## DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 07/28/2011 FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 0 5 2011 COMPLETED A. BUILDING C B. WNG 345548 07/07/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5533 BURLINGTON ROAD **ASHTON PLACE HEALTH AND REHAB** MC LEANSVILLE, NC 27301 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID Ю (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULI PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) Submission of the response F 273 483.20(b)(2)(i) COMPREHENSIVE F 273 to the statement of ASSESSMENT 14 DAYS AFTER ADMIT SS=B deficiency by the A facility must conduct a comprehensive undersigned does not assessment of a resident within 14 calendar days constitute an admission that after admission, excluding readmissions in which there is no significant change in the resident's the deficiencies existed physical or mental condition. (For purposes of and/or correctly cited and/or this section, "readmission" means a return to the require correction. facility following a temporary absence for hospitalization or for therapeutic leave.) 7/31/2011 F 273 1. Resident #7, #8, #9, and This REQUIREMENT is not met as evidenced by: #10's 14-day initial Based on record review and staff interview, the comprehensive assessment facility failed to complete an initial comprehensive was completed on assessment within fourteen days of admission for 4 of 4 newly admitted residents reviewed in the 7/14/2011. survey sample, (Residents #7, 8, 9 and 10) 2. Any resident who requires Findings included: a 14-day initial 1. Resident#7 was admitted on 6/13/11 with comprehensive assessment cumulative diagnoses which included a fracture has the potential to be neck of femur (hip bone). affected by this practice Review of the medical record reviewed there was therefore an audit of no Minimum Data Set (MDS) 14 day initial residents requiring a 14-day comprehensive assessment. Interview on 7/6/11 at 3:10 p.m. with the MDS coordinator revealed " initial comprehensive I am working on it (referring to the 14 day assessment was completed assessment). We had a " slew of admissions " . by the MDS Coordinator and A request was made on 7/6/11 at 4:45 p.m. to any issues noted were view the MDS from the computer. The MDS updated as appropriate. coordinator indicated she was still working on the

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

14 day MDS initial assessment. Additionally, the MDS coordinator indicated that her focus has

been working on the plan of correction for the last

TITLE

3. The MDS Coordinator will

schedule in computer for any

monitor daily calendar and

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.

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		345548			C 07/07/2011		
	ROVIDER OR SUPPLIER	REHAB	5533	T ADDRESS, CITY, STATE, ZIP CODE BURLINGTON ROAD LEANSVILLE, NG 27301			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY_MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X5)  (EACH CORRECTIVE ACTION SHOULD BE COMPLETE  CROSS-REFERENCED TO THE APPROPRIATE DATE  DEFICIENCY)		COMPLETION	
F 273	On 7/7/11 at 9:30 a director of nurses re the incomplete 14 dexpectation was that so that additional as On 7/7/11 at 9:53 a provided the 14 day 2. Resident#8 was 6/16/11 with cumular Prostate cancer with and lung.  Review of the medican Minimum Data Scomprehensive assat 3:10 p.m. with the I am working on it (rassessment). We have the MDS from coordinator indicated 4 day MDS initial a MDS coordinator indicated 4 day MDS initial and MDS coordinator indicated 4	(referring to the complaint (11 and 6/14/11).  I.m. an interview with the evealed she was unaware of ay MDS assessments. Her set the staff makes her aware esistance would be provided.  I.m. the MDS coordinator MDS initial assessment.  admitted to the facility on the diagnoses which included in mitosis top the pubic bone  and record reviewed there was et (MDS) 14 day initial essment. Interview on 7/6/11 and MDS coordinator revealed "eferring to the 14 day and a "slew of admissions".  The MDS dishe was still working on the essessment. Additionally, the dicated that her focus has a plan of correction for the last referring to the complaint	F 273	admission assessment are opened and needs completed by day 14 of 4. The DON and/or AD will audit 14-day initial comprehensive assess weekly for 8 weeks an monthly for 2 months. will report monthly fin to the Monthly QA&A meeting for 4 months.	to be laily. ON I ment d then DON dings		

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	345548		]		07/	07/2011	
	ROVIDER OR SUPPLIER PLACE HEALTH AND RE	HAB		REET ADDRESS, CITY, STATE, ZIP CODE 5533 BURLINGTON ROAD MC LEANSVILLE, NC-27301			
WA 15	SUMMARY STATEMENT OF DEFICIENCIES					(X5)	
(X4) ID 	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 273	Continued From page 2		F 273				
	Resident #9 was a cumulative diagnoses fractured hip, anemia						
	no Minimum Data Set comprehensive asses at 3:10 p.m. with the M I am working on it (ref	sment. Interview on 7/6/11 MDS coordinator revealed " erring to the 14 day	er e				
	A request was made view the MDS from the coordinator indicated 14 day MDS initial ass MDS coordinator indice	d a "slew of admissions".  on 7/6/11 at 4:45 p.m. to e computer. The MDS she was still working on the sessment. Additionally, the sated that her focus has	Total Andrews				
		plan of correction for the last rerring to the complaint and 6/14/11).					
To the second se	the incomplete 14 day expectation was that t	an interview with the caled she was unaware of MDS assessments. Her he staff makes her aware stance would be provided.					
		dmitted to the facility on re diagnoses which included altered mental status					
	no Minimum Data Set comprehensive assess at 3:10 p.m. with the M I am working on it (refe	sment. Interview on 7/6/11 IDS coordinator revealed "					

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F 273	A request was madview the MDS from to coordinator indicated 14 day MDS initial a MDS coordinator indicated to been working on the surveys conducted (surveys dated 5/18/10 On 7/7/11 at 9:30 a.r. director of nurses rettle incomplete 14 day expectation was that	e on 7/6/11 at 4:45 p.m. to the computer. The MDS d she was still working on the ssessment. Additionally, the licated that her focus has plan of correction for the last referring to the complaint	F 273			