

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

PRINTED: 06/22/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345078	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/26/2016
NAME OF PROVIDER OR SUPPLIER HIGHLAND FARMS			STREET ADDRESS, CITY, STATE, ZIP CODE 200 TABERNACLE ROAD BLACK MOUNTAIN, NC 28711		
(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=E	<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>	F 272		6/23/16	

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

TITLE

(X6) DATE

Electronically Signed

06/16/2016

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	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on record reviews and staff interviews, the facility failed to complete a Care Area Assessment that addressed underlying causes, contributing factors, and risk factors for falls, psychotropic medications and nutrition for 5 out of 16 residents reviewed with comprehensive care area assessments (Residents #13, #38, #44, #48, and #49).</p> <p>The findings included:</p> <ol style="list-style-type: none"> Resident #13 was admitted to the facility on 01/05/11. His diagnoses included Parkinson's Disease, abnormal posture, muscle weakness, history of falls, history of anxiety, hypertension and history of depression. <p>Review of the incident log revealed Resident #13 fell once on 01/29/16 at 7:30 PM from bed and twice on 01/30/16, first at 6:55 PM from bed and then at 8:00 PM from recliner.</p> <p>Review of the monthly weight variance and communication form dated 02/08/16 revealed His weight dropped from 153 pounds in January 2016 to 139 pounds in February 2016, noting this was a 14 pound drop (9%) in 30 days.</p> <p>The annual Minimum Data Set dated 02/18/16 coded him with unclear speech, severely impaired cognition, requiring extensive assistance for bed mobility, transfers, locomotion, dressing, eating, and toileting and being nonambulatory. He was coded with having 2 or more falls in the previous month, being unsteady during transitions and requiring human assistance to stabilize. He</p>	F 272	<p>Plan of Correction Givens Highland Farms Retirement Community wishes to have this plan of correction stand as its allegation of compliance. Our date of alleged compliance is March 2, 2014. Preparation and execution of this plan of correction does not constitute admission to nor agreement with either the existence of or scope and severity of any cited deficiencies or conclusion set forth in the statement of deficiencies. This plan is prepared and executed to ensure continuing compliance with regulatory requirements.</p> <p>F272 <input type="checkbox"/> Comprehensive Assessments</p> <ol style="list-style-type: none"> Corrective actions taken for residents found to have been affected by alleged deficient practice: The identified Care Areas Assessments (CAA□s) for Resident #12, #44, #48, #38 and #49 were corrected on by the MDS Team to include analysis, causes and contributing factors for the triggered areas on the MDS assessments. Corrective actions taken for other residents having the potential to be affected by the alleged deficient: The most recent comprehensive 		

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F 272	<p>Continued From page 2</p> <p>was inaccurately noted to weigh 153 pounds with no swallowing problems and no significant weight gain or loss and received hospice services.</p> <p>a. The Care Area Assessment (CAA) for falls dated 02/25/16 was completed by the Nurse Supervisor. The CAA stated Resident #13 utilized a bed and chair alarm, needed extensive assistance of 2 for bed mobility, transfer and toileting. He had a history of falls, orthostatic hypotension, Parkinson's Disease and Alzheimers Disease. At times he has delusions, hallucinations and depression. He was cognitively impaired usually understood and sometimes understands. The CAA noted he would be care planned due to his risk of falls.</p> <p>The CAA did not address the specifics of his past falls, the causes of the falls or analysis of why he fell or any trends related to his falls.</p> <p>Interview with the Nurse Supervisor on 05/26/16 at 11:30 AM revealed he did not address the specifics of Resident #13's falls including his strengths and weakness or include the analysis of the circumstances of the falls which would describe the specific needs of the resident.</p> <p>On 05/26/16 at 2:41 PM the Assistant Director of Nursing (ADON) stated each incident was reviewed in morning meetings and at that time the staff try to determine the causes and circumstances of each fall in order to plan interventions but they were not included in the CAA summary.</p> <p>b. The CAA for nutrition dated 03/25/15 referred to the dehydration CAA. The dehydration CAA stated he required one person limited assistance</p>	F 272	<p>assessment for all residents in the facility were reviewed. All CAAs for any resident who triggered for falls, psychotropic medications and nutritional issues will be reviewed and revised, if necessary, by the MDS Team to include analysis, causes and contributing factors related to these triggered areas.</p> <p>3. Measures taken and systems changed to prevent repeat of alleged deficit practice:</p> <p>The MDS staff that is responsible for completing the CAA's (MDS Nurses, Certified Dietary Manager and Social Service Director) were in-serviced on the CAA Process by the Nurse Consultant. The Director of Nursing will also be in-serviced by the Nurse Consultant. The in-service included guidance from the RAI Manual to ensure further assessment of the triggered areas and identifying causal or contributing factors relative to the Care Area Triggers (CAT's) of the MDS Assessment is conducted.</p> <p>4. Facility plans to monitor its performance to make sure solutions are sustained:</p> <p>The DON and/or designee will review/monitor CAA's for all comprehensive assessments to ensure CAAs are developed in accordance with RAI guidelines. This will be done weekly for one month then every other week for one month. CAAs will also be reviewed during routine Nurse Consultant visits.</p>		

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F 272	<p>Continued From page 3</p> <p>with eating. He had tremors to his hands and used a Styrofoam cup at his meals. He has Alzheimer's and Parkinson's Disease related dementia. He needed extensive assistance of 2 for bed mobility, transfer and toileting. At times he has delusions, hallucinations and depression. He was cognitively impaired usually understood and sometimes understands. The CAA noted there would be a care plan due to his risk for decline.</p> <p>The CAA did not address the actual weight loss, how his diagnoses affected his intake or analyze the information to determine his strengths and weakness that placed him at risk. The CAA indicated a care plan would be developed.</p> <p>Interview with the Nurse Supervisor and ADON on 05/26/16 at 11:30 AM revealed the CAA did not describe his strengths and weakness and analyze the information to determine the direction of the care plan.</p> <p>2. Resident #44 was admitted to the facility on 09/27/13. Her diagnoses included dysphagia, chronic kidney disease, anxiety disorder, and dementia.</p> <p>The annual Minimum Data Set dated 06/26/15 coded her with severely impaired cognitive skills, requiring extensive assistance with most activities of daily living skills, having no behaviors, moving or speaking so slowly it was noticeable, and receiving antianxiety medications 7 times in the previous 7 days.</p> <p>The Care Area Assessment (CAA) dated 07/01/15 stated she triggered due to using an antidepressant medication for depression. The</p>	F 272	Results of the audits will be reviewed and discussed in the monthly Quality Assurance		

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F 272	<p>Continued From page 4</p> <p>CAA stated she had a cerebral vascular accident a few years ago that caused right sided hemiplegia, and she was pleasant with a great deal of inner strength. She socialized and participated in many activities. She was able to voice needs and preferences. She required assistance with activities of daily living skills and experienced generalized weakness and some pain in her right upper extremities for which she received effective pain medications. The CAA stated that the side effects, adverse reactions and effectiveness of the medications were monitored.</p> <p>The CAA failed to analyze the underlying causes of depression for her and the continued necessity of the medication.</p> <p>Interview on 05/26/16 at 10:57 AM with the Assistant Director of Nursing who completed this CAA revealed she did not include the details or analysis of what she knew of Resident #44's mood, manifestations and individual needs for the antidepressant.</p> <p>3. Resident #48 was admitted to the facility on 05/02/16 with diagnoses of anxiety, depression and dementia.</p> <p>Review of the admission Minimum Data Set (MDS) dated 05/09/16 revealed Resident #48 was cognitively intact. The MDS further revealed Resident #48 received an antipsychotic medication 1 day during the 7 day look back period and an antidepressant medication 7 days during the 7 day look back period.</p> <p>Review of the Care Area Assessment (CAA) summary dated 05/10/16 revealed Resident #48 triggered for psychotropic drug use and was on</p>	F 272			

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F 272	<p>Continued From page 5</p> <p>an antidepressant for a diagnoses of depression and an antipsychotic prescribed for agitation as needed. The summary stated Resident #48 did not exhibit any increased depression or adverse reaction to the antidepressant and would proceed to care plan related to the risk for adverse reaction to an antidepressant and antipsychotic medication. There was no analysis of Resident #48's strengths and weakness, causes and contributing factors related to the use of psychotropic med use.</p> <p>During an interview conducted on 05/26/16 at 10:44 AM the Nurse Supervisor stated Resident #38 was a new admit and her CAA was an ongoing process. He stated he completed his summary based on the antidepressant and antipsychotic medications Resident #48 received during the look back period and did not address any of her strengths and weakness or causes and contributing factors related to the use of the medications.</p> <p>4. Resident #38 was admitted to the facility on 10/29/15 with current diagnoses of non-Alzheimer's dementia, Parkinson's disease, age related osteoporosis and a history of falls.</p> <p>Review of the admission Minimum Data Set (MDS) dated 11/05/16 revealed Resident #38 was severely cognitively impaired and required extensive assistance with transfers, dressing, toileting, personal hygiene and bathing.</p> <p>Review of the Care Area Assessment (CAA) summary dated 12/18/16 revealed Resident #38 triggered for falls related to Parkinson's disease and dementia. The CAA revealed Resident #38 was a new admit after a hospitalization with</p>	F 272			

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F 272	<p>Continued From page 6</p> <p>confusion as to location and family. The summary revealed Resident #38 had a diagnoses of Parkinson's disease, gastroesophageal reflux, hypertension, atrial fibrillation and dementia and she was presently resisting adapting to her new home. She had a history of falls related to Parkinson's disease which was not being treated medically due to Resident #38's refusal for treatment due to the side effects of the medication. There were no analysis of Resident #38's strengths and weakness, causes and contributing factors related to falls.</p> <p>During an interview conducted on 05/26/16 at 11:00 AM the Assistant Director of Nursing (ADON) stated she completed the CAA summary for falls for Resident #38. The ADON stated Resident #38 triggered for falls due to having a history of falls and trying to get out bed and her wheelchair without calling for assistance but did not list those causes in the summary. She stated she should have included those causes and other contributing factors for Resident #38's falls in her CAA summary.</p> <p>5. Resident #49 was admitted on 12/17/14 with diagnoses including dementia, abnormal posture, and muscle weakness.</p> <p>Review of the annual Minimum Data Set (MDS) dated 12/03/15 revealed Resident #49 had severely impaired cognition and required extensive assistance of two persons for bed mobility and transfers. The annual MDS noted Resident #49 had not fallen since the previous assessment.</p> <p>Review of Resident #49's Care Area Assessment (CAA) Summary for Falls dated 12/08/15</p>	F 272			

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F 272	<p>Continued From page 7</p> <p>revealed he triggered for falls due to a history of falls and impaired balance. The CAA Summary noted Resident #49 was a long term resident and had diagnoses including Alzheimer's disease, hypertension, muscle weakness, anemia, depression, and agitation. There was no analysis of contributing factors or risk factors related to the care area. Current interventions were not included in the CAA Summary.</p> <p>An interview was conducted with the Assistant Director of Nursing (ADON) on 05/26/16 at 2:00 PM. The ADON reviewed Resident #49's annual MDS during the interview and confirmed she had completed the assessment and the CAA Summary for Falls. The ADON indicated Resident #49 had a history of falls due to leaning and has had several referrals to therapy for wheelchair positioning. The ADON stated she should have included details in the CAA Summary regarding the reasons for Resident #49's falls and interventions.</p>	F 272			