

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345530	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 4/16/2015
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NAME OF PROVIDER OR SUPPLIER PENN NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 618-A S MAIN STREET REIDSVILLE, NC
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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F 272	<p>483.20(b)(1) COMPREHENSIVE ASSESSMENTS</p> <p>The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.</p> <p>A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and Documentation of participation in assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to accurately code the Preadmission Assessment Screening Review for the annual Minimum Data Set (MDS) dated 12/02/14 for 1 of 1 sampled residents (Resident #7).</p> <p>Findings included: Resident #7 was admitted on 5/9/2006, with the diagnoses in part, Cerebral Palsy and mood disorder.</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

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F 272	<p>Continued From Page 1</p> <p>Review of the annual MDS dated 12/2/14 revealed section A1500 indicated Resident #7 was not evaluated as a level II PASARR.</p> <p>During an interview on 4/15/15 at 3:08PM, Social Worker #2 indicated Resident #7 was PASARR qualified and she was responsible for coding Section A of the MDS. During review of the document she indicated it was wrong and she would correct it.</p>		
F 285	<p>483.20(m), 483.20(e) PASRR REQUIREMENTS FOR MI & MR</p> <p>A facility must coordinate assessments with the pre-admission screening and resident review program under Medicaid in part 483, subpart C to the maximum extent practicable to avoid duplicative testing and effort.</p> <p>A nursing facility must not admit, on or after January 1, 1989, any new residents with:</p> <p>(i) Mental illness as defined in paragraph (m)(2)(i) of this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission;</p> <p>(A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and</p> <p>(B) If the individual requires such level of services, whether the individual requires specialized services for mental retardation.</p> <p>(ii) Mental retardation, as defined in paragraph (m)(2)(ii) of this section, unless the State mental retardation or developmental disability authority has determined prior to admission--</p> <p>(A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and</p> <p>(B) If the individual requires such level of services, whether the individual requires specialized services for mental retardation.</p> <p>For purposes of this section:</p> <p>(i) An individual is considered to have "mental illness" if the individual has a serious mental illness defined at §483.102(b)(1).</p> <p>(ii) An individual is considered to be "mentally retarded" if the individual is mentally retarded as defined in §483.102(b)(3) or is a person with a related condition as described in 42 CFR 1009.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to renew the Preadmission Screening and Annual Assessment Review (PASARR) for 1 of 1 sampled residents (Resident #7).</p> <p>Findings included:</p> <p>Resident #7 was admitted on 5/9/2006, with the diagnoses in part, Cerebral Palsy and mood disorder.</p>		

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F 285	<p>Continued From Page 2</p> <p>Review of the PASARR letter for Resident #7 revealed he was a level II and the PASARR and his letter expired on 3/6/2010.</p> <p>During interview on 4/15/15 at 2:05PM, Social Worker #1 indicated the last entry in the (North Carolina Medical Uniform Screening Tool) NC MUST system was 3/16/2010.</p> <p>During interview on 4/15/15 at 3:08PM, Social Worker #2 indicated she had not renewed the PASARR for Resident #7 since 3/16/10 and it was expired</p>
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