted to the facility on 1/15/2019 and readmitted 2/4/2019 with diagnoses to include chronic obstructive lung disease, hypertension and atrial fibrillation. The most recent admission Minimum Data Set dated 1/22/2019 assessed Resident #92 to be cognitively intact and she did not have behaviors.					
	A nursing note dated 1/28/2019 at 4:50 PM written by Nurse #1 was reviewed and it documented that Resident #92 was sent to the hospital for evaluation.					
	A nursing note dated 2/4/2019 at 5:53 PM documented Resident #92 was readmitted to the facility following a hospital stay for congestive heart failure and respiratory failure.					
	The Social Worker (SW) was interviewed on 11/19/2019 at 12:01 PM. She reported she did not have a discharge report sent to the Ombudsman for January 2019 because she had not sent any discharge or hospitalization reports to the Ombudsman until June 2019. The SW confirmed the Ombudsman was not notified of Resident #92 's transfer to the hospital on 1/28/2019.					
	The Administrator was interviewed on 11/19/2019 at 5:47 PM and she reported she expected the Ombudsman to be notified in writing of any hospital transfers or discharged.					