JENTERS F	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			A. BUILDING:	COMPLETE:		
FOR SNFs AND) NFs	345175	B. WING	9/28/2023		
NAME OF PRO	OVIDER OR SUPPLIER	902 BERKSHIRI	CITY, STATE, ZIP CODE F ROAD			
SMITHFIELD MANOR NURSING AND REHAB			SMITHFIELD, NC			
ID		<u> </u>				
PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES					
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.					
	include the following: (i) The reason for transfer or discharge; (ii) The effective date of transfer or disch (iii) The location to which the resident is (iv) A statement of the resident's appeal r telephone number of the entity which rec- form and assistance in completing the for (v) The name, address (mailing and email Ombudsman; (vi) For nursing facility residents with int mailing and email address and telephone of individuals with developmental disabil Assistance and Bill of Rights Act of 2000 (vii) For nursing facility residents with a	transferred or discharge; transferred or discharge; lights, including the naterives such requests; arm and submitting the all) and telephone number tellectual and development of the agency lities established under 0 (Pub. L. 106-402, commental disorder or relations and submittellectual and development of the agency lities established under the comment of the agency of the agency lities established under the comment of the agency of	me, address (mailing and email), and and information on how to obtain an appeal appeal hearing request; ser of the Office of the State Long-Term Camental disabilities or related disabilities, the responsible for the protection and advocace Part C of the Developmental Disabilities	are e ey ress		

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

CENTERS FU	OR MEDICARE & MEDICAID SERVICES			"A" FURM		
STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE		PROVIDER #	MULTIPLE CONSTRUCTION	DATE SURVEY		
NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs NAME OF PROVIDER OR SUPPLIER SMITHFIELD MANOR NURSING AND REHAB			A. BUILDING:	_ COMPLETE:		
		345175	B. WING	9/28/2023		
		STREET ADDRESS, CITY, STATE, ZIP CODE 902 BERKSHIRE ROAD SMITHFIELD, NC				
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCE	IES				
F 623	Continued From Page 1					
	disorder established under the Protection and Advocacy for Mentally Ill 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 review and staff interviews the facility failed to notify the Ombudsman in writing of the discharge of 1 of 1 resident reviewed for hospitalizations (Resident #46).					
	Findings include:					
	Resident #46 was admitted into the facility on 4/8/2021 with a readmission on 8/21/2023.					
	A review of Resident #46's medical record revealed that Resident #46 was discharged from the nursing facility to UNC Health Johnston Emergency Department on 8/19/2023.					
	A review of Resident # 46's Minimum Data Sets included a discharge dated 8/19/2023.					
	An interview was conducted with the facility Social Worker on 9/27/2023 at 2:30 PM revealed notified the Ombudsman the first of every month of any discharges for the prior month by email. When she provided the copy of August discharges that had been emailed to the Ombudsman Resident #46 was not on the list. The Social Worker ran another copy and again Resident #46 was not on the list. The Social Worker was unable to explain why Resident #46 was not on the list of August discharges sent to the Ombudsman.					
	The interview with the Director of Nursing on 9/27/2023 at 2:50 PM revealed that the Social Worker was the only one who contacts the Ombudsman regarding discharges which she does at the beginning of every month for the prior month. He further revealed that this list should include both hospital discharges and discharges to home or another facility. He stated that he did not know how Resident #46 was not on the list.					
	An interview with the Administrator on 9/27/2023 at 3:15 PM indicated that she expected that the discharges sent to the Ombudsman would be complete and accurate.					