

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345145	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 2/26/2015
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NAME OF PROVIDER OR SUPPLIER ROANOKE RIVER NURSING AND REHABILITATIO	STREET ADDRESS, CITY, STATE, ZIP CODE 119 GATLING STREET WILLIAMSTON, NC
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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F 278	<p>483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED</p> <p>The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to code the use of diuretics on the Minimum Data Set (MDS) for 1 of 5 residents (Resident #138) reviewed for unnecessary medications. The findings included: Resident #138 was admitted to the facility on 9/25/14. Diagnoses included hypertension. Physician orders dated 9/25/14 included Oretic (a diuretic) 25 milligrams daily. The admission MDS dated 10/3/14 did not indicate Resident #138 received a diuretic daily. Physician orders dated 12/9/14 included to discontinue the Oretic and start a combination drug composed of Lisinopril (an antihypertensive drug) 20 milligrams and hydrochlorothiazide (a diuretic) 25 milligrams daily. The quarterly MDS dated 1/1/15 did not indicate Resident #138 received a diuretic daily. During an interview on 2/26/15 at 1:00 PM, the MDS nurse indicated that she did not code the admission MDS but stated it should have been coded for receiving a diuretic daily. The MDS nurse indicated she did code the quarterly MDS but did not include the Lisinopril/hydrochlorothiazide as a daily diuretic because she had been taught not to code combination drugs. The MDS nurse then reviewed the Resident Assessment Instrument manual and stated the Lisinopril/hydrochlorothiazide should have been coded as a diuretic. She stated she would submit corrections for both MDS ' s.</p>
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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

The above isolated deficiencies pose no actual harm to the residents