

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345077</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/27/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>SUNNYBROOK REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>25 SUNNYBROOK ROAD</b> <b>RALEIGH, NC 27610</b>		
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E 000	Initial Comments	E 000			
F 000	<p>An unannounced Recertification survey was conducted on 02/24/2020 to 02/26/2020. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #26PM11.</p> <p>INITIAL COMMENTS</p> <p>A recertification and complaint investigation survey was conducted from 02/24/2020 through 02/26/2020. Event ID# 26PM11. 0 of the 12 complaint allegation(s) was not substantiated.</p>	F 000			
F 623 SS=B	<p>Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8)</p> <p>§483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must-</p> <p>(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.</p> <p>(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</p> <p>(iii) Include in the notice the items described in paragraph (c)(5) of this section.</p> <p>§483.15(c)(4) Timing of the notice.</p> <p>(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</p>	F 623		3/13/20	

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

TITLE

(X6) DATE

Electronically Signed

03/09/2020

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 623	<p>Continued From page 1</p> <p>resident is transferred or discharged.</p> <p>(ii) Notice must be made as soon as practicable before transfer or discharge when-</p> <p>(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;</p> <p>(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;</p> <p>(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;</p> <p>(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</p> <p>(E) A resident has not resided in the facility for 30 days.</p> <p>§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:</p> <p>(i) The reason for transfer or discharge;</p> <p>(ii) The effective date of transfer or discharge;</p> <p>(iii) The location to which the resident is transferred or discharged;</p> <p>(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;</p> <p>(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;</p> <p>(vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and</p>	F 623			

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F 623	<p>Continued From page 2</p> <p>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</p> <p>(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 disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>§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.</p> <p>§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(l).</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to send a written notice to the resident or responsible party of the reason for a facility-initiated transfer/discharge to the hospital for 2 of 3 residents reviewed for hospitalization (Resident #54 and # 86).</p>	F 623	<p>F 623</p> <ol style="list-style-type: none"> <li>1. Residents 54 and 86 were already returned to the facility.</li> <li>2. All residents with facility initiated transfers have the potential to be affected.</li> <li>3. All residents who have a facility</li> </ol>		

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F 623	<p>Continued From page 3</p> <p>The findings included:</p> <p>1. Resident #54 was admitted to the facility on 5/17/19 and had a diagnosis of cerebrovascular accident (stroke), hypertension, chronic obstructive pulmonary disease (COPD), small bowel obstruction and anemia.</p> <p>The nurse's notes revealed Resident #54 was discharged to the hospital on 1/10/20 and the responsible party was notified by phone. The medical record revealed the resident was re-admitted to the facility on 1/21/20 from the hospital.</p> <p>On 2/27/20 at 10:10 AM the Social Worker stated in an interview that once a month she sends the ombudsman a list of residents discharged or transferred to the hospital. The Social Worker stated she did not send a written notice to the resident or the responsible party (RP) of the reason the resident was transferred or discharged to the hospital.</p> <p>On 2/27/20 at 12:51 PM the Administrator stated in an interview that he did not understand that a written notice to the resident or the RP was required when a resident was transferred/discharged to the hospital.</p> <p>2. Resident #86 was admitted on 11/5/2019 and readmitted on 2/8/2020 with diagnoses that included congestive heart failure, chronic obstructive pulmonary disease, pulmonary edema.</p> <p>A nursing note dated 1/31/2020 indicated Resident #86 was transferred to the Emergency Department (ED). A transfer form dated</p>	F 623	<p>initiated transfer or discharge to the hospital will be reviewed in the morning meeting Monday through Friday. The transfer/discharge form will be completed by the DON or designee the morning after transfer/discharge and weekend transfers will be addressed on Monday. The completed form will be mailed by the receptionist.</p> <p>4. DON or designee will conduct weekly audits and report the results of the audits to the QA committee monthly for three months and longer if deemed necessary by the committee.</p>		

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F 623	Continued From page 4 1/31/2020 revealed the responsible party (RP) was verbally notified of the hospitalization.  The hospital record indicated Resident #86 had been admitted on 1/31/2020 and discharged on 2/8/2020.  Resident #86's nursing note revealed on 2/8/2020 he was readmitted to the facility.  An interview was conducted with the Business Office Manager (BOM) on 2/27/2020 at 10:55 AM. The BOM stated the Business office did not send out a letter to the family letting them know that the resident was transferred to the hospital. The BOM further stated that the only time she sends a written letter is when the resident is being discharged.  An interview was conducted with the Social Worker on 2/27/2020 at 1:44 PM. The social worker stated she did not send a written notification to the responsible party when a resident was transferred/discharged from the facility. The social worker stated she sent a list of all discharged residents to the Ombudsman monthly and where the resident went.  On 2/27/20 at 12:51 PM the Administrator stated in an interview he did not understand that a written notice to the resident or the RP was required when the resident was transferred/discharged to the hospital.	F 623			
F 625 SS=B	Notice of Bed Hold Policy Before/Upon Trnsfr CFR(s): 483.15(d)(1)(2)  §483.15(d) Notice of bed-hold policy and return-	F 625			3/13/20

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F 625	Continued From page 5  §483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies- (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any; (iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and (iv) The information specified in paragraph (e)(1) of this section.  §483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to provide a written bed hold policy for 2 of 3 residents (Resident #54, Resident #86) reviewed for hospitalization.  Findings included:  1. Resident #86 was admitted on 11/5/2019 and readmitted on 2/8/2020 with diagnoses that included congestive heart failure, chronic	F 625	F 625  1. Residents 54 and 86 had already returned to the facility. 2. All residents who are transferred to the hospital have the potential to be affected. 3. Beginning on 2/26 all residents transferred to the hospital will have a bed hold policy sent with their transfer. On 2/26 education for nursing staff began		

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F 625	<p>Continued From page 6</p> <p>obstructive pulmonary disease, pulmonary edema.</p> <p>The nursing note dated 1/31/2020 indicated Resident #86 was transferred to the Emergency Department (ED).</p> <p>The hospital record indicated Resident #86 had been admitted on 1/31/2020 and discharged on 2/8/2020.</p> <p>Resident #86's nursing note revealed on 2/8/2020 he was readmitted to the facility.</p> <p>An interview with Nurse #3 was conducted on 2/26/2020 at 11:45 AM. The nurse stated MD orders, face sheet and Do Not Resuscitate (DNR) are sent out with the resident. The nurse stated that the business office was responsible for sending the bed hold policy for the resident.</p> <p>An interview was conducted with the Director of Nursing (DON) on 2/26/2020 at 11:55 AM. The DON stated a telephone call was made to the resident representative the next day to discuss whether the party wanted the resident's bed held while out of the facility. The DON stated she was not aware of the written bed hold policy being sent to the family.</p> <p>On 2/26/20 at 4:44 PM Nurse #1 stated in an interview that in an emergency they do not send a bed hold policy to the hospital with the resident. The Nurse pulled out an envelope used to put the paperwork for a resident when sent to the hospital and the envelope was empty and did not contain a bed hold policy.</p> <p>An interview with Nurse #4 was conducted on</p>	F 625	<p>for staff to include the bed hold policy with the information packets sent with the residents upon transfer. Education was completed on 2/27. Information was added to the new employee orientation process effective 2/27</p> <p>4. DON or designee will conduct weekly audits and report the results of the audits to the QA committee monthly for three months and longer if deemed necessary by the committee.</p>		

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F 625	<p>Continued From page 7</p> <p>2/27/2020 at 9:31 AM. The nurse stated that a packet was sent with the resident when transferred to the hospital. The nurse stated that the packet included a copy of the Medication Administration Record (MAR), transfer form, face sheet and she thought a bed hold policy was included in the packet.</p> <p>An interview was conducted with the Business Office Manager (BOM) on 2/27/2020 at 10:55 AM. The BOM stated that the bed hold policy is in the admission contract. The BOM further stated that the business office did not send out a bed hold policy when residents are transferred out of the facility.</p> <p>On 2/27/20 at 12:51 PM the Administrator stated in an interview the business office called the resident's Responsible Party about the bed hold policy when a resident was sent out to the hospital to see if they wanted to hold the bed but did not send a copy of the bed hold policy to the hospital or to the family and did not realize this needed to be done.</p> <p>2. Resident #54 was admitted to the facility on 5/17/19 and had a diagnosis of cerebrovascular accident (stroke), hypertension, chronic obstructive pulmonary disease (COPD), small bowel obstruction and anemia.</p> <p>Review of the medical record revealed Resident #54 was discharged to the hospital on 1/10/20 and re-admitted to the facility on 1/21/20 from the hospital.</p> <p>On 2/26/20 at 9:55 AM Nurse #3 stated in an interview she did not know anything about a bed hold policy and that someone else took care of that when a resident was sent to the hospital.</p>	F 625			



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F 625	Continued From page 8  On 2/26/20 at 10:10 AM an interview was conducted with Nurse #1 who stated she had worked in the facility for about one year. Nurse #1 stated she did not know anything about a bed hold policy and someone up front took care of that when a resident was sent to the hospital.  On 2/26/20 at 12:04 PM an interview was conducted with Unit Manager #1 who stated she had envelopes in the chart room that were used for the resident ' s paperwork that was sent to the hospital with the resident and she tried to keep a bed hold policy in the envelopes.  On 2/26/20 at 4:38 PM the Director of Nursing (DON) stated in an interview that Unit Manager #1 put a bed hold policy in the envelope/packet that goes to the hospital with the resident but does not know if the nurses had been educated to send the bed hold policy with the resident to the hospital.  On 2/26/20 at 4:44 PM Nurse #1 stated in an interview that in an emergency they do not send a bed hold policy to the hospital with the resident. The Nurse pulled out an envelope used to put the paperwork for a resident when sent to the hospital and the envelope was empty and did not contain a bed hold policy.  On 2/26/20 at 4:46 PM an interview was conducted with the Business Office Manager (BOM). The BOM stated when a resident went out to the hospital, the next morning she called the family and explained the bed hold policy to the responsible party (RP) and asked if they wanted to hold the bed. The BOM stated they did not send a copy of the bed hold policy to the RP.	F 625			

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F 625	Continued From page 9  On 2/27/20 at 8:53 AM the DON stated the nurses had been educated to send a copy of the bed hold policy with the resident to the hospital.  On 2/27/20 at 10:10 AM an interview was conducted with the Social Worker who stated she did not send a bed hold policy to the family when a resident went out to the hospital.  On 2/27/20 at 12:51 PM the Administrator stated in an interview the business office called the RP about the bed hold policy when a resident was sent out to the hospital to see if they wanted to hold the bed but did not send a copy of the bed hold policy to the hospital or to the family and did not realize this needed to be done.	F 625			