STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345294	A. BUILDING _____ B. WING _____	C 05/12/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN CARE OF SHALLOTTE	237 MULBERRY STREET SHALLOTTE, NC 28459

(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 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 assessment. Clinical disagreement does not constitute a material and false statement. This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interview, the facility failed to accurately code the Minimum Data Set assessment for the use of side rails for 2 of 2 residents (Resident # 71 and Resident # 110). Findings include: 1. Resident # 71 was admitted to the facility on	F 278	Steps Taken in regards to those residents found to be affected: Resident #71's assessment was modified on 6/3/16 by the MDS Coordinator to code the side rail usage as a restraint at	6/3/16

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

Electronically Signed | 06/03/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345294	A. BUILDING _____ B. WING _____	C 05/12/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN CARE OF SHALLOTTE	237 MULBERRY STREET SHALLOTTE, NC 28459

(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	Continued From page 1 8/9/12 with diagnoses which included stroke with left sided weakness and anxiety. A review of the Side Rail Screen for Resident # 71, dated 1/7/16, revealed Resident # 71 demonstrated poor bed mobility and difficulty moving to a sitting position on the side of the bed. Full side rails were being utilized for positioning or support for bed mobility. "Side rails are indicated and serve as an enabler to promote independence with positioning in bed, etc. Resident has expressed a desire to have side rails up in bed." A review of the Quarterly Minimum Data Set (MDS) assessment of 4/5/16 revealed Resident # 71 had moderate cognitive deficits regarding time, date, month but was able to make herself understood and understand others. Resident # 71 required extensive assistance of two for bed mobility. A review of Section P0100 Physical Restraints revealed P0100A Bed rails were "not used." Observations of Resident # 71 on 5/10/16 at 9:43 am revealed the resident was lying supine in bed with full side rails elevated on both side. Observations of Resident # 71 on 5/11/16 at 10:04 am revealed the resident lying in bed with full side rails elevated on both sides. During an interview on 5/11/16 at 10:04 am, Resident # 71 stated she wanted the side rails up because she felt safe with them up and had told staff not to put them down. Resident # 71 stated she felt afraid and anxious if the side rails were down. Resident # 1 stated she could use the bed rail to move her upper body a few inches but needed staff to turn her. During an interview on 5/12/16 10:40 am, MDS Coordinator # 1 stated the side rails for Resident # 71 were elevated because she had a high level of anxiety and liked the security of the side rails.	F 278	P0100A. Resident #110's assessment was modified on 6/2/16 by the MDS Coordinator to code the side rail usage as a restraint on P0100A. Steps Taken in regard to those Residents having the potential to be affected: The MDS Coordinators were re-educated on 6/1/16 by the Administrator on CMS's RAI Version 3.0 Manual, Section P: Restraints including the definition of a physical restraint and the bed rails coding tips. The MDS Coordinators, Regional QA Nurse and Administrator were educated via telephone and email by Cindy DePorter on 6/2/16 regarding Section P and accurately coding of side rails as restraints. Resident side rails were assessed to determine if they would be considered a restraint by the MDS Coordinators, DON, ADON and Resource nurse on 6/1/16. Assessments were modified as indicated on 6/2/16. Measures put in place to ensure the deficient practice does not recur: The DON and/or designee will audit 2 resident assessments weekly x 3 weeks and then monthly x 3 months to ensure residents who utilize side rails have accurate coding in regards to section P on	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345294	A. BUILDING _____ B. WING _____	C 05/12/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN CARE OF SHALLOTTE	237 MULBERRY STREET SHALLOTTE, NC 28459

(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	Continued From page 2 MDS Coordinator # 1 stated if the side rails were used as enablers for positioning, they did not have to be coded as a restraint on the MDS. A review of the Resident Assessment Instrument 3.0 instructions for coding bed rails on the MDS revealed: "Bed rails used as positioning devices. If the use of bed rails (quarter-, half- or three-quarter, one or both, etc) meet the definition of a physical restraint even though they may improve the resident's mobility in bed, the nursing home must code their use as a restraint at P0100A." During an interview on 5/12/16 1:34 pm, the Administrator stated her expectation was that the MDS should be coded as instructed in the Resident Assessment Instrument regarding bed rails. 2. Resident # 110 was admitted to the facility on 5/22/12 with diagnoses which included dementia, anxiety and blindness. A review of the Quarterly Minimum Data Set (MDS) assessment of 2/17/16 revealed Resident # 110 had severe cognitive and communication deficits and required extensive assistance of two with bed mobility. A review of Section P0100 Physical Restraints revealed P0100A Bed rails were coded as "not used." A review of the care plan for Resident # 110 dated 5/12/12 revealed the resident needed total assistance to turn and position, extensive assistance for bed mobility, and full padded side rails x 2 due to vision impairment. On 5/11/16 at 7:05 am, Resident # 110 was observed lying supine in bed with full side rails	F 278	the MDS. Monitoring effectiveness of corrective action: Assessment audits will be brought by the DON and/or designee to the Quality Assurance Committee for 3 months to review. Any areas of continued concern will be brought back to the Quality Assurance Committee for further action plan.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345294	A. BUILDING _____ B. WING _____	C 05/12/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN CARE OF SHALLOTTE	237 MULBERRY STREET SHALLOTTE, NC 28459

(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	Continued From page 3	F 278		

elevated on both sides.

During an interview on 5/11/16 at 4:40 pm, Nurse # 1 stated Resident # 110 had full side rails when in bed. "She is not able to get out of bed or sit up by herself, she does not try to get out of bed. She has side rails because she is blind and it helps define the parameters of the bed for her."

During an interview on 5/12/16 at 10:40 am, MDS Coordinator # 1 stated full side rails were used for Resident # 110 to define bed parameters due to the resident's blindness. MDS Coordinator # 1 stated if the side rails were used as enablers, they did not have to be coded as restraints on the MDS.

A review of the Resident Assessment Instrument 3.0 instructions for coding bed rails on the MDS revealed: "Bed rails used as positioning devices. If the use of bed rails (quarter-, half- or three-quarter, one or both, etc) meet the definition of a physical restraint even though they may improve the resident's mobility in bed, the nursing home must code their use as a restraint at P0100A."
During an interview on 5/12/16 1:34 pm, the Administrator stated her expectation was that the MDS should be coded as instructed in the Resident Assessment Instrument regarding bed rails.