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			A. BUILDING:	COMPLETE:				
FOR SNFs AND	) NFs	345197	B. WING	11/3/2023				
		CTREET ADDRESS		_				
NAME OF PRO	OVIDER OR SUPPLIER	237 TRYON ROA	CITY, STATE, ZIP CODE					
WILLOW RIDGE OF NC			RUTHERFORDTON, NC					
ID								
PREFIX TAG	SUMMARY STATEMENT OF DEFICIENC	CIES						
F 623	Notice Beautinements Defens Transfer/Di							
F 023	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:							
	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;							
	1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(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	(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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FOR SNFs AND	J NFS	345197	B. WING	11/3/2023			
NAME OF PRO	OVIDER OR SUPPLIER	STREET ADDRESS, O	CITY, STATE, ZIP CODE	<b>'</b>			
WILLOW RIDGE OF NC			237 TRYON ROAD RUTHERFORDTON, NC				
1		RUTHERFORD TON, NC					
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIEN	NCIES					
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(l). This REQUIREMENT is not met as evidenced by: Based on record review, and staff interviews, the facility failed to notify the Responsible Party (RP) and the Ombudsman in writing of the reason for the discharge to the hospital for 1 of 1 sampled resident (Resident #124) reviewed for hospitalization.						
	Findings included:						
	Resident #124 was admitted to the facility on 7/20/23.						
	Record review of the Minimum Data Set (MDS) dated 7/28/23 revealed the resident was cognitively intact.						
	Review of the nurses' notes on 8/4/23 at 3:23 PM indicated that Resident #124 was sent to the hospital for severe pain, Deep Vein Thrombosis (DVT, a medical condition that occurs when a blood clot forms in a deep vein) and Left Lower Extremity swelling.						
	Review of the resident's electronic records in the facility on 11/3/23 showed no evidence that written notification was provided to the RP / Ombudsman for the transfer.						
	Interview with the Social Service Director (SSD) was conducted on 11/3/23 at 10:19 AM. She stated that she was not aware of sending Transfer/Discharge information in writing to the Ombudsman and RP. She stated that an Emergency Discharge Form should have been sent out to the Ombudsman but at that time she did not know.						
	Interview with the Social Service Assistant Director (SSAD) was conducted on 11/3/23 at 10:52 AM, stated she was never told to send information of discharges in writing to the Ombudsman and RP and she never sent any form of discharge information for Resident #124.						
	Interview with the Director of Nursing (DON) was conducted on 11/3/23 at 11:54 AM. She stated the Nursing Home Transfer/Discharge Notice Form should have been sent to the Ombudsman and RP by the facility.						

Interview with the Administrator was conducted on 11/3/23 at 12:19 PM. She stated that the notification in

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FOR SNFs AND NFs		345197		11/3/2023			
			B. WING	11/5/2025			
NAME OF PROVID	ER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE					
WILLOW RIDGE OF NC		237 TRYON ROAD RUTHERFORDTON, NC					
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ID PREFIX							
TAG	SUMMARY STATEMENT OF DEFICIENCIES						
F 623	Continued From Page 2						
025	writing should have been sent to the Ombudsman and a copy should be kept by the Social Service Assistant						
	Director.						