STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345145	A. BUILDING _____ B. WING _____	C 07/08/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROANOKE RIVER NURSING AND REHABILITATION CENTER	**119 GATLING STREET WILLIAMSTON, NC 27892**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 272 SS=D	483.20(b)(1) COMPREHENSIVE ASSESSMENTS The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity. 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.	F 272		8/7/15

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

Electronically Signed | 07/24/2015

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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F 272	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on record reviews and staff interviews the facility failed to complete Care Area Assessments that addressed the underlying causes, contributing factors and risk factors for 1 of 3 sampled residents (Resident #3). The findings included: Resident #3 was admitted to the facility on 05/20/2011. The resident had diagnoses including severe atherosclerosis, hypertension, diabetes mellitus, coronary heart disease, osteoarthritis, history of pressure ulcers and history of a cerebral vascular accident with hemiplegia. The most recent Minimum Data Set (MDS) dated 04/22/15 revealed Resident #3 was moderately cognitively impaired, had contractures of both lower limbs, had multiple foot ulcers and required extensive assistance with most activities of daily living. The Care Area Summary (CAA) summary for nutrition dated 04/22/15 read, "resident receiving supplements and in restorative dining room for assistance." The CAA summary was signed by the Dietary Manager. There was no description of the problem, causes and contributing factors, or related risk factors included in the summary of findings for the Nutrition CAA. During an interview on 07/08/15 at 2:00 PM, the Dietary Manager (DM) confirmed she had completed Resident #3's CAA summary for nutrition. The DM stated she thought it was enough to just complete the checklist regarding nutrition and had been told different things about how much was required in the CAA summary.	F 272	Tag F272 Roanoke River Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this plan of correction to the extent of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The plan of correction is submitted as a written allegation of compliance. Roanoke River Nursing and Rehabilitation Center¿s response to this Statement of Deficiencies does not denote agreement with Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Roanoke River Nursing and Rehabilitation Center reserves the right to refute any of the deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding. 483.20(b) (1) COMPREHENSIVE ASSESSMENTS 1. Resident # 3 is no longer in the facility as of 6/29/2015 and is not anticipated to return. 2. A 100% audit on most recent comprehensive MDS assessment was completed by an administrative nurse/DON on 8/7/15 to ensure all Care Area Assessments (CAAs) contain the date and location for information describing the resident¿s clinical status and factors impacting care planning	

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F 272	Continued From page 2 The CAA summary for pressure ulcers dated 04/22/15, indicated Resident #3 had two unstageable pressure wounds to his right lateral foot and right sole of his foot as well as suspected deep tissue injuries to his left foot and right great toe. The summary stated the pressure ulcers were related to immobility and the resident was at further risk for skin breakdown due to bowel and bladder incontinence. The summary also included pressure relieving devices and care planning considerations. There was no description of the related diagnoses contributing to the problem, diagnostic tests, nutritional concerns, or related risk factors included in the analysis of findings for the Pressure Ulcer CAA summary. During an interview on 07/08/15 at 2:35 PM, the MDS Coordinator confirmed she had completed Resident #3's CAA summary for pressure ulcers. The MDS Coordinator indicated her CAA summary contained the areas that needed to be care planned but did not provide a comprehensive analysis of the concerns related to Resident #3's foot ulcers. During an interview on 07/08/15 at 4:02 PM, the Director of Nursing and the Corporate Consultant indicated the Care Area Assessments required a comprehensive analysis of the resident's condition.	F 272	decisions on Section V-Care Area Assessment (CAA) Summary. A progress note was entered into the clinical record by the MDS Nurse, Dietary Manager, Social Worker, and/or Activities Director for any identified areas of concern to document date and location for information describing the resident¿s clinical status and factors impacting care planning decisions on Section V-Care Area Assessment (CAA) Summary by 8/7/15. 3. MDS nurses, Dietary Manager, Social Worker, Activities Staff, and all other staff responsible for completing MDS assessments are to be in-serviced on the requirements of a Care Area Assessment (CAA), and the CAA summaries on 7/24/2015 by the Administrator on the requirement to document date and location for information describing the resident¿s clinical status and factors impacting care planning decisions on Section V-Care Area Assessment (CAA) Summary by the Administrator 7/24/15. 4. The MDS Coordinator, Social Worker, Dietary Manager, and Activity Director will address the date and location of information describing the resident¿s clinical status and factors impacting care planning decisions on Section V-Care Area Assessment (CAA) Summary for triggered items listed on Care Area Assessments (CAAs), directly within the CAA. The administrator will audit all comprehensive assessments completed during the previous week to include any assessments for residents in order to insure continued compliance in regards to	

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F 272	Continued From page 3	F 272	CAAs. This is to be done when such assessments are due to be completed via the use of the CAA check list. All check lists are to be turned in to the Administrator for review, weekly x4 weeks, then monthly x3 months. 5. The Executive QI committee will meet and review the audit tools and check lists for issues and/or trends and to determine continued frequency of audits and make changes as needed monthly x 3 months.	