

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/21/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345161	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/15/2015
NAME OF PROVIDER OR SUPPLIER ABERNETHY LAURELS			STREET ADDRESS, CITY, STATE, ZIP CODE 102 LEONARD AVENUE NEWTON, NC 28658	
(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 000	INITIAL COMMENTS There were no deficiencies cited as a result of the complaint investigation of 10/15/15. Event ID # EMPZ11. An amended Statement of Deficiencies was provided to the facility on 11/24/15 because of the results of the facility's Informal Dispute Resolution (IDR). Citation F-329, that was cited during the facility's recertification survey, was deleted during the Informal Dispute Resolution. Event ID# EMPZ11.	F 000		
F 278 SS=D	483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED The assessment must accurately reflect the resident's status. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. A registered nurse must sign and certify that the assessment is completed. Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. 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	F 278		10/30/15

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

TITLE

(X6) DATE

Electronically Signed

10/30/2015

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 278	<p>Continued From page 1 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 interviews, the facility failed to accurately code resident 's MDS for 2 of 20 residents (Resident #102 and #203). Resident #102 dental status did not code the resident as having any dental concerns and Resident #203 MDS did not code the diagnosis correctly.</p> <p>The findings included:</p> <p>#1. Resident #102 was admitted to the facility 5/1/2012. Cumulative diagnosis include: Anemia, Hypertension, Peripheral Vascular Disease, Diabetes Mellitus, Arthritis, Cerebral Vascular Accident, Dementia, Hemiplegia, Major Depressive Disorder, Other Mental Disorders</p> <p>A Minimum Data Set (MDS) dated 8/27/2015 indicated the resident had no dental problems; her missing teeth/edentulous status was not coded. The Care Area Assessment (CAA) did not include any documentation of her poor oral/dental status and/or missing teeth. Her care plan dated 8/27/15 did not include her dental status.</p> <p>10/15/2015 9:44:48 am, an interview with the MDS Coordinator was conducted. The MDS Coordinator stated she completed the MDS dated 8/27/15 for resident #102, and she did complete section L- Oral/Dental Status. She stated she</p>	F 278	<p>Preparation and execution of this plan of correction in no way constitutes an admission or agreement by Abernethy Laurels of the truth of the facts alleged in this statement of deficiency and plan of correction.¿ In fact, this plan of correction is submitted exclusively to comply with state and federal law, and because the facility has been threatened with termination from the Medicare and Medicaid programs if it fails to do so.¿ The facility contends that it was in substantial compliance with all requirements on the survey date, and denies that any deficiency exists or existed or that any such plan is necessary.¿ Neither the submission of such plan, nor anything contained in the plan, should be construed as an admission of any deficiency, or of any allegation contained in this survey report.¿ The facility has not waived any of its rights to contest any of these allegations or any other allegation or action.¿ This plan of correction serves as the allegation of substantial compliance</p> <p>Prefix Tag: F-278 It is the intent of this facility that assessments will accurately reflect resident¿s status.</p>		

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F 278	<p>Continued From page 2</p> <p>had made a mistake on the MDS assessment dated 8/27/15, and would do a MDS correction assessment to ensure the correct dental status is coded for resident #102.</p> <p>Example #2: Resident #203 was readmitted 8/12/15 with cumulative diagnosis of hypertension, pneumonia, dementia, depression, cancer, hypothyroidism, reflux and atrial fib. A review of the Minimum Data Set (MDS) dated 8/19/2015 showed resident had moderately impaired cognitive skills. Section I of the MDS did not include diagnosis for depression, however, section N was documented as resident had received antidepressants for 7 of 7 days during the look back period.</p> <p>A review of the physician ' s orders for 8/13/15 included Celexa 20 mg 1 daily (antidepressant).</p> <p>During an interview on 10/15/2015 10:30 AM, MDS Nurse # 1 stated she had to use the diagnosis listed on the medication administration record (MAR) and if that was incorrectly transcribed, she couldn ' t change it. During an interview on 10/15/2015 11:15 AM, MDS Nurse # 2 stated that Resident 203 does take Celexa for depression and it should have been coded in section I of the MDS, it was overlooked.</p> <p>During an interview 10/15/2015 11:32 AM, the Director of Nursing (DON) stated she expected the diagnosis of depression to be correctly coded on MDS.</p>	F 278	<p>1) Corrective action to be accomplished for those residents to have been affected by the alleged deficient practice. MDS Coordinator modified Resident # 102 MDS and submitted and accepted on 10/15/15 with corrected dental status coded. MDS Nurse also updated care plan for resident # 102. Nurse Manager corrected diagnosis on resident # 203 to match anti-depressant medication and verified that all his other medications had correct diagnosis.</p> <p>2) Corrective action to be accomplished for those residents having potential to be affected by the same alleged deficient practice:</p> <p>MDS Coordinators examined all residents' dental status using section L of the MDS. MDS Coordinators compared their findings during the dental exam to the most recent MDS and verified that no additional corrections needed to be made. MDS Nurses compared audit results and updated care plans regarding dental status as appropriate. Pharmacy consultant, DON, Health MedX super user/LPN and ADON reviewed all resident's medications for correct diagnosis. Diagnoses were corrected to match the appropriate medication by the DON, ADON, Health MedX super user/LPN as needed.</p>		

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F 278	Continued From page 3	F 278	<p>3) Measures to be put into place or systemic changes made to ensure that the alleged deficient practice will not occur.</p> <p>Weekly, two MDS assessments will be evaluated for accuracy of section L by MDS Coordinators x 3 months. After 3 months, two MDS' will be audited on a monthly basis for the next year. MDS Coordinators are responsible for completing weekly and then monthly audits for the next year. MDS audits will be reviewed by MDS Coordinators in monthly QAPI/Quality Measures meeting. The MDS coordinator will report on accuracy of dental status and care plans that have been updated</p> <p>MDS Coordinators were educated on 10-30-15 by Director of Clinical Services at United Church Homes and Services on importance of performing an actual dental exam during an assessment and care planning if a resident refuses to participate.</p> <p>On 10-30-15 MDS Coordinator and Director of Quality and Education educated all licensed nursing staff on importance of correct diagnosis with medications for new admissions, new orders, monthly reconciliation, and completing 24 hour chart check. Unit managers will pull 24 hour report from Health Med X (electronic medical record) and verify diagnosis have been</p>		

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F 278	Continued From page 4	F 278	<p>entered correctly. Audits that were performed will be brought into morning meeting for DON or ADON to review. Signed 24 hour reports from Health MedX will be brought to the monthly QAPI/Quality Measure meeting to be reviewed.</p> <p>4) Facility's plan to monitor its performance so solutions are sustained and integrated into the facility's quality assurance system.</p> <p>These measures will be monitored by the MDS Coordinators and Director Of Nursing with oversight by the Administrator through the QAPI process. The MDS Coordinators and Director of Nursing will report on the measures implemented to the QAPI Committee which will evaluate for effectiveness for a minimum of 12 months. The Committee will make further recommendations to adjust the measures as needed. The Administrator is responsible to see that recommendations are acted upon in a timely manner.</p>		