STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345420	A. Building B. Wing	11/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alamance Health Care Center	1987 Hilton Road Burlington, NC 27217

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0626 Level of Harm - Actual harm Residents Affected - Few	Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20906 Based on resident interview, staff interviews, Ombudsman interview, Department of Social Services interview and record review, the facility failed to permit a resident to return to the facility following a facility-initiated transfer to the hospital for 1 of 2 residents transferred to the hospital. Resident #7 was medically stable for return on 10/26/22 when the facility refused to readmit the resident. This resulted in Resident #7 being upset and scared he would be put out on the street and become homeless. The resident remained in hospital until 11/18/22 when alternate facility placement was found. The findings included: Resident #7 was admitted to the facility on [DATE]. The diagnoses included dysphagia, hypertension, diabetes, panic disorder, seizure disorder, depression, anxiety, and scoliosis. The quarterly Minimum Data Set (MDS) dated [DATE], indicated Resident #7's cognition was intact, and he required extensive assistance with activities of daily living. The care plan updated 8/17/22 identified the problem area as Resident #7's preference for discharge was to remain in Long Term Care (LTC) at facility. The goal included Resident would accept LTC services and interventions. The interventions included encourage resident to participate in out of room activities of choice for socialization, encourage resident, guardian/caregivers to participate in care plan meetings. Provide resident with referrals for dental, vision, podiatry, hearing, and psychological services as needed. Financial ledger documentation for Resident #7 revealed the following: - On 9/30/22 the Business Office Manager (BOM) attempted to take payment for Resident #7's facility bill but it was denied. The ledger indicated the BOM called the resident and advised Resident #7 that the bank card (used for payment of the bill) was not working. He confessed his daughter had the card and had been using his retirement income. The BOM advised Resident #7 that the new card information needed to be sent. - On 10/4/22 the BOM spoke with Resident #7's daughter about changing the bank card information without updating the card information on file with facility. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0626 Level of Harm - Actual harm Residents Affected - Few	- On 10/6/22 the BOM spoke with the resident and discharge planning person about his bill and the non-payment as well as changing the card information and not notifying the facility. The BOM informed the resident that the financial discharge is being issued and the Ombudsman has been notified. Review of the Notice of Transfer/Discharge form dated 10/6/22 with date of transfer/discharge on 11/7/22, for failure, after reasonable and appropriate notice, to pay for (or have paid under Medicare or Medicaid) a stay at this facility. The Administrator signed the form on 10/6/22 that documented the discharge location was to the home of the daughter. Review of the Hearing Request form dated 10/6/22 documented the scheduled discharge date of [DATE], was unsigned by resident. Review of nursing hospital transfer note summary dated 10/19/2022 at 4:10 AM indicated Resident #7 had a significant change in condition, Emergency Medical Service (EMS) were called, and the resident was transferred to the hospital. A telephone interview was conducted on 11/21/22 at 1:17 PM with the Ombudsman who stated that she received a call from the resident on 10/18/22 while still a resident in the facility. The resident told the Ombudsman he received a 30-day discharge notice on 10/6/22. Resident #7 was told by the facility he would be discharged and could not return to the facility based on the 30-day notice and financial obligation and wanted to know what would happen. She met with the resident on 10/18/22 and verbal consent was obtained from the resident to start the discharge appeal process. The resident was transferred to the hospital on 10/19/22. An interview was conducted on 11/21/22 at 11:15 AM with the Business Office Manager who stated Resident #7 was transferred to hospital on 10/19/22 due to a medical condition. The Business office Manager further stated Resident #7 was admitted to the facility as private pay. The Business Office Manager spoke with Resident #7 and his daughter regarding the Medicaid benefits. The Medicaid screening process was completed on 8/23/21 and the information was sent to the Department of Social Services. Resident #7's financial income sources included social security and a pension plan. Resident #7 was given a 30-day discharged notice on 10/6/22 due to an outstanding financial obligation. The Business Office Manager stated the Administrator informed her on 10/26/22 Resident #7 was declined return to the facility due to outstanding financial obligation. The Business Office Manager stated on 10/26/22 she received a call from the resident from the hospital and she informed him he would not be readmitted to the facility. She advised the resident that his belongings could be picked up by his daughter. A telephone interview was conducted on 11/21/22 at 1:17 PM with the Ombudsman who stated during discussion with Resident #7 on 10/18/22 about the location of discharge to his daughter's home was a concern for Resident #7 due to her inability to care for his needs properly once discharged home. The Ombudsman did not specify when the discussions were held with the family member. Resident #7 revealed discharging the resident to the community would have resulted in Resident #7 being homeless. The Ombudsman added Resident #7 stated he wanted to return to the facility and was aware of the financial obligation. Resident #7 was upset and afraid of what might happen due to the facility's refusal to accept him for readmission when discharged from the hospital. The Ombudsman indicated discussions had been held with Resident #7 regarding the facility's obligation for his return to the facility and Resident #7 remained upset and was unsure what to do due to the financial situation with the facility and his family member. (continued on next page)

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F 0626 Level of Harm - Actual harm Residents Affected - Few	A telephone interview was conducted on 11/21/22 at 2:30 PM with the Department of Social Service Worker (DSS) who stated the resident was currently located in another facility. DSS received a call from the resident who stated he received his 30-day notice for discharge with the last covered day of 10/28/22. The resident stated he wanted to return to the facility. The DSS Worker also stated the hospital called the facility on 10/26/22 for the resident to return and the facility refused to accept the resident back due to non-payment. DSS added the resident and family indicated the resident was unable to return home even though the notice indicated he would return home to family. DSS further stated additional discussion had been held with the facility regarding the resident's financial status regarding social security benefits that were being sent to the facility, Medicaid application and additional personal funds. It was discovered there was some financial mismanagement done by the family which resulted in the non-payment. DSS submitted a request of financial records from the facility on 11/4/22. DSS stated the facility should have taken resident back for continued care and their knowledge that the resident did not have an appropriate place for discharge at the time he became ready for return. The hospital did keep resident until alternate placement could be found based on the refusal of return by the facility. A telephone interview was conducted on 11/21/22 at 4:00 PM with Resident #7 who stated he received a 30-day notice for discharge from the facility the 1st week of October due to non-payment per the facility Administrator. The resident further stated he wanted to stay at the facility but because the facility told him and the hospital, he could not return he had to stay at the hospital. Since he left the faciity on [DATE], he had been sent to another skilled nursing facility on 11/18/22 and back to the hospital on the same date (11/18/22). Resident #7 stated I really wanted to return to the facility, but I was really scared I would be put out on the street and become homeless because my daughter could not take care of him, and he could not care for himself or walk. Resident #7 added that being sent to various places in the past few weeks had made him upset and sad. He added that he had been trying to get his family to return his bank card, get Medicaid, and return to the facility. He stated that since the facility did not accept him back, I will probably be sent all over North Carolina where I have no friends or family. The Ombudsman and hospital tried to help me, but no-one called me from the facility. An interview was conducted on 11/21/22 at 4:30 PM with the Administrator who stated the facility management team issued the 30-day notice for non-payment on 10/6/22 and declined to accept the resident back to the facility for non-payment. The Administrator indicated on 10/26/22 the hospital contacted the facility for the resident to return and the facility refused the resident's return. Review of the notice of discharge revealed the resident was scheduled for discharge on 11/7/22 and placement would be to the home of a family member. The Administrator confirmed the resident went to the hospital prior to the actual scheduled discharge date . He indicated awareness that placement to home was not appropriate due to the family member's inability to provide proper care for the resident. The Administrator stated he thought the hospital staff would handle placement for the resident, but he did not have any direct documentation of the discussion with the hospital staff that they would handle placement. The Administrator further stated several attempts had been made to obtain Medicaid for the resident by previous and current business office managers. He did state the resident had become non-compliant with completing the Medicaid process. The Administrator further stated the resident would be accepted for return when he was ready for discharge from the current hospital. (continued on next page)

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F 0626 Level of Harm - Actual harm Residents Affected - Few	During a follow-up telephone conversation on 11/22/22 at 8:38 AM with Resident #7 he stated the Administrator and the facility Patient Advocate staff called Resident #7 on 11/21/22 and offered the resident to return to the facility when he was ready for discharge from hospital. Resident #7 stated during the conversation, he spoke with Administrator and admission staff about continuing to work on his Medicaid and obtaining a bank card from family member. I really wanted to come back the 1st time I was so scared I was going to be put out on the street if I did not go with my daughter. Everyone knew my daughter could not take care of me. I have been sent everywhere and I am not sure the facility would take me back. An interview was conducted on 11/22/22 at 9:04 AM with the facility Patient Advocate who stated she was informed by the Administrator on 10/26/22 the resident would not be accepted back to the facility due to the outstanding financial obligation. The Patient Advocate further stated she had spoken with the hospital discharge planner on 10/26/22 and informed them Resident #7 would not be accepted back to the facility due to the outstanding financial obligation and if the resident could pay the bill he could return. The discharge planner was informed Resident #7 did not have Medicaid. The Patient Advocate further stated she had spoken with Resident #7 who stated he did want to return and had retrieved his bank card from family and wanted to continue the Medicaid process. During a follow-up telephone interview on 11/22/22 at 10:21 AM with the Ombudsman she stated the facility was aware Resident #7 was not appropriate for discharge to home and the family member could not provide the care the resident needed. The resident had requested the appeal for discharge on 10/18/22. The Ombudsman was uncertain if the Medicaid application was completed.