STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL023041	A. BUILDING: _____ B. WING _____	09/06/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN YEARS REST HOME	630 SUGAR HILL ROAD LAWNDALE, NC 28090

(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) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section and the Cleveland County DSS conducted an annual survey and complaint investigation on September 5-6, 2018. The complaint investigation was opened by the Cleveland County Department of Social Services on 08/09/18.	D 000		
D 227	10A NCAC 13F .0702 (c) Discharge Of Residents 10A NCAC 13F .0702 Discharge Of Residents (c) The notices of discharge and appeal rights as required in Paragraph (e) of this Rule shall be made by the facility at least 30 days before the resident is discharged except that notices may be made as soon as practicable when: (1) the resident's health or safety is endangered and the resident's urgent medical needs cannot be met in the facility under Subparagraph (b)(1) of this Rule; or (2) reasons under Subparagraphs (b)(2), (b)(3), and (b)(4) of this Rule exist. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure notice of discharge and appeal rights were made for 1 of 2 sampled residents (Resident #3). The findings are: A. Review of Resident #3's current FL2 dated 07/23/18 revealed: -Diagnoses included hypertension, chronic obstructive pulmonary disease, fibromyalgia, anxiety and ulcerative colitis. -The date of admission was documented as 07/23/18. -The level of care was documented as	D 227		

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D 227	Continued From page 1 Domiciliary. Interview with the Administrator on 09/05/18 at 12:00pm revealed: -Resident #3 was admitted to the facility on 07/23/18. -Resident #3 acted out on 07/29/18 because Resident #3 wanted to keep cigarettes and a lighter and was told she could not do that. -Resident #3 went across the lightly traveled country road a total of 3 times and refused to come back into the facility. -A car passing by called an ambulance and the police because they thought Resident #3 was hurt. -Resident #3 was not hurt but she was angry. -She told the ambulance driver and police that Resident #3 was not allowed back into the facility and Resident #3 was discharged. -The ambulance took Resident #3 to the hospital. -She did not issue a notice of discharge. Review of the Resident Register for Resident #3 revealed: -The Discharge/Transfer section of the Resident Register was blank. - Notice of Discharge/Transfer date was blank. - The "Initiated By" and "Reason(s)" were blank. - There was no documentation of new facility address. - There was no documentation that a copy of the notice was given to an identified person. Review of Resident #3's record revealed: -There was no documentation of the notice of discharge and appeals rights were issued to Resident #3 prior to or after discharge from the facility on 07/29/18. A notice of discharge and appeals rights were	D 227		

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D 227	Continued From page 2 requested but not provided by the time of exit. Telephone interview with hospital social worker on 09/06/2018 at 12:08pm revealed: -Resident #3 was hospitalized after being involuntarily committed by a neighboring county DSS. -Resident #3 did not have a guardian, but was assigned an adult protective services case worker. Telephone interview with the neighboring county social worker on 09/06/2018 at 1:03pm revealed: -Resident #3 did not have a guardian. -The Department of Social Services (DSS) was not contacted by the facility upon Resident #3's discharge. -DSS did not receive a discharge notice for Resident #3. -DSS did not advise the Administrator that a discharge notice was not needed for Resident #3. Telephone interview with the hospital social worker on 09/06/2018 at 1:59pm revealed: -She assisted Resident #3 with placement to a different assisted living facility after being discharged. -The Administrator only provided her with Resident #3's Medicaid/Medicare card and copy of TB test. -She spoke with the neighboring county DSS social worker in reference to placement for Resident #3. Interview with a medication aide (MA) on 09/05/18 at 1:00pm revealed: - She did not see Resident #3 harm any other resident. -She did not see Resident #3 get "out of hand" with the staff.	D 227		

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