

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345520	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 11/8/2019
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NAME OF PROVIDER OR SUPPLIER CURIS AT THOMASVILLE TRANSITIONAL CARE & REHA	STREET ADDRESS, CITY, STATE, ZIP CODE 1028 BLAIR STREET THOMASVILLE, NC
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F 576	<p>Right to Forms of Communication w/ Privacy CFR(s): 483.10(g)(6)-(9)</p> <p>§483.10(g)(6) The resident has the right to have reasonable access to the use of a telephone, including TTY and TDD services, and a place in the facility where calls can be made without being overheard. This includes the right to retain and use a cellular phone at the resident's own expense.</p> <p>§483.10(g)(7) The facility must protect and facilitate that resident's right to communicate with individuals and entities within and external to the facility, including reasonable access to:</p> <ul style="list-style-type: none"> (i) A telephone, including TTY and TDD services; (ii) The internet, to the extent available to the facility; and (iii) Stationery, postage, writing implements and the ability to send mail. <p>§483.10(g)(8) The resident has the right to send and receive mail, and to receive letters, packages and other materials delivered to the facility for the resident through a means other than a postal service, including the right to:</p> <ul style="list-style-type: none"> (i) Privacy of such communications consistent with this section; and (ii) Access to stationery, postage, and writing implements at the resident's own expense. <p>§483.10(g)(9) The resident has the right to have reasonable access to and privacy in their use of electronic communications such as email and video communications and for internet research.</p> <ul style="list-style-type: none"> (i) If the access is available to the facility (ii) At the resident's expense, if any additional expense is incurred by the facility to provide such access to the resident. (iii) Such use must comply with State and Federal law. <p>This REQUIREMENT is not met as evidenced by: Based on resident and staff interviews, the facility failed to distribute mail timely to one of one cognitively intact resident sampled for delivery of mail. (Resident #42)</p> <p>FINDINGS INCLUDE:</p> <p>Resident was admitted to the facility on 11/15/17. Her most recent readmission was 08/12/19 with diagnosis including monoplegia of upper limb following other nontraumatic intercranial hemorrhage affecting left dominant side (paralysis of one limb of the body), muscle weakness, acquired absence of bilateral lower extremities (amputation of legs), and major depressive disorder.</p> <p>A recent Minimum Data Set (MDS) dated 10/01/19 indicated Resident #42 was cognitively intact. It further indicated she required physical assistance with her ADL care and that it was important to her to be able to take care of her personal belongings and things.</p> <p>An interview with Resident #42 on 11/04/19 at 03:55PM revealed Resident #42 expressed concerns that she had ordered multiple personal care supply items and had not received them timely. She stated her insurance</p>
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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

The above isolated deficiencies pose no actual harm to the residents

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F 576	<p>Continued From Page 1</p> <p>company had sent her catalogs monthly to allow her to order needed items. She stated that a couple months ago, she recalled ordering items that she was not allowed to have when the packages arrived at the facility. She stated she was told the items were put away in storage and she was not allowed to have them by someone in administration, but unable to recall the staff member by name. She said she knew she had a right to order whatever she wanted. She was very upset that she was not allowed to have these items. She feels she was treated unfairly because these items were locked away from her. She stated she had expressed concerns when the items were delayed in being returned to her, but it took a week or two before she got any of it back.</p> <p>An interview was conducted on 11/05/19 at 01:15 PM with the nursing unit manager. She stated she was aware Resident #42 received catalogs to order personal care items through her insurance provider. She stated she however was not involved with Resident #42 being denied items and does not recall any details of it but was aware a room clearing/decluttering was performed by activity staff a month or so ago at the request of administration but was unable to recall an exact date.</p> <p>An interview with the Activity Director on 11/07/19 at 03:45PM revealed she has been the activity director since April 2019 but has been employed in this facility for the last two years. She states she is very familiar with Resident #42's concerns related to not getting her mail as received by the facility. The activity director stated a month or so ago, Resident #42 made her aware that she had ordered several items through her insurance company catalog and had not yet received them. She stated the resident told her she had made staff aware and wondered where the packages were. The activity director stated on the date the packages arrived, the former administrator had specifically told her she nor any other resident would be allowed to have boxes because the facility didn't have enough space. The former administrator told the activity director that Resident #42's room was to full of clutter and she would not be allowed to have anymore packages delivered to the facility and was instructed to assist in clearing the room of the excessive possessions. The boxes that arrived on that day, the activity director reports were removed from the daily mail distribution and placed in storage in room 104 in the facility by the former administrator. The activity director revealed she was unable to give an exact date the packages arrived. The activity director stated she questioned the former administrator about it being the residents right to have mail within 24 hours. The activity director stated she told the former administrator if she was not allowing her to receive the packages, she was responsible for making the resident aware and she would not be a part of the decision. She further revealed the packages remained in storage until after this administrator was no longer employed. She believed this was approximately 2 weeks after the delivery of the packages.</p> <p>During an interview with the Social worker on 11/06/19 at 4:19PM revealed she had started as the social worker on 10/01/19. She stated that she recalls the items being put into storage but was not involved with this situation. She is unable to locate a grievance in the log or an individual grievance form for this concern. She will fill out one today since she was aware it occurred and unable to locate it.</p> <p>An interview with the Director of Nursing (DON) on 11/07/19 at 4:17PM revealed the DON believed Resident # 42 to be cognitively intact. She stated she does not believe she was an employee in the facility during the time of the initial occurrence but was aware that Resident #42's room had to be cleaned up and some of her items stored for safety. According to the DON, Resident #42 should be able to have any of her</p>
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F 576	<p>Continued From Page 2</p> <p>items she wanted if it posed no concerns for her safety. She stated a grievance form should be filed out for Resident #42 and all residents expressing concerns and copies of each should have been given to the administrator. Grievances are then divided by department and handled/ investigations conducted by the department manager or designee. Management investigation included a discussion of all concerns with the individual resident filing the concern and then relay info with the administrator following investigations. All ongoing complaints are handles by the administrator. Grievance log are kept in social workers and administrator office. Package logs are kept at front desk and distributed by the activity departmental staff daily.</p> <p>An interview with the Administrator on 11/07/19 at 04:30PM revealed he was not aware of Resident #42's belongings being withheld from her and was not employed with the facility during the incident.</p>
F 582	<p>Medicaid/Medicare Coverage/Liability Notice CFR(s): 483.10(g)(17)(18)(i)-(v)</p> <p>§483.10(g)(17) The facility must--</p> <p>(i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of-</p> <p>(A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged;</p> <p>(B) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and</p> <p>(ii) Inform each Medicaid-eligible resident when changes are made to the items and services specified in §483.10(g)(17)(i)(A) and (B) of this section.</p> <p>§483.10(g)(18) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/ Medicaid or by the facility's per diem rate.</p> <p>(i) Where changes in coverage are made to items and services covered by Medicare and/or by the Medicaid State plan, the facility must provide notice to residents of the change as soon as is reasonably possible.</p> <p>(ii) Where changes are made to charges for other items and services that the facility offers, the facility must inform the resident in writing at least 60 days prior to implementation of the change.</p> <p>(iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident representative, or estate, as applicable, any deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements.</p> <p>(iv) The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility.</p> <p>(v) The terms of an admission contract by or on behalf of an individual seeking admission to the facility must not conflict with the requirements of these regulations.</p> <p>This REQUIREMENT is not met as evidenced by:</p>

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F 582	<p>Continued From Page 3</p> <p>Based on record review and staff interviews, the facility failed to provide facility residents with CMS-10055 Skilled Nursing Advanced Beneficiary Notice (SNFABN) prior to discharge from Medicare services for 1 of 2 residents reviewed for discharge documentation (Resident #172).</p> <p>Findings included:</p> <p>Resident #172 was admitted to the facility 3/27/2019.</p> <p>A review of the medical record revealed a CMS-10123 Notice of Medicare Non-coverage letter dated 5/13/20019 signed by the Resident #172's responsible party. Medicare coverage for the skilled services were to end 5/13/2019 because the resident had reached maximum potential for skilled therapy and would transition to long term care placement.</p> <p>A review of the chart revealed a CMS-10055 SNFABN had not been provided to the resident or responsible party.</p> <p>An interview was conducted with the Social Worker (SW) on 11/7/2019 at 5:45 PM and she reported she was not aware a CMS-10055 SNFABN was to be provided by the facility to a resident if they were transitioning from Medicare Part A payment to Medicaid or private pay. The SW reported she was not aware a resident on Medicare Part A services required an CMS-10055 SNFABN to be issued as well as a CMS 10123 Medicare Non-coverage letter upon discharge from Medicare services while remaining in the facility and she had not issued an CMS-10055 SNFABN to any resident.</p> <p>An interview was conducted with the Administrator on 11/8/2019 at 2:57 PM and he reported it was his expectation that the facility provided the residents with appropriate notices prior to discharge from Medicare services.</p>
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