

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

PRINTED: 02/09/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345070	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/09/2023
NAME OF PROVIDER OR SUPPLIER DURHAM NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 411 S LASALLE STREET DURHAM, NC 27705		
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F 000	INITIAL COMMENTS A complaint investigation survey was conducted on 01/09/2023. Event ID# 2RB311 The following intake was investigated NC00196545. One complaint allegation was substantiated resulting in a deficiency. The statement of deficiency was posted late because the provider was not signed up with the electronic plan of correction.	F 000			
F 626 SS=D	Permitting Residents to Return to Facility CFR(s): 483.15(e)(1)(2) §483.15(e)(1) Permitting residents to return to facility. A facility must establish and follow a written policy on permitting residents to return to the facility after they are hospitalized or placed on therapeutic leave. The policy must provide for the following. (i) A resident, whose hospitalization or therapeutic leave exceeds the bed-hold period under the State plan, returns to the facility to their previous room if available or immediately upon the first availability of a bed in a semi-private room if the resident- (A) Requires the services provided by the facility; and (B) Is eligible for Medicare skilled nursing facility services or Medicaid nursing facility services. (ii) If the facility that determines that a resident who was transferred with an expectation of returning to the facility, cannot return to the facility, the facility must comply with the requirements of paragraph (c) as they apply to discharges.	F 626		2/2/23	

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

TITLE

(X6) DATE

Electronically Signed

01/27/2023

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 626	<p>Continued From page 1</p> <p>§483.15(e)(2) Readmission to a composite distinct part. When the facility to which a resident returns is a composite distinct part (as defined in § 483.5), the resident must be permitted to return to an available bed in the particular location of the composite distinct part in which he or she resided previously. If a bed is not available in that location at the time of return, the resident must be given the option to return to that location upon the first availability of a bed there.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, facility staff and hospital staff interviews, the facility failed to permit one of one sampled resident (Resident #1) to return to the facility after she was hospitalized. The resident still resided at the hospital.</p> <p>The findings included:</p> <p>An interview with the Admissions Director on 1/9/2023 at 4:34 pm revealed that the facility did not have a policy for readmission on file.</p> <p>Resident #1 was admitted to the facility on 12/01/2021 with diagnoses of cognitive communication deficit.</p> <p>Resident #1's Minimum Data Set (MDS) Assessment of 10/22/2022 coded the resident as having an intact cognition. No behaviors nor delusions were noted on the MDS.</p> <p>Nursing notes in the month of December 2022 indicated that Resident #1 refused medications and care on multiple days. Nursing notes stated that they encouraged resident to take her medications and allowed staff to assist with</p>	F 626	<p>F-626</p> <p>This plan of correction constitutes a written allegation of compliance. Preparation and submission of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts or alleged, or the correctness of the conclusion set forth on the statement of deficiencies. This plan of correction is prepared and submitted solely because of the requirement under state and federal law and to demonstrate the good faith attempts by the provider to improve the quality of life of each resident.</p> <p>For affected resident(s):</p> <p>Resident #1 was noted to be affected by this alleged non-compliance. Although allowing Resident #1 to return to the facility is against the advice of the facility Medical Director (given the recommendations of the hospital), the facility has notified the hospital that we will take the resident back as long as her</p>		

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F 626	<p>Continued From page 2 personal care.</p> <p>A nursing note of 12/16/2022 at 2:41 pm stated: Resident continues to refuse all medication and care. Resident was seen by Psychiatric Nurse Practitioner and received a recommendation to be seen by Emergency Room - Medical Director and resident family made aware.</p> <p>Record review showed the resident was transferred to the hospital for evaluation on 12/16/2022 at 3:15 pm. A Social Services note of 12/20/2022 at 7:17 am indicated the resident was discharged to hospital on 12/16/2022, and the social worker would follow up with son on this date.</p> <p>An interview with the Nurse Practitioner who wrote the order to have the resident sent to the hospital for evaluation on 12/16/2022 was conducted on 1/10/2023 at 12:23 pm. She stated that the nurses informed her that the resident refused all medications for the last 7 days. She therefore sent the resident out for evaluation to make sure nothing else was going on with her medically. She stated that she had only been to this facility twice and did not have access to the facility's electronic medical records, so she obtained her information verbally from the staff at the facility. She revealed that the reason for asking for the evaluation was due to the resident's refusal to take medications.</p> <p>Review of hospital records revealed that a psychiatry consultation was conducted on 12/19/2022 for Resident #1 for dementia with delusions. She was presented to the hospital because she stopped eating and taking her medications for one week at the skilled nursing</p>	F 626	<p>condition does not change to such that the facility cannot meet her needs.</p> <p>For other residents with potential to be affected: All residents have the potential to be affected by this alleged non-compliance and as a result, the systemic changes stated below have been put into place to prevent any risk of affecting additional residents.</p> <p>Facility plan to prevent re-occurrence: On 1/12/23, the Administrator, Director of Nursing and the Nurse Educator initiated re-education to all staff regarding the resident re-admission policy, which states that we accept all of our residents back to the facility.</p> <p>Facility plan to monitor its performance to make sure that solutions are sustained: All re-admissions will be discussed between the Administrator, Director of Nursing and Director of Admission to ensure that the company re-admission policy is being followed. Facility alleges compliance on 2/2/23</p>		

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F 626	<p>Continued From page 3</p> <p>facility. She was found to be alert and oriented, but delusional. Recommendations were written for behavioral approaches that would limit the resident's paranoia and gain cooperation in her care to then return to appropriate community care.</p> <p>Record review revealed the hospital psychiatry recommendations included: 1) reducing pill burden by removing Allopurinol, Pepcid, Ferrous Sulfate, Imdur, Magnesium, Pravastatin, and transitioning Pepcid to as needed. 2) Continue with Insulin, Synthroid, Metoprolol, Lasix, and baby aspirin, and see if facility could provide brand name medications on these. 3) Provide consistent caregivers to build rapport and trust with healthcare team. 4) Offer prepacked items if patient refuses to eat.</p> <p>The medications recommended to be removed were given for the following diagnoses: Allopurinol - increased uric acid, Pepcid -heartburn, Ferrous Sulfate - anemia, Imdur - coronary heart disease, Magnesium - mineral replacement, Pravastatin - hyperlipidemia. The medications recommended to continue were given for the following diagnoses: Insulin -diabetes, Synthroid - hypothyroidism, Metoprolol -angina (chest pain), Lasix - coronary artery disease, baby aspirin - prevention of adverse cardiovascular events.</p> <p>Record review of hospital notes indicated that the Care Manager at the hospital received a call on 12/22/2022 from the Director of Nursing (DON) stating that Resident #1 was declined from returning to the facility due to transitioning to</p>	F 626			

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F 626	<p>Continued From page 4</p> <p>hospice services. The Case Manager informed the DON that Resident #1 had not been deemed appropriate for hospice at this time. The DON stated that he would look into Resident #1's case further and follow up with the Care Manager with determination if the facility will accept the resident for readmission. At 11:00 am on 12/22/2022 the Care Manager received a call from the facility Administrator. He stated that the resident's readmission denial was due to the resident having an outstanding balance at the facility. The Administrator stated that the resident/family have refused to pay off the balance for a while. The Care Manager informed hospital leadership of this, and leadership suggested that the Care Manager request a 30-day letter from the DON and/or Administrator stating why Resident #1 was being denied re-admission. At 2:45 pm the Administrator responded to Care Manager request of 30-day discharge letter stating that he could not provide letter to Care Manager even if he had it. Care Manager made hospital leadership aware of Administrator's response.</p> <p>An interview with the Assistant Director of Care Management at the hospital on 1/9/2023 at 1:36 pm revealed that the resident still had delusions but has been eating the whole stay at the hospital. She stated that the resident gets food on a tray. She also stated that the hospital is not doing any of the recommendations that the psychiatric department listed. She stated that they were recommendations and not orders. The resident does not have a sitter and is showing no behaviors, not hitting anyone, and is just sitting in her room. The one thing that was problematic was the resident calling the police on her cell phone.</p>	F 626			

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F 626	<p>Continued From page 5</p> <p>An interview was conducted on 1/9/2023 at 3:35 pm with one of the attending physicians at the hospital who evaluated the resident. She stated that the resident was not refusing to eat in the hospital but did refuse medications. She discussed her call with the facility's medical director, stating that the medical director did not personally express concerns of taking her back, but that the facility nursing staff did. She had ordered a psychiatric evaluation which she received. She noted that nothing in the lab results she ordered indicated that she was not eating. She believed that refusing to take most of the medications prescribed to the resident did not contribute to health problems, and that sedating her to give the medications would provide no benefit. She stated that the resident got frustrated, but there were no signs of agitation with the staff. The resident did not have any complex nursing issues which would preclude her from being discharged out of hospital.</p> <p>The regional nurse was interviewed on 1/9/2023 at 11:00 am. The regional nurse explained that the psychiatric nurse practitioner is the one who sent the resident out on 12/16/2022. After evaluation at the hospital, the facility, and the medical director believed that they could not take care of this resident further. The regional nurse stated that the facility could not meet the recommendations given by the psychiatric department and attending physician at the hospital. She also feared that the facility could possibly open themselves up for a legal challenge if the recommendations were not followed.</p> <p>An interview with medical director at the facility was conducted by telephone on 1/9/2023 at 11:41 am. The medical director stated that he did not</p>	F 626			

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F 626	<p>Continued From page 6</p> <p>think the resident was delusional all the time and knew what to say to manipulate others. He did not feel capable of taking care of her and was concerned that she could accuse him of anything. He stated that the resident was verbally aggressive and could hurt staff's feelings. He further stated that the resident needed psychiatric care and he could not provide medically for her. He also spoke with the hospitalist who cared for the resident and expressed his concerns to her.</p> <p>An interview was conducted with the social worker at the facility on 1/9/2023 at 2:43 pm. She gave information that the court system declared the resident incompetent on 6/23/2022, putting her son as court appointed guardian. The resident still called the social worker approximately 15 times a day while at the hospital. She stated that she has known the resident since admission, and that they were very close. She is the one who took the resident to court for the incompetency hearing. She stated that she never saw the resident physically nor mentally abusive.</p>	F 626			