

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345077	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/20/2025
NAME OF PROVIDER OR SUPPLIER  Sunnybrook Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  25 Sunnybrook Road Raleigh, NC 27610	

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)
<p>F 0623</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 20710</p> <p>Based on record review, and staff and Ombudsman interviews, the facility failed to notify the Ombudsman in writing of a resident transfer for 2 of 3 residents reviewed for hospitalization (Resident #1 and Resident #18). The findings included:</p> <p>1. Resident #1 was admitted to the facility on [DATE].</p> <p>The nursing progress note dated 1/20/2025 at 7:17 AM revealed Resident #1 was transferred to the hospital for evaluation after a fall.</p> <p>Resident #1 was discharged from the facility on 1/20/25 and returned to the facility on [DATE].</p> <p>Record review of the Ombudsman Discharge and Transfer report for January 2025 did not reveal documentation the Ombudsman was notified when Resident #1's was transferred to the hospital on 1/20/25.</p> <p>In an interview on 2/18/25 at 12:55 PM the Social Worker revealed he started working at the facility in October 2024. He reported he did not notify the Ombudsman of residents discharged to the hospital but did notify when residents were discharged home.</p> <p>A telephone interview was conducted on 2/19/25 at 3:29 PM with the Ombudsman who revealed she had not received written notification of hospitalization discharges for the last 2 months.</p> <p>In an interview on 2/18/25 at 1:15 PM the Administrator stated the Social Worker should send a monthly notice to the Ombudsman of all residents sent out.</p> <p>2. Resident #18 was admitted to the facility on [DATE].</p> <p>The nursing progress note dated 11/15/24 at 9:55 PM revealed Resident #18 was transferred to the hospital for evaluation of chest pain and cough.</p> <p>Resident #18 was discharged from the facility on 11/15/24 and returned to the facility on [DATE].</p> <p>Record review of the Ombudsman Discharge and Transfer report for November and December 2024 provided by the facility did not reveal documentation the Ombudsman was notified when Resident #18's was transferred to the hospital on 11/15/24.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0623</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 2/18/25 at 12:55 PM the Social Worker revealed he started working at the facility in October 2024. He reported he did not notify the Ombudsman of residents discharged to the hospital but did notify when residents were discharged home.</p> <p>A telephone interview was conducted on 2/19/25 at 3:29 PM with the Ombudsman who revealed she had not received written notification of hospitalization discharges for the last 2 months.</p> <p>In an interview on 2/18/25 at 1:15 PM the Administrator stated the Social Worker should send a monthly notice to the Ombudsman of all residents sent out.</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45044</b></p> <p>Based on record review and staff and Pharmacy Consultant interviews, the facility failed to complete an AIMS (Abnormal Involuntary Movement Scale) assessment for 1 of 5 residents (Resident #28) reviewed for unnecessary medications who received psychotropic medications.</p> <p>The findings included:</p> <p>Resident #28 was admitted to the facility on [DATE] with diagnoses that included manic depression (bipolar disorder) and depression.</p> <p>A review of Resident #28's electronic medical record revealed an AIMS was completed on 5/17/24.</p> <p>A review of Resident #28's Physician's orders revealed an order dated 10/18/24 for Geodon (antipsychotic medication) oral capsule 40 milligrams 1 capsule by mouth daily each morning for bipolar disorder.</p> <p>A quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #28 was cognitively intact and was coded as receiving an antipsychotic during the lookback period.</p> <p>A review of the Pharmacist Consultation Report dated 12/6/24 revealed an AIMS assessment had not been completed in the previous 6 months and the completion of one was recommended due to Resident #28 receiving an antipsychotic medication. The AIMS assessment was utilized to detect Tardive Dyskinesia (involuntary repetitive movements which occur following treatment with medication) in residents prescribed antipsychotic medications. The Consultation Report stated this antipsychotic medication had the potential to cause involuntary movements, including Tardive Dyskinesia.</p> <p>A review of Resident #28's electronic medical record revealed an AIMS was completed on 1/20/25.</p> <p>A review of Resident #28's electronic medical record revealed no psychotropic medication side effect monitoring tool in the medication administration report (MAR).</p> <p>A telephone interview was completed on 2/18/25 at 3:33 pm with the Pharmacy Consultant. The Pharmacy Consultant stated an AIMS or other involuntary movement monitoring tool should have been completed on Resident #28 every 6 months to monitor Resident #28 for any involuntary repetitive movements or side effects related to the prescribed antipsychotic medication.</p> <p>A telephone interview was completed on 2/20/25 at 11:34 am with the Director of Nursing (DON). The DON stated an AIMS should have been completed on Resident #28 every 6 months to monitor for any involuntary repetitive movements. The DON stated the assessment triggered in a resident's electronic record when it was due, prompting nursing staff to complete it. The DON was unsure why it was not completed.</p> <p>A telephone interview was completed on 2/20/25 at 12:09 pm with the Administrator. The Administrator stated it was her expectation the AIMS assessment was completed per the facility's protocol and as the Pharmacy Consultant recommended them.</p>		