STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL065014	A. BUILDING: _____ B. WING _____	C 04/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR OF WILMINGTON	809 JOHN D BARRY DRIVE WILMINGTON, NC 28412

(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 conducted an annual and complaint investigation on April 12, 2022 through April 13, 2022.	D 000		
D 230	10A NCAC 13F .0702 (f) Discharge Of Residents 10A NCAC 13F .0702 Discharge Of Residents (f) The facility shall provide sufficient preparation and orientation to residents to ensure a safe and orderly discharge from the facility as evidenced by: (1) notifying staff in the county department of social services responsible for placement services; (2) explaining to the resident and responsible person or legal representative why the discharge is necessary; (3) informing the resident and responsible person or legal representative about an appropriate discharge destination; and (4) offering the following material to the caregiver with whom the resident is to be placed and providing this material as requested prior to or upon discharge of the resident: (A) a copy of the resident's most current FL-2; (B) a copy of the resident's most current assessment and care plan; (C) a copy of the resident's current physician orders; (D) a list of the resident's current medications; (E) the resident's current medications; (F) a record of the resident's vaccinations and TB screening; (5) providing written notice of the name, address and telephone number of the following, if not provided on the discharge notice required in Paragraph (e) of this Rule: (A) the regional long term care ombudsman; and	D 230		

Reviewed and acknowledged by [illegible] 5/23/22

PLAN OF CORRECTION for Annual Survey completed April 13, 2022. (BWPI11)

Spring Arbor of Wilmington
HAL-065-014
New Hanover County

It is the policy and standard practice of Spring Arbor of Wilmington to comply with all North Carolina Adult Care rules and state regulations.

D 230 -- 10A NCAC 13F .0702 (f) Discharge of Residents

Plan of Correction:

Spring Arbor will practice a collaborative and proactive approach to the discharge process in order to assure an orderly and safe discharge in all discharge occurrences.

Following this survey, a review of the discharge process and resource availability was conducted by the Regional Director for the Executive Director, Resident Care Director and the Cottage Care Coordinator.

- Facility-initiated discharges will include a written 30-day notice of discharge along with a copy of the appeal process to ensure a safe and orderly discharge.
- The community will ensure the reason of discharge meets the requirements outlined in the regulation. A detailed explanation will be provided to the resident and responsible party for the reason of discharge.
- The Executive Director will meet with the resident and responsible party to discuss the need for a discharge
- The community will notify the Long-Term Care Ombudsman and Adult Home Specialist of the notice of discharge.
- Should a resident be discharge to a hospital or emergency room setting due to an immediate need or safety concern the Executive Director will communicate this immediately and will provide a copy of an immediate discharge to the resident/responsible party at that time.

The Long-Term Care Ombudsman is scheduled to host a Resident Right's Inservice for all staff May 26, 2022, at 2:00 pm. The Executive Director has requested that the LTCO also review the proper steps of the transfer/discharge process during this time.

Prevention of Re-occurrence:

Prior to initiating a notice of discharge- the community will work to ensure that all possible interventions to retain the resident at Spring Arbor have been attempted. The community will ensure that there is adequate documentation, communication from the physician, mental health provider, etc. to support the discharge.

The community will work with the resident's physician, family/responsible party, Long Term Care Ombudsman, Adult Home Specialist and discharge team to help ensure the discharge is managed appropriately. The community will ensure proper documentation is maintained to show that all interventions, attempts for conflict resolution and any concerns were addressed prior to the issue of a discharge notice.

The community will seek the guidance of the County Discharge Team after all efforts have failed to find appropriate placement for a resident who has been issued a discharge notice.

Monitoring Responsibility & Frequency:

The Executive Director is responsible to oversee the safe and orderly discharge of each resident and will review each step and all paperwork throughout the process. The Executive Director is responsible to determine the collaborative resources which may be needed in each instance to assure a safe and orderly discharge.

The Regional Director will audit the discharge process and paperwork for the last discharge at least quarterly during a community visit to assure ongoing compliance.

Correction Completion Date: April 20,2022

PLAN OF CORRECTION for Annual Survey completed April 13, 2022. (BWPI11)

D273 – 10ANCAC 14F .0902 Health Care
(b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents

Plan of Correction:

During this survey, Resident #1's primary care physician and daughter were contacted to inform them of the delayed referral and the plans to correct the oversight. The Cottage Care Coordinator immediately contacted the Urologist to schedule appointment, which is not available until July 14. The PCP was informed of this date, and community is making efforts to obtain an earlier date with other Urologist out of area. Resident #1 will be seen by Urologist on earliest possible date and all post-visit orders will be implemented.

The Resident Care Director, Assistant Resident Care Director and Cottage Care Coordinator conducted an audit of current residents' orders to assure that all referrals and appointments were scheduled and logged on the transport schedule.

The Community revised the tracking system for all referral and follow-up appointments. The Executive Director provided education on the tracking system to the Resident Care Director, Assistant Resident Care Director, Cottage Care Coordinator, Transport, Receptionist, and Business Office Manager on April 22, 2022.

This system was reviewed with staff on May 12th, May 13th and will be reviewed again during All Staff Meeting, May 26, 2022.

Prevention of Re-occurrence:

It will be the policy of the community to ensure that any appointments and referrals will be discussed during the daily stand-up meeting to address upcoming scheduled appointments, delays in scheduling appointments, documentation of communication with HCPs, family and resident. and any other referral or follow-up concerns. A summary of items discussed at stand-up meeting will be signed by attendees, to assure awareness and understanding of each item.

The Community system to track referrals and follow-up appointments will be maintained and followed daily.

Monitoring Responsibility & Frequency:

PLAN OF CORRECTION for Annual Survey completed April 13, 2022. (BWPI11)

It is the responsibility of the RCD, ARCC and/or CCC to review the appointment schedule daily and to assure that transportation is available and that the team and individual residents are aware and prepared for the appointment.

The Resident Care Director is responsible to review all new orders and to check for appropriate follow-up actions to have been implemented.

The Executive Director will audit Medical Appointment log three times a week for two weeks, weekly for two weeks, and then 2-3 times per month ongoing to assure continued compliance.

The Regional Director and/or Regional Nurse will randomly audit follow-up for new referrals and new orders in at least three resident charts per quarter during community visits.

Correction Completion Date: April 22, 2022

Submitted by:

Jena S Christenbury 5-13-2022

Name / Title Date