

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

PRINTED: 12/30/2015  
FORM APPROVED  
OMB NO. 0938-0391

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|--|--|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION       |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>345199</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____   | (X3) DATE SURVEY COMPLETED<br><br><b>12/02/2015</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>CAROL WOODS</b> |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>750 WEAVER DAIRY ROAD<br/>CHAPEL HILL, NC 27514</b>  |   |
| (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 278<br>SS=D  | <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:<br/>Based on record review and staff interviews, the facility failed to accurately assess and include the active diagnoses on the Minimum Data Set (MDS) for 2 of 14 residents (Resident #18, Resident #66) reviewed for comprehensive assessments. Findings included:</p> | F 278   | <ul style="list-style-type: none"> <li>Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice;</li> </ul> <p>9/16/15 assessment for resident #18 and</p> | 12/18/15  |

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

TITLE

(X6) DATE

Electronically Signed

12/24/2015

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 278  | <p>Continued From page 1</p> <p>1. Resident #18 was admitted to the facility on 9/5/09 with diagnosis that included gastro-esophageal reflux disorder (GERD), or more commonly known as reflux. The physician order dated 1/27/15 instructed the facility to begin administering Omeprazole 20 milligrams (mg) by mouth daily for reflux to Resident #18. None of the MDS assessments reviewed, since the date of the physician order for Omeprazole, dated 4/1/15, 7/1/15, and 9/16/15 did not have GERD checked as a diagnosis, nor mentioned reflux in the free-type area for additional diagnoses. The nurse supervisor was interviewed on 12/02/2015 1:05 PM. He confirmed that he is responsible for entering information about residents onto their MDS. He stated "I will be honest with you, I miss some things when doing MDS assessments, but this gives us an opportunity to reevaluate our process and make it better. I understand how the MDS drives the care plan and care. I mainly only look at the history and physical as dictated by the physician for the diagnoses list for our residents and enter those onto the MDS. Regardless, I should have caught these medications that did not have a corresponding diagnosis and should have gotten clarification."</p> <p>The Director of Nursing was interviewed on 12/02/2015 at 1:16 PM. She stated "Yes, I would expect to see that all active diagnoses were included on the completed comprehensive MDS. We are very reliant on the physician's list of diagnoses, but we shouldn't be."</p> <p>2. Resident #66 was admitted to the facility on 11/20/15 for a short-term rehabilitation program.</p> | F 278   | <p>the 11/26/15 assessment for resident #66 that were deficient were corrected prior to the end of the day on 12/02/15. The 4/1/15 and 7/1/15 MDS assessment for resident #18 have also now been corrected.</p> <ul style="list-style-type: none"> <li>Address how corrective action will be accomplished for those residents having potential to be affected by the same deficient practice;</li> </ul> <p>We have checked the MDS assessments for all current residents and ensured that there is a diagnosis entered for every active medication order.</p> <p>In addition, we are implementing a practice within our electronic medical record software to require diagnosis for every new medication ordered and entered into the system.</p> <ul style="list-style-type: none"> <li>Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not occur:</li> </ul> <p>We will require all new medication orders to have an appropriate diagnosis entered with the order, and all MDS assessments are checked to ensure an active diagnosis exists and is entered on the assessment for every active medication the resident is receiving.</p> <ul style="list-style-type: none"> <li>Indicate how the facility plans to monitor its performance to make sure that</li> </ul> |                      |   |

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| F 278  | <p>Continued From page 2</p> <p>The physician's order dated 11/20/15 stated for the resident to continue her home medication of Sertraline 25 mg by mouth daily. The diagnosis for this medication was not listed anywhere in the facility's medical record or on the hospital discharge summary.</p> <p>The MDS dated 11/26/15 did not have depression or anxiety (the more common reasons for the use of Sertraline) checked as a diagnosis.</p> <p>The nurse supervisor was interviewed on 12/02/2015 1:05 PM. He confirmed that he is responsible for entering information about residents onto their MDS. He stated "I will be honest with you, I miss some things when doing MDS assessments, but this gives us an opportunity to reevaluate our process and make it better. I understand how the MDS drives the care plan and care. I mainly only look at the history and physical as dictated by the physician for the diagnoses list for our residents and enter those onto the MDS. Regardless, I should have caught these medications that did not have a corresponding diagnosis and should have gotten clarification."</p> <p>The Director of Nursing was interviewed on 12/02/2015 at 1:16 PM. She stated "Yes, I would expect to see that all active diagnoses were included on the completed comprehensive MDS. We are very reliant on the physician's list of diagnoses, but we shouldn't be."</p> | F 278   | <p>solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. The plan must be implemented and the corrective action evaluated for its effectiveness. The PoC is integrated into the quality assurance system of the facility.</p> <p>-A sampling of 10 MDS assessments every quarter will be selected and reviewed to ensure that all active medications for those MDS assessments, at the time of the assessment, have a corresponding diagnosis entered on the MDS. The summary review data will then be presented quarterly at the QAPI committee meeting for any feedback or suggestions for improvement.</p> <ul style="list-style-type: none"> <li>• Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State.</li> </ul> <p>The corrective measures described above were implemented December 18. We will be implementing the software requirement for diagnosis with every order on January 4, 2016.</p> |                      |   |