

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

PRINTED: 07/03/2025
FORM APPROVED
OMB NO. 0938-0391

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|---|--|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345457 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 06/24/2025 |
| NAME OF PROVIDER OR SUPPLIER BELAIRE HEALTH CARE CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2065 LYON STREET GASTONIA, NC 28052 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE |
| F 000 | INITIAL COMMENTS A complaint investigation survey was conducted on 6/24/25. Event ID# ILIP11. The following intakes was investigated NC00231220. 1 of the 1 complaint allegations resulted in deficiency. | F 000 | | | |
| F 628 SS=D | Discharge Process CFR(s): 483.15(c)(2)(iii)(3)-(6)(8)(d)(1)(2); 483.21(c)(2)(i)-(iii) §483.15(c)(2) Documentation. When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider. (iii) Information provided to the receiving provider must include a minimum of the following: (A) Contact information of the practitioner responsible for the care of the resident. (B) Resident representative information including contact information (C) Advance Directive information (D) All special instructions or precautions for ongoing care, as appropriate. (E) Comprehensive care plan goals; (F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care. | F 628 | | | 7/7/25 |

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

TITLE

(X6) DATE

Electronically Signed

07/01/2025

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 628 | <p>Continued From page 1</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 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</p> | F 628 | | | |

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| F 628 | <p>Continued From page 2 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> <ul style="list-style-type: none"> (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (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 disorder established under the Protection and Advocacy for Mentally Ill Individuals Act. <p>§483.15(c)(6) Changes to the notice.</p> | F 628 | | | |

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| F 628 | <p>Continued From page 3</p> <p>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>§483.15(d) Notice of bed-hold policy and return-</p> <p>§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-</p> <p>(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;</p> <p>(ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any;</p> <p>(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</p> <p>(iv) The information specified in paragraph (e)(1) of this section.</p> | F 628 | | | |

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| F 628 | <p>Continued From page 4</p> <p>§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.</p> <p>§483.21(c)(2) Discharge Summary When the facility anticipates discharge, a resident must have a discharge summary that includes, but is not limited to, the following:</p> <p>(i) A recapitulation of the resident's stay that includes, but is not limited to, diagnoses, course of illness/treatment or therapy, and pertinent lab, radiology, and consultation results.</p> <p>(ii) A final summary of the resident's status to include items in paragraph (b)(1) of §483.20, at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or resident's representative.</p> <p>(iii) Reconciliation of all pre-discharge medications with the resident's post-discharge medications (both prescribed and over-the-counter).</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, and staff, Resident Representative, and Home Health Nurse interviews, the facility failed to include discharge instructions for a daily surgical wound dressing change for 1 of 3 sampled residents with wound care (Resident #1).</p> <p>Findings included:</p> <p>Resident #1 was admitted to the facility on 5/02/25 and was discharged home on 5/18/25.</p> | F 628 | <p>The facility sets forth the following plan of correction to remain in compliance with all federal and state regulations. The facility has taken or will take the actions set forth in the plan of correction. The following plan of correction constitutes the facility's allegation of compliance. All deficiencies cited have been or will be corrected by the date or dates indicated.</p> | | |

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| F 628 | <p>Continued From page 5</p> <p>Review of Resident #1's consultation records revealed an orthopedic consultation dated 5/16/25 with an order for daily dry dressing change to right hip.</p> <p>Resident #1's discharge Minimum Data Set assessment dated 5/18/25 revealed she was independent for decision making.</p> <p>Review of Resident #1's facility discharge instructions dated 5/18/25 for home care revealed no daily surgical wound dressing instructions.</p> <p>An interview on 6/24/25 at 9:56 AM with Resident #1's Representative revealed Resident #1 did not receive surgical wound care instructions when the resident was discharged from the facility on 05/18/25 until seen by Home Health on 05/21/25.</p> <p>An interview on 6/24/25 at 11:01 AM with the Director of Nursing (DON) revealed that Resident #1 had been transported to an outside orthopedic follow-up appointment on 5/15/25. The DON stated it was an oversight, and she had not entered the order for the resident to have daily dry dressing change to her right hip.</p> <p>An interview on 6/24/25 at 1:11 PM with Nurse #2 revealed she had discharged Resident #1 on 5/18/25. She stated she was not aware of the order for daily dressing change to right hip and had not told the resident or resident representative about the surgical dressing changes.</p> <p>An interview on 6/24/25 at 1:30 PM with the Home Health Nurse revealed she had seen and assessed Resident #1 on 5/21/25 in her home.</p> | F 628 | <p>F628</p> <ol style="list-style-type: none"> 1. Resident # 1 was discharged home without instructions for daily surgical wound care 2. Current Residents with surgical wounds are at risk. The Director of Nursing audited the last 30 days of discharges to ensure that surgical wound instructions were included in the discharge instructions upon discharge. This will be completed by 7/07/2025. 3. The staff development coordinator or designee will educate current licensed nurses on how to complete discharge instructions to include surgical wound care that may be ordered. This education will be completed by 7/7/2025. Any licensed nurse not receiving this education prior to 7/7/2025 will receive the education prior to the start of their shift by the Director of Nursing or designee. Any new licensed nurses will receive education during the orientation process. 4. The Director of Nursing or designee will audit all discharges for complete discharge instructions prior to the patient discharging from the facility. This will be done 5 x weekly x 4 weeks, then 3x weekly x 4 weeks, then weekly x 4 weeks. 5. Audit results will be reviewed during the QAPI meetings to assess compliance and determine if further action or resolution is necessary. 6. Date of Completion 07/07/2025 | | |

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FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: ILIP11 Facility ID: 922964 If continuation sheet Page 7 of 9

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| F 684 | <p>Continued From page 7</p> <p>instructions were noted on the hospital discharge summary.</p> <p>Review of facility orders revealed Resident #1 had a physician's order dated 5/08/25 to monitor the surgical dressing to right hip every shift and report any signs or symptoms of infection to physician every day and night shift for surgical wound care.</p> <p>Review of Resident #1's consultation records revealed an orthopedic consultation dated 5/16/25 with an order for daily dry dressing change to right hip.</p> <p>Review of facility orders revealed no order for daily dry dressing change to right hip.</p> <p>Review of the Treatment Administration Record (TAR) dated May 2025 revealed no record of a daily dry dressing for Resident #1.</p> <p>Resident #1's discharge Minimum Data Set assessment dated 5/18/25 revealed she was independent for decision making.</p> <p>An interview on 6/24/25 at 11:01 AM with the Director of Nursing (DON) revealed that Resident #1 had been transported to an outside orthopedic follow-up appointment on 5/15/25. She stated the consultation note was dated incorrectly and the resident had been seen on 5/15/25 instead of 5/16/25. She also stated she had been filling in as the unit manager on 5/15/25 and had been responsible for reviewing the orthopedic note and ensuring the orders were entered into the resident's electronic health record. The DON stated it was an oversight, and she had not entered the order for the resident to have daily</p> | F 684 | <p>completed by 07/07/2025. Any licensed nurse not receiving education prior to 7/7/25 will receive education prior to the start of their shift.</p> <p>New licensed nurses will receive education by the staff development coordinator or designee during the orientation process.</p> <p>4. The Director of Nursing or designee will audit all consultation reports. This will be completed 5x weekly x 4weeks, then 3x weekly x 4 weeks, then weekly x 4 weeks.</p> <p>5. Audit results will be reviewed during the QAPI meetings to assess compliance and determine if further action or resolution is necessary</p> <p>6. Date of completion on 07/07/2025</p> | | |

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| F 684 | <p>Continued From page 8</p> <p>dry dressing change to her right hip.</p> <p>An interview on 6/24/25 at 12:39 PM with Nurse #1 revealed she had been on duty and assigned to Resident #1 on 5/15/25 when she went for her orthopedic surgical follow up visit. She stated that she could not recall if she had received Resident #1's consultation paperwork when she returned to the facility. She stated she did not know why the surgical dressing change order was not entered in the resident's electronic health record.</p> <p>An interview on 6/24/25 at 1:11 PM with Nurse #2 revealed she had worked on 5/17/25 and been assigned to Resident #1. She was unaware of any orders for surgical wound dressing to be changed and had not changed the dressing. She also worked on 5/18/25 and had provided discharge instructions for Resident #1 on 5/18/25. She stated she was not aware of the order for daily dressing change to right hip and had not changed the dressing prior to discharge and had not told Resident #1 or Resident Representative about the daily dry dressing.</p> <p>An interview on 6/24/25 at 2:06 PM with the orthopedic office Practice Manager revealed it was normal practice for the surgical dressing to stay in place until the 1st post operative visit. He also stated that the surgeon noted no signs or symptoms of wound infection on her 5/15/25 visit.</p> <p>An interview on 6/24/25 at 2:21 PM with the Administrator revealed the facility staff should transcribe and follow physician's orders.</p> | F 684 | | | |