

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

PRINTED: 03/20/2025  
FORM APPROVED  
OMB NO. 0938-0391

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>02/20/2025</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  The survey team entered the facility 02/17/2025 to conduct a recertification and complaint investigation survey. The survey team was onsite 02/17/2025 through 02/18/2025 and were unable to return to the facility on 02/19/2025 and 02/20/2025 due to adverse weather conditions of snow and unsafe travel conditions. Therefore, the survey was completed remotely on 02/19/2025 and 02/20/2025. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #4UXD11.	E 000			
F 000	INITIAL COMMENTS  The survey team entered the facility 02/17/2025 to conduct a recertification and complaint investigation survey. The survey team was onsite 02/17/2025 through 02/18/2025 and were unable to return to the facility on 02/19/2025 and 02/20/2025 due to adverse weather conditions of snow and unsafe travel conditions. The survey was completed remotely on 02/19/2025 and 02/20/2025. Therefore, the exit date was 2/20/25. Event ID# 4UXD11. The following intakes were investigated: NC00227181, NC00227184, NC00224369, NC00227459, and NC00227481.	F 000			
F 623 SS=B	9 of the 9 complaint allegations did not result in a deficiency. 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	F 623		3/5/25	

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

TITLE

(X6) DATE

Electronically Signed

03/03/2025

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>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 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</p>	F 623			

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F 623	<p>Continued From page 2</p> <p>must include the following:</p> <ul style="list-style-type: none"> <li>(i) The reason for transfer or discharge;</li> <li>(ii) The effective date of transfer or discharge;</li> <li>(iii) The location to which the resident is transferred or discharged;</li> <li>(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;</li> <li>(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;</li> <li>(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</li> <li>(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.</li> </ul> <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>	F 623			

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F 623	Continued From page 3  §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(k). This REQUIREMENT is not met as evidenced by: Based on record review, and staff and Ombudsman interviews, the facility failed to notify the Ombudsman in writing of a resident transfer for 2 of 3 residents reviewed for hospitalization (Resident #1 and Resident #18). The findings included:  1. Resident #1 was admitted to the facility on 5/27/22.  The nursing progress note dated 1/20/2025 at 7:17 AM revealed Resident #1 was transferred to the hospital for evaluation after a fall.  Resident #1 was discharged from the facility on 1/20/25 and returned to the facility on 1/22/25.  Record review of the Ombudsman Discharge and Transfer report for January 2025 did not reveal documentation the Ombudsman was notified when Resident #1's was transferred to the hospital on 1/20/25.  In an interview on 2/18/25 at 12:55 PM the Social Worker revealed he started working at the facility in October 2024. He reported he did not notify	F 623	Sunnybrook Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and purpose of this Plan of Correction to the extent the summary of findings is factually correct in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as written allegation of compliance.  Preparation and submission of this Plan of Correction is in response to the CMS 2567 from the survey conducted on February 17, 2025 to February 20, 2025. Sunnybrook Rehabilitation Center response to the Statement of Deficiencies and Plan of Correction does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Furthermore, Sunnybrook Rehabilitation Center reserves the right to refute any deficiency on the Statement of Deficiencies through Informal Dispute Resolution, formal appeal and/or other		

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F 623	<p>Continued From page 4</p> <p>the Ombudsman of residents discharged to the hospital but did not notify when residents were discharged home.</p> <p>A telephone interview was conducted on 2/19/25 at 3:29 PM with the Ombudsman who revealed she had not received written notification of hospitalization discharges for the last 2 months.</p> <p>In an interview on 2/18/25 at 1:15 PM the Administrator stated the Social Worker should send a monthly notice to the Ombudsman of all residents sent out.</p> <p>2. Resident #18 was admitted to the facility on 6/02/22.</p> <p>The nursing progress note dated 11/15/24 at 9:55 PM revealed Resident #18 was transferred to the hospital for evaluation of chest pain and cough.</p> <p>Resident #18 was discharged from the facility on 11/15/24 and returned to the facility on 11/17/24.</p> <p>Record review of the Ombudsman Discharge and Transfer report for November and December 2024 provided by the facility did not reveal documentation the Ombudsman was notified when Resident #18's was transferred to the hospital on 11/15/24.</p> <p>In an interview on 2/18/25 at 12:55 PM the Social Worker revealed he started working at the facility in October 2024. He reported he did not notify the Ombudsman of residents discharged to the hospital but did notify when residents were discharged home.</p> <p>A telephone interview was conducted on 2/19/25</p>	F 623	<p>administrative or legal procedures.</p> <p>F623 Notice Requirements Before Transfer/Discharge</p> <p>1. Facility failed to notify the Ombudsman in writing and with Notice of transfer of the residents transfer to the hospital for Resident # 1 on 1/20/2025 and residents transfer to the hospital for Resident# 18 on 11/15/2024. Ombudsman stated on 2/19/25 they had not received written notification of hospitalization discharges for the last 2 months.</p> <p>Ombudsman was notified on 2/28/2025 of all facility discharges/transfers for the month of February by the Social Services Director.</p> <p>2. All discharged/transfer residents have the potential to be affected.</p> <p>3. The facility Social Services Director was educated on the discharge reporting requirements, which include notification of facility discharges/transfers to the regional Ombudsman. Education was completed by Administrator on 2/27/2025.</p> <p>New hires to the Social Services department will be educated during department orientation by the Administrator/designee.</p> <p>Audits will be conducted by the Administrator/Designee weekly times 12 weeks to assure compliance with notification of all transfers/discharges to</p>		

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F 623	Continued From page 5 at 3:29 PM with the Ombudsman who revealed she had not received written notification of hospitalization discharges for the last 2 months.  In an interview on 2/18/25 at 1:15 PM the Administrator stated the Social Worker should send a monthly notice to the Ombudsman of all residents sent out.	F 623	the hospital and home to the Ombudsman.  4. Data obtained during the audit process will be analyzed for patterns and trends and reported to The Quality Assessment and Assurance (QA & A) Committee by the Administrator monthly x 3 months. At that time, the QA & A committee will evaluate the effectiveness of the interventions to determine if continued auditing is necessary to maintain compliance.  Date of Compliance: 3/5/2025		
F 757 SS=D	Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6)  §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used-  §483.45(d)(1) In excessive dose (including duplicate drug therapy); or  §483.45(d)(2) For excessive duration; or  §483.45(d)(3) Without adequate monitoring; or  §483.45(d)(4) Without adequate indications for its use; or  §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or  §483.45(d)(6) Any combinations of the reasons	F 757		3/5/25	

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F 757	<p>Continued From page 6 stated in paragraphs (d)(1) through (5) of this section.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff and Pharmacy Consultant interviews, the facility failed to complete an AIMS (Abnormal Involuntary Movement Scale) assessment for 1 of 5 residents (Resident #28) reviewed for unnecessary medications who received psychotropic medications.</p> <p>The findings included:</p> <p>Resident #28 was admitted to the facility on 10/17/19 with diagnoses that included manic depression (bipolar disorder) and depression.</p> <p>A review of Resident #28's electronic medical record revealed an AIMS was completed on 5/17/24.</p> <p>A review of Resident #28's Physician's orders revealed an order dated 10/18/24 for Geodon (antipsychotic medication) oral capsule 40 milligrams 1 capsule by mouth daily each morning for bipolar disorder.</p> <p>A quarterly Minimum Data Set (MDS) assessment dated 11/1/24 revealed Resident #28 was cognitively intact and was coded as receiving an antipsychotic during the lookback period.</p> <p>A review of the Pharmacist Consultation Report dated 12/6/24 revealed an AIMS assessment had not been completed in the previous 6 months and the completion of one was recommended due to Resident #28 receiving an antipsychotic medication. The AIMS assessment was utilized to</p>	F 757	<p>F757 Drug Regimen is Free from Unnecessary Drugs</p> <ol style="list-style-type: none"> <li>The facility failed to complete an Abnormal Involuntary Movement Scale (AIMS) assessment for a resident receiving an antipsychotic medication for Resident # 28. Resident # 28 AIMS was completed on 1/20/2025.</li> <li>An audit was conducted by the Regional Clinical Director on 2/28/2025 of all current residents on antipsychotic medications for completion of AIMS, with no discrepancies noted and all residents up to date with most recent AIMS.</li> <li>All licensed staff were provided education by the Director of Nursing/designee regarding residents who receive antipsychotic medications are required to have AIMS assessment. Education completed on 3/3/2025.</li> </ol> <p>New licensed nurse hires will be educated during Department Orientation by the Director of Nursing/designee.</p> <p>Residents on antipsychotic medications will be audited weekly x 12 weeks by the Director of Nursing/designee for completion of AIMS.</p> <ol style="list-style-type: none"> <li>Data obtained during the audit process will be analyzed for patterns and trends</li> </ol>		

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F 757	<p>Continued From page 7</p> <p>detect Tardive Dyskinesia (involuntary repetitive movements which occur following treatment with medication) in residents prescribed antipsychotic medications. The Consultation Report stated this antipsychotic medication had the potential to cause involuntary movements, including Tardive Dyskinesia.</p> <p>A review of Resident #28's electronic medical record revealed an AIMS was completed on 1/20/25.</p> <p>A review of Resident #28's electronic medical record revealed no psychotropic medication side effect monitoring tool in the medication administration report (MAR).</p> <p>A telephone interview was completed on 2/18/25 at 3:33 pm with the Pharmacy Consultant. The Pharmacy Consultant stated an AIMS or other involuntary movement monitoring tool should have been completed on Resident #28 every 6 months to monitor Resident #28 for any involuntary repetitive movements or side effects related to the prescribed antipsychotic medication.</p> <p>A telephone interview was completed on 2/20/25 at 11:34 am with the Director of Nursing (DON). The DON stated an AIMS should have been completed on Resident #28 every 6 months to monitor for any involuntary repetitive movements. The DON stated the assessment triggered in a resident's electronic record when it was due, prompting nursing staff to complete it. The DON was unsure why it was not completed.</p> <p>A telephone interview was completed on 2/20/25 at 12:09 pm with the Administrator. The</p>	F 757	<p>and reported to The Quality Assessment and Assurance (QA &amp; A) Committee by the Director of Nursing monthly x 3 months. At that time, the QA &amp; A committee will evaluate the effectiveness of the interventions to determine if continued auditing is necessary to maintain compliance.</p> <p>Date of Compliance: 3/5/2025</p>		

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F 757	Continued From page 8 Administrator stated it was her expectation the AIMS assessment was completed per the facility's protocol and as the Pharmacy Consultant recommended them.	F 757			