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

PRINTED: 06/13/2025 FORM APPROVED

ND PLAN O	NT OF DEFICIENCIES N OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DA	OMB NO. 0938-03 (X3) DATE SURVEY COMPLETED	
		34G137	B. WING			С	
NAME OF PROVIDER OR SUPPLIER SUMMERLYN		STREET ADDRESS, CITY, STATE, ZIP CODE 6113 BLUE LANTERN ROAD GIBSONVILLE, NC 27249			06/10/2025		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIES (PROSS-REFERENCE)) RE	(X5) COMPLETI DATE	
	A complaint investiga 6/10/25 for CINV Intal complaint was substated were cited. ADMISSIONS, TRANSIOFR(s): 483.440(b)(4) If a client is to be either the facility must have colient's record that the discharged for good carries STANDARD is not be about the facility of the discharged for good carries STANDARD is not be accomplainted to the facility prepared to disconse. The finding is: Review of records on 6 text messages between the facility prepared to disconse. The finding is: Review of records on 6 text messages between 41's guardian between 6/6/25, the President shave been trying to get it has not been. We are forward with client #1's effective this coming Starther review revealed indicated she could not Sunday, the President of dated 6/7/25 that, "The until Monday. He must be please confirm the time Monday. It will need to be review revealed an emerguesting a timeframe discharge from the group in the group of the province of the confirmance of the province of the confirmance of t	tion was completed on the No. NC00231298. The intiated and deficiencies SFERS, DISCHARGE (i) In transferred or discharged, documentation in the client was transferred or ause. In the transferred or discharged or ause. In the transferred or discharged or ause. In the transferred or discharged or ause. In the transferred or discharge of the there was client's record that the charge client #1 for good S/10/25 revealed a series of the President and client 6/6/25 and 6/9/25. On the transferred or ause. In the president and client for the president and client for the guardian, "I the situation resolved but the going to have to move discharge into your care for that when the guardian is pick the client up on the president and email for the proposed in an email for the proposed of the p	W 201		en the arty ion date s ngoing ges our st as er	08/09/202	

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

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: B28B11

Facility ID: 922670

If continuation sheet Page 1 of 4

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CONT. March Association		ON PROVIDENCES		OMB NO. 0938-0391			
AND DIAN OF CORDERANCE		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
		34G137	B. WING				
NAME OF PROVIDER OR SUPPLIER SUMMERLYN				STREET ADDRESS, CITY, STATE, ZIP CODE 6113 BLUE LANTERN ROAD GIBSONVILLE, NC 27249	06/10/2025		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	RE COMPLETION		
Interest of the client of the contained of the	vealed that she had by ider's office on or any were not receiving that 1 and that, if that situation that day, and #1. Further intervealed that she had be red to above and the facility to reme guardian also start for client #1 in he abled by a recent serview on 6/10/25 what the facility was attended to the facility was attended to the facility was attended to the facility which is outside a and that this is the charge client #1 and viously set, the Preng was denied, it be facility must provide a port the services new MISSIONS, TRANSR(s): 483.440(b)(4)(dent is to be either facility must provide a pare the client and leading the client a	I's legal guardian on 6/9/25 gotten a call from the around 6/4/25 indicating g Medicaid payments for le guardian did not remedy the facility would discharge view with the guardian received each of the emails that she was trying to work ledy the payment situation. Ited that she is unable to or home since she was troke. With the President revealed empting to resolve a concerning client #1. Itelated that the President lian is being uncooperative ent #1's Medicaid to a le of the MCO's catchment the cause of the denial. Itelation is decided to the sident replied, "When his lecame an issue of service with no revenue to leded." SFERS, DISCHARGE	W 202	See response on page 1	08/09/2025		

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STATEMEN	TOP DEFINITION	MEDICAID SERVICES				KM APPROVE	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DA	(X3) DATE SURVEY COMPLETED	
NAME OF PROMPER OF AVERAGE		34G137	B. WING			С	
NAME OF PROVIDER OR SUPPLIER SUMMERLYN			STREET ADDRESS, CITY, STATE, ZIP CODE 6113 BLUE LANTERN ROAD GIBSONVILLE, NC 27249			6/10/2025	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRICIENCY)) DE	COMPLETION DATE	
W 202	emergencies). This STANDARD is The facility failed to prepare client #1 and discharge on 6/8/25 finding is: Review of records or text messages betwee #1's guardian betwee 6/6/25, the President have been trying to g it has not been. We a forward with client #1 effective this coming Further review reveal indicated she could in Sunday, the President dated 6/7/25 that, "Th until Monday. He mus Please confirm the tin Monday. It will need to review revealed an er requesting a timefram discharge from the gra another email on 6/9/2 for the guardian to pic afternoon. Interview with client # revealed that she had provider's office on or they were not receivin client #1 and that, if th that situation that day, client #1. Further inter revealed that she had	not met as evidenced by: provide a reasonable time to d his parent or guardian for and again on 6/9/25. The n 6/10/25 revealed a series of een the President and client en 6/6/25 and 6/9/25. On stated to the guardian, "I set the situation resolved but are going to have to move 's discharge into your care Sunday, June 8, 2025." ed that when the guardian ot pick the client up on at responded in an email se latest we can keep him is stibe picked up by then. The he will be picked up to be by 5 PM." Continued mail dated 6/8/25 again se for picking client #1 up for pup home on 6/9/25, and 25 again requesting a time sk up client #1 that	W 202	As advised by by Lillian a new let discharge with adequate notice we mailed and emailed to the guardianew agreed upon discharge date 8/11/2025 was given. This meets minimum 60 day requirement. We will continue to monitor the sit and keep the guardian updated as consumers discharge. If the situat present itself that placement is no by the agreed deadline. The facilit contact DHSR for further advisem work with the LMEs to expedite placement for the consumer. All of our efforts will be well docum and the guardian will have copies to her with any informaiton that is deemed necessary. We will continue to work with the gaurdian. If she needs to extend hit that can be discussed 10 days prior the deadline of his discharge. The QP will communicate with the guardian on a monthly basis or as needed when certain situations p themselves and require an immediresponse.	ras an. A of the tuation s to the ion t found ty will ent and mailed is stay or to e s resent	08/09/2025	

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MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION) If that she is unable to nome since she was ke. In the President revealed apting to resolve a necessing client #1. In that the President revealed that the President #1. In that the President revealed that the President #1. In that the President #1. In that the President #1. In that the President #1.	611:	CNICTOLICATION	B NO. 0938-039 DATE SURVEY COMPLETED C 06/10/2025
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nome since she was ke. If the President revealed opting to resolve a poerning client #1.	W 202		
is being uncooperative that the President is being uncooperative that is Medicaid to a soft the MCO's catchment cause of the denial. It was attempting to dof the 6/18/25 date lent replied, "When his ame an issue of ervice with no revenue to ded."		See page 3 for response	08/09/2025
1	the MCO's catchment ause of the denial. ity was attempting to of the 6/18/25 date ent replied, "When his me an issue of rvice with no revenue to	the MCO's catchment ause of the denial. ity was attempting to of the 6/18/25 date ent replied, "When his me an issue of rvice with no revenue to	the MCO's catchment ause of the denial. ity was attempting to of the 6/18/25 date ent replied, "When his me an issue of rvice with no revenue to