

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

PRINTED: 12/29/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345421	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/14/2016
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF CHATHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 72 CHATHAM BUSINESS PARK PITTSBORO, NC 27312		
(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 No deficiencies were cited as a result of an onsite complaint investigation of 12/12/16 through 12/14/16. Event ID #CT6V11.	F 000			
F 272 SS=D	483.20(b)(1) COMPREHENSIVE ASSESSMENTS (b) Comprehensive Assessments (1) Resident Assessment Instrument. A facility must make a comprehensive assessment of a resident's needs, strengths, goals, life history and preferences, using the resident assessment instrument (RAI) specified by CMS. The assessment must include at least the following: (i) Identification and demographic information (ii) Customary routine. (iii) Cognitive patterns. (iv) Communication. (v) Vision. (vi) Mood and behavior patterns. (vii) Psychological well-being. (viii) Physical functioning and structural problems. (ix) Continence. (x) Disease diagnosis and health conditions. (xi) Dental and nutritional status. (xii) Skin Conditions. (xiii) Activity pursuit. (xiv) Medications. (xv) Special treatments and procedures. (xvi) Discharge planning. (xvii) Documentation of summary information regarding the additional assessment performed on the _____ care areas triggered by the completion of the Minimum Data Set (MDS).	F 272	12/30/16		

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

TITLE

(X6) DATE

Electronically Signed

12/20/2016

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345421	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/14/2016
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF CHATHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 72 CHATHAM BUSINESS PARK PITTSBORO, NC 27312		
(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	<p>Continued From page 1</p> <p>(xviii) Documentation of participation in assessment. The assessment process must include direct observation and communication with the resident, as well as communication with licensed and non-licensed direct care staff members on all shifts.</p> <p>The assessment process must include direct observation and communication with the resident, as well as communication with licensed and non-licensed direct care staff members on all shifts.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to completely assess residents on the Minimum Data Set (MDS) assessment in the areas of mental status and mood for 2 of 15 residents reviewed (Residents #118 and #134). The findings included:</p> <p>1a. Resident #118 was initially admitted to the facility on 8/1/13 and readmitted on 12/4/16 with multiple diagnoses that included hypertension, anxiety, and dementia. An annual Minimum Data Set (MDS) assessment dated 5/30/16 indicated Resident #118 had clear speech, was able to make herself understood, and understood others. Section C, the Cognitive Patterns section, was not fully completed for Resident #118. Question C0100 indicated a Brief Interview for Mental Status (BIMS) was to be conducted with Resident #118. The remaining resident interview questions in the BIMS section, questions C0200 through C0500 were incomplete.</p> <p>An interview was conducted with the MDS</p>	F 272	<p>The Laurels of Chatham wishes to have this submitted plan of correction stand as its written allegation of compliance. Our alleged compliance is December 30th, 2016 .</p> <p>Preparation and/or execution of this plan of correction does not constitute admission to, nor agreement with, either the existence of or the scope and severity of any of the cited deficiencies, or conclusions set forth in the statement of deficiencies. This plan is prepared and/or executed to ensure continuing compliance with regulatory requirements.</p> <p>F 272 *483.20 Comprehensive Assessment Corrective Action The MDS (Minimum Data Set) assessment for residents' number 118 and 134 have been redone on 12-21-16 and 12-22-16, and the Cognitive Patterns Section and Mood sections has been</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345421	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/14/2016
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF CHATHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 72 CHATHAM BUSINESS PARK PITTSBORO, NC 27312		
(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	<p>Continued From page 2</p> <p>Coordinator on 12/14/16 at 10:48 AM. She indicated the facility had multiple staff changes with their Social Worker (SW) position over the past year. She indicated sometimes she completed Section C and sometimes the SW that was employed at the time completed Section C. The MDS Coordinator reported she signed the MDS assessments for completion and accuracy.</p> <p>The interview with the MDS Coordinator continued. Section C of the MDS dated 5/30/16 for Resident #118 was reviewed with the MDS Coordinator. She indicated the resident interview should have been attempted with Resident #118 as required. She reported she was unsure sure why the resident interview was not completed for Resident #118. The MDS Coordinator explained that sometimes the resident interview was conducted after the Assessment Reference Date (ARD) and therefore the assessment was not able to be documented on the MDS assessment. She reported the facility protocol was for the interview to be conducted on the day before or the day of the MDS ARD. She indicated sometimes the interview was missed and it was completed late.</p> <p>An interview was conducted with the Director of Nursing (DON) on 12/14/16 at 2:50 PM. She indicated her expectation was for the MDS to be fully completed.</p> <p>1b. Resident #118 was initially admitted to the facility on 8/1/13 and readmitted on 12/4/16 with multiple diagnoses that included hypertension, anxiety, and dementia. An annual MDS assessment dated 5/30/16 indicated Resident #118 had clear speech, was able to make herself understood, and understood others. Section D,</p>	F 272	<p>completed by the social worker. The MDS care plan nurse will have them submitted on 12-22-16</p> <p>Corrective action for those who have the potential to be affected At the time of survey, with completion of the audit on 12-21-16, the DON (Director of Nurses) and the MDS nurse reviewed the last completed assessment for residents MDS Section C and Section D. Additional necessary corrections will be completed by December 29th, 2016 by the Social Worker and MDS nurse.</p> <p>Systemic changes The MDS/Care Plan Nurse and Social Worker will be re-educated by our Clinical Resource Specialist, on December 28th, 2016 regarding completing the Cognitive Section and the Mood sections of the MDS. The Activity Director has been trained as well to be able to complete these sections if the Social Worker is not available. Having completed a root cause analysis and determining that this issue occurred due to lack of training for the new Social Worker and not having a backup person to complete the section if the Social Worker is not available, we decided to cross train the Activity Director to be able to complete the sections on Cognitive Patterns and Mood.</p> <p>Monitoring The Director of Nurses, using a QA auditing tool, will review all MDS Cognitive Pattern Section and Section D for completeness and accuracy, weekly for</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345421	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/14/2016
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF CHATHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 72 CHATHAM BUSINESS PARK PITTSBORO, NC 27312		
(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	<p>Continued From page 3</p> <p>the Mood section, was not fully completed for Resident #118. Question D0100 indicated a Resident Mood Interview was not to be conducted with Resident #118. The remaining resident interview questions in the Mood section, questions D0200 through D0300, were incomplete.</p> <p>An interview was conducted with the MDS Coordinator on 12/14/16 at 10:48 AM. She indicated the facility had multiple staff changes with their SW position over the past year. She indicated sometimes she completed Section D and sometimes the SW that was employed at the time completed Section D. The MDS Coordinator reported she signed the MDS assessments for completion and accuracy.</p> <p>The interview with the MDS Coordinator continued. Section D of the MDS dated 5/30/16 for Resident #118 was reviewed with the MDS Coordinator. She indicated the resident interview should have been attempted with Resident #118 as required. She reported she was unsure sure why the resident interview was not completed for Resident #118. The MDS Coordinator explained that sometimes the resident interview was conducted after the ARD and therefore the assessment was not able to be documented on the MDS assessment. She reported the facility protocol was for the interview to be conducted on the day before or the day of the MDS ARD. She indicated sometimes the interview was missed and it was completed late.</p> <p>An interview was conducted with the DON on 12/14/16 at 2:50 PM. She indicated her expectation was for the MDS to be fully completed.</p>	F 272	<p>the next 2 months, and then will review random MDS's completed weekly for the next two months to ensure that Sections C and D continue to be accurate and completed. The results will be reported by the DON, to the monthly QAPI (Quality Assurance and Performance Improvement) meeting for any further recommendations. The DON will be responsible to follow-up on any recommendation from the QA committee with additional training to be provided by the Clinical Resource Specialist, as indicated.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345421	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/14/2016
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF CHATHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 72 CHATHAM BUSINESS PARK PITTSBORO, NC 27312		
(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	Continued From page 4 1c. Resident #118 was initially admitted to the facility on 8/1/13 and readmitted on 12/4/16 with multiple diagnoses that included hypertension, anxiety, and dementia. A quarterly MDS assessment dated 6/20/16 indicated Resident #118 had clear speech, was able to make herself understood, and understood others. Section C, the Cognitive Patterns section, was not fully completed for Resident #118. Question C0100 indicated a BIMS was to be conducted with Resident #118. The remaining resident interview questions in the BIMS section, questions C0200 through C0500, were incomplete. An interview was conducted with the MDS Coordinator on 12/14/16 at 10:48 AM. She indicated the facility had multiple staff changes with their SW position over the past year. She indicated sometimes she completed Section C and sometimes the SW that was employed at the time completed Section C. The MDS Coordinator reported she signed the MDS assessments for completion and accuracy. The interview with the MDS Coordinator continued. Section C of the MDS dated 6/20/16 for Resident #118 was reviewed with the MDS Coordinator. She indicated the resident interview should have been attempted with Resident #118 as required. She reported she was unsure sure why the resident interview was not completed for Resident #118. The MDS Coordinator explained that sometimes the resident interview was conducted after the ARD and therefore the assessment was not able to be documented on the MDS assessment. She reported the facility protocol was for the interview to be conducted on the day before or the day of the MDS ARD. She	F 272			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345421	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/14/2016
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF CHATHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 72 CHATHAM BUSINESS PARK PITTSBORO, NC 27312		
(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	<p>Continued From page 5</p> <p>indicated sometimes the interview was missed and it was completed late.</p> <p>An interview was conducted with the DON on 12/14/16 at 2:50 PM. She indicated her expectation was for the MDS to be fully completed.</p> <p>1d. Resident #118 was initially admitted to the facility on 8/1/13 and readmitted on 12/4/16 with multiple diagnoses that included hypertension, anxiety, and dementia. A quarterly MDS assessment dated 6/20/16 indicated Resident #118 had clear speech, was able to make herself understood, and understood others. Section D, the Mood section, was not fully completed for Resident #118. Question D0100 indicated a Resident Mood Interview was not to be conducted with Resident #118. The remaining resident interview questions in the Mood section, questions D0200 through D0300, were incomplete.</p> <p>An interview was conducted with the MDS Coordinator on 12/14/16 at 10:48 AM. She indicated the facility had multiple staff changes with their SW position over the past year. She indicated sometimes she completed Section D and sometimes the SW that was employed at the time completed Section D. The MDS Coordinator reported she signed the MDS assessments for completion and accuracy.</p> <p>The interview with the MDS Coordinator continued. Section D of the MDS dated 6/20/16 for Resident #118 was reviewed with the MDS Coordinator. She indicated the resident interview should have been attempted with Resident #118 as required. She reported she was unsure sure</p>	F 272			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345421	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/14/2016
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF CHATHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 72 CHATHAM BUSINESS PARK PITTSBORO, NC 27312		
(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	<p>Continued From page 6</p> <p>why the resident interview was not completed for Resident #118. The MDS Coordinator explained that sometimes the resident interview was conducted after the ARD and therefore the assessment was not able to be documented on the MDS assessment. She reported the facility protocol was for the interview to be conducted on the day before or the day of the MDS ARD. She indicated sometimes the interview was missed and it was completed late.</p> <p>An interview was conducted with the DON on 12/14/16 at 2:50 PM. She indicated her expectation was for the MDS to be fully completed.</p> <p>1e. Resident #118 was initially admitted to the facility on 8/1/13 and readmitted on 12/4/16 with multiple diagnoses that included hypertension, anxiety, and dementia. A quarterly MDS assessment dated 9/19/16 indicated Resident #118 had clear speech, was able to make herself understood, and understood others. Section C, the Cognitive Patterns section, was not fully completed for Resident #118. Question C0100 indicated a BIMS was to be conducted with Resident #118. Question C0200 was completed with Resident #118. The remaining resident interview questions in the BIMS section, questions C0300 through C0400 were incomplete.</p> <p>An interview was conducted with the MDS Coordinator on 12/14/16 at 10:48 AM. She indicated the facility had multiple staff changes with their SW position over the past year. She indicated sometimes she completed Section C and sometimes the SW that was employed at the time completed Section C. The MDS Coordinator</p>	F 272			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345421	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/14/2016
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF CHATHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 72 CHATHAM BUSINESS PARK PITTSBORO, NC 27312		
(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	<p>Continued From page 7</p> <p>reported she signed the MDS assessments for completion and accuracy.</p> <p>The interview with the MDS Coordinator continued. Section C of the MDS dated 9/19/16 for Resident #118 was reviewed with the MDS Coordinator. She indicated the resident interview should have been attempted with Resident #118 as required. She reported she was unsure sure why the resident interview was not completed for Resident #118. The MDS Coordinator explained that sometimes the resident interview was conducted after the ARD and therefore the assessment was not able to be documented on the MDS assessment. She reported the facility protocol was for the interview to be conducted on the day before or the day of the MDS ARD. She indicated sometimes the interview was missed and it was completed late.</p> <p>An interview was conducted with the DON on 12/14/16 at 2:50 PM. She indicated her expectation was for the MDS to be fully completed.</p> <p>1f. Resident #118 was initially admitted to the facility on 8/1/13 and readmitted on 12/4/16 with multiple diagnoses that included hypertension, anxiety, and dementia. A quarterly MDS assessment dated 10/12/16 indicated Resident #118 had clear speech, was able to make herself understood, and understood others. Section C, the Cognitive Patterns section, was not fully completed for Resident #118. Question C0100 indicated a BIMS was not to be conducted with Resident #118. The remaining resident interview questions in the BIMS section, questions C0200 through C0500, were incomplete.</p>	F 272			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345421	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/14/2016
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF CHATHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 72 CHATHAM BUSINESS PARK PITTSBORO, NC 27312		
(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	<p>Continued From page 8</p> <p>An interview was conducted with the MDS Coordinator on 12/14/16 at 10:48 AM. She indicated the facility had multiple staff changes with their SW position over the past year. She indicated sometimes she completed Section C and sometimes the SW that was employed at the time completed Section C. The MDS Coordinator reported she signed the MDS assessments for completion and accuracy.</p> <p>The interview with the MDS Coordinator continued. Section C of the MDS dated 10/12/16 for Resident #118 was reviewed with the MDS Coordinator. She indicated the resident interview should have been attempted with Resident #118 as required. She reported she was unsure sure why the resident interview was not completed for Resident #118. The MDS Coordinator explained that sometimes the resident interview was conducted after the ARD and therefore the assessment was not able to be documented on the MDS assessment. She reported the facility protocol was for the interview to be conducted on the day before or the day of the MDS ARD. She indicated sometimes the interview was missed and it was completed late.</p> <p>An interview was conducted with the DON on 12/14/16 at 2:50 PM. She indicated her expectation was for the MDS to be fully completed.</p> <p>1g. Resident #118 was initially admitted to the facility on 8/1/13 and readmitted on 12/4/16 with multiple diagnoses that included hypertension, anxiety, and dementia. A quarterly MDS assessment dated 10/12/16 indicated Resident #118 had clear speech, was able to make herself understood, and understood others. Section D,</p>	F 272			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345421	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/14/2016
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF CHATHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 72 CHATHAM BUSINESS PARK PITTSBORO, NC 27312		
(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	<p>Continued From page 9</p> <p>the Mood section, was not fully completed for Resident #118. Question D0100 indicated a Resident Mood Interview was not to be conducted with Resident #118. The remaining resident interview questions in the Mood section, questions D0200 through D0300, were incomplete.</p> <p>An interview was conducted with the MDS Coordinator on 12/14/16 at 10:48 AM. She indicated the facility had multiple staff changes with their SW position over the past year. She indicated sometimes she completed Section D and sometimes the SW that was employed at the time completed Section D. The MDS Coordinator reported she signed the MDS assessments for completion and accuracy.</p> <p>The interview with the MDS Coordinator continued. Section D of the MDS dated 10/12/16 for Resident #118 was reviewed with the MDS Coordinator. She indicated the resident interview should have been attempted with Resident #118 as required. She reported she was unsure sure why the resident interview was not completed for Resident #118. The MDS Coordinator explained that sometimes the resident interview was conducted after the ARD and therefore the assessment was not able to be documented on the MDS assessment. She reported the facility protocol was for the interview to be conducted on the day before or the day of the MDS ARD. She indicated sometimes the interview was missed and it was completed late.</p> <p>An interview was conducted with the DON on 12/14/16 at 2:50 PM. She indicated her expectation was for the MDS to be fully completed.</p>	F 272			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345421	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/14/2016
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF CHATHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 72 CHATHAM BUSINESS PARK PITTSBORO, NC 27312		
(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	<p>Continued From page 10</p> <p>2a. Resident #134 was admitted to the facility on 5/21/14 with multiple diagnoses that included hypertension and Alzheimer ' s. The annual MDS assessment dated 5/6/16 indicated Resident #134 had clear speech, was able to make herself understood, and understood others. Section C, the Cognitive Patterns section, was not fully completed for Resident #134. Question C0100 indicated a BIMS was to be conducted with Resident #134. The remaining resident interview questions in the BIMS section, questions C0200 through C0500 were incomplete.</p> <p>An interview was conducted with the MDS Coordinator on 12/14/16 at 10:48 AM. She indicated the facility had multiple staff changes with their SW position over the past year. She indicated sometimes she completed Section C and sometimes the SW that was employed at the time completed Section C. The MDS Coordinator reported she signed the MDS assessments for completion and accuracy.</p> <p>The interview with the MDS Coordinator continued. Section C of the MDS dated 5/6/16 for Resident #134 was reviewed with the MDS Coordinator. She indicated the resident interview should have been attempted with Resident #134 as required. She reported she was unsure sure why the resident interview was not completed for Resident #134. The MDS Coordinator explained that sometimes the resident interview was conducted after the ARD and therefore the assessment was not able to be documented on the MDS assessment. She reported the facility protocol was for the interview to be conducted on the day before or the day of the MDS ARD. She indicated sometimes the interview was missed</p>	F 272			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345421	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/14/2016
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF CHATHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 72 CHATHAM BUSINESS PARK PITTSBORO, NC 27312		
(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	<p>Continued From page 11 and it was completed late.</p> <p>An interview was conducted with the DON on 12/14/16 at 2:50 PM. She indicated her expectation was for the MDS to be fully completed.</p> <p>2b. Resident #134 was admitted to the facility on 5/21/14 with multiple diagnoses that included hypertension and Alzheimer ' s. The annual MDS assessment dated 5/6/16 indicated Resident #134 had clear speech, was able to make herself understood, and understood others. Section D, the Mood section, was not fully completed for Resident #134. Question D0100 indicated a Resident Mood Interview was not to be conducted with Resident #134. The remaining resident interview questions in the Mood section, questions D0200 through D0300, were incomplete.</p> <p>An interview was conducted with the MDS Coordinator on 12/14/16 at 10:48 AM. She indicated the facility had multiple staff changes with their SW position over the past year. She indicated sometimes she completed Section D and sometimes the SW that was employed at the time completed Section D. The MDS Coordinator reported she signed the MDS assessments for completion and accuracy.</p> <p>The interview with the MDS Coordinator continued. Section D of the MDS dated 5/6/16 for Resident #134 was reviewed with the MDS Coordinator. She indicated the resident interview should have been attempted with Resident #134 as required. She reported she was unsure sure why the resident interview was not completed for Resident #134. The MDS Coordinator explained</p>	F 272			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345421	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/14/2016
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF CHATHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 72 CHATHAM BUSINESS PARK PITTSBORO, NC 27312		
(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	<p>Continued From page 12</p> <p>that sometimes the resident interview was conducted after the ARD and therefore the assessment was not able to be documented on the MDS assessment. She reported the facility protocol was for the interview to be conducted on the day before or the day of the MDS ARD. She indicated sometimes the interview was missed and it was completed late.</p> <p>An interview was conducted with the DON on 12/14/16 at 2:50 PM. She indicated her expectation was for the MDS to be fully completed.</p> <p>2c. Resident #134 was admitted to the facility on 5/21/14 with multiple diagnoses that included hypertension and Alzheimer ' s. The quarterly MDS assessment dated 6/16/16 indicated Resident #134 had clear speech, was able to make herself understood, and understood others. Section C, the Cognitive Patterns section, was not fully completed for Resident #134. Question C0100 indicated a BIMS was not to be conducted with Resident #118. The remaining resident interview questions in the BIMS section, questions C0200 through C0500, were incomplete.</p> <p>An interview was conducted with the MDS Coordinator on 12/14/16 at 10:48 AM. She indicated the facility had multiple staff changes with their SW position over the past year. She indicated sometimes she completed Section C and sometimes the SW that was employed at the time completed Section C. The MDS Coordinator reported she signed the MDS assessments for completion and accuracy.</p> <p>The interview with the MDS Coordinator</p>	F 272			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345421	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/14/2016
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF CHATHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 72 CHATHAM BUSINESS PARK PITTSBORO, NC 27312		
(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	<p>Continued From page 13</p> <p>continued. Section C of the MDS dated 6/16/16 for Resident #134 was reviewed with the MDS Coordinator. She indicated the resident interview should have been attempted with Resident #134 as required. She reported she was unsure sure why the resident interview was not completed for Resident #134. The MDS Coordinator explained that sometimes the resident interview was conducted after the ARD and therefore the assessment was not able to be documented on the MDS assessment. She reported the facility protocol was for the interview to be conducted on the day before or the day of the MDS ARD. She indicated sometimes the interview was missed and it was completed late.</p> <p>An interview was conducted with the DON on 12/14/16 at 2:50 PM. She indicated her expectation was for the MDS to be fully completed.</p> <p>2d. Resident #134 was admitted to the facility on 5/21/14 with multiple diagnoses that included hypertension and Alzheimer ' s. The quarterly MDS assessment dated 6/16/16 indicated Resident #134 had clear speech, was able to make herself understood, and understood others. Section D, the Mood section, was not fully completed for Resident #134. Question D0100 indicated a Resident Mood Interview was not to be conducted with Resident #134. The remaining resident interview questions in the Mood section, questions D0200 through D0300, were incomplete.</p> <p>An interview was conducted with the MDS Coordinator on 12/14/16 at 10:48 AM. She indicated the facility had multiple staff changes with their SW position over the past year. She</p>	F 272			

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

PRINTED: 12/29/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345421	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/14/2016
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF CHATHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 72 CHATHAM BUSINESS PARK PITTSBORO, NC 27312		
(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	<p>Continued From page 14</p> <p>indicated sometimes she completed Section D and sometimes the SW that was employed at the time completed Section D. The MDS Coordinator reported she signed the MDS assessments for completion and accuracy.</p> <p>The interview with the MDS Coordinator continued. Section D of the MDS dated 6/16/16 for Resident #134 was reviewed with the MDS Coordinator. She indicated the resident interview should have been attempted with Resident #134 as required. She reported she was unsure sure why the resident interview was not completed for Resident #134. The MDS Coordinator explained that sometimes the resident interview was conducted after the ARD and therefore the assessment was not able to be documented on the MDS assessment. She reported the facility protocol was for the interview to be conducted on the day before or the day of the MDS ARD. She indicated sometimes the interview was missed and it was completed late.</p> <p>An interview was conducted with the DON on 12/14/16 at 2:50 PM. She indicated her expectation was for the MDS to be fully completed.</p> <p>2e. Resident #134 was admitted to the facility on 5/21/14 with multiple diagnoses that included hypertension and Alzheimer ' s. The annual MDS assessment dated 9/14/16 indicated Resident #134 had clear speech, was sometimes able to make herself understood, and sometimes understood others. Section C, the Cognitive Patterns section, was not fully completed for Resident #134. Question C0100 indicated a BIMS was to be conducted with Resident #134. Question C0200 was completed with Resident</p>	F 272			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345421	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/14/2016
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF CHATHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 72 CHATHAM BUSINESS PARK PITTSBORO, NC 27312		
(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	<p>Continued From page 15</p> <p>#118. The remaining resident interview questions in the BIMS section, questions C0300 through C0400 were incomplete.</p> <p>An interview was conducted with the MDS Coordinator on 12/14/16 at 10:48 AM. She indicated the facility had multiple staff changes with their SW position over the past year. She indicated sometimes she completed Section C and sometimes the SW that was employed at the time completed Section C. The MDS Coordinator reported she signed the MDS assessments for completion and accuracy.</p> <p>The interview with the MDS Coordinator continued. Section C of the MDS dated 9/14/16 for Resident #134 was reviewed with the MDS Coordinator. She indicated the resident interview should have been attempted with Resident #134 as required. She reported she was unsure sure why the resident interview was not completed for Resident #134. The MDS Coordinator explained that sometimes the resident interview was conducted after the ARD and therefore the assessment was not able to be documented on the MDS assessment. She reported the facility protocol was for the interview to be conducted on the day before or the day of the MDS ARD. She indicated sometimes the interview was missed and it was completed late.</p> <p>An interview was conducted with the DON on 12/14/16 at 2:50 PM. She indicated her expectation was for the MDS to be fully completed.</p> <p>2f. Resident #134 was admitted to the facility on 5/21/14 with multiple diagnoses that included hypertension and Alzheimer ' s. The quarterly</p>	F 272			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345421	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/14/2016
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF CHATHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 72 CHATHAM BUSINESS PARK PITTSBORO, NC 27312		
(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	<p>Continued From page 16</p> <p>MDS assessment dated 9/14/16 indicated Resident #134 had clear speech, was sometimes able to make herself understood, and sometimes understood others. Section D, the Mood section, was not fully completed for Resident #134. Question D0100 indicated a Resident Mood Interview was to be conducted with Resident #134. The remaining resident interview questions in the Mood section, questions D0200 through D0300, were incomplete.</p> <p>An interview was conducted with the MDS Coordinator on 12/14/16 at 10:48 AM. She indicated the facility had multiple staff changes with their SW position over the past year. She indicated sometimes she completed Section D and sometimes the SW that was employed at the time completed Section D. The MDS Coordinator reported she signed the MDS assessments for completion and accuracy.</p> <p>The interview with the MDS Coordinator continued. Section D of the MDS dated 9/14/16 for Resident #134 was reviewed with the MDS Coordinator. She indicated the resident interview should have been attempted with Resident #134 as required. She reported she was unsure sure why the resident interview was not completed for Resident #134. The MDS Coordinator explained that sometimes the resident interview was conducted after the ARD and therefore the assessment was not able to be documented on the MDS assessment. She reported the facility protocol was for the interview to be conducted on the day before or the day of the MDS ARD. She indicated sometimes the interview was missed and it was completed late.</p> <p>An interview was conducted with the DON on</p>	F 272			

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

PRINTED: 12/29/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345421	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/14/2016
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF CHATHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 72 CHATHAM BUSINESS PARK PITTSBORO, NC 27312		
(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	Continued From page 17 12/14/16 at 2:50 PM. She indicated her expectation was for the MDS to be fully completed.	F 272			
F 278 SS=D	483.20(g)-(j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED (g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. (h) Coordination A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. (i) Certification (1) A registered nurse must sign and certify that the assessment is completed. (2) Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. (j) Penalty for Falsification (1) Under Medicare and Medicaid, an individual who willfully and knowingly- (i) 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 (ii) Causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty or not more than \$5,000 for each assessment. (2) Clinical disagreement does not constitute a	F 278		12/30/16	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345421	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/14/2016
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF CHATHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 72 CHATHAM BUSINESS PARK PITTSBORO, NC 27312		
(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	<p>Continued From page 18</p> <p>material and false statement. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to accurately code the Minimum Data Set (MDS) assessments for hospice services and prognosis (Resident #44), for urinary catheter (Resident # 113) and for medications (Resident #196) for 3 of 15 sampled residents reviewed. Findings included:</p> <p>1a. Resident #44 was admitted to the facility on 5/24/13 with multiple diagnoses including Dementia. The quarterly MDS assessment dated 9/21/16 indicated that Resident #44 was not receiving hospice services while at the facility.</p> <p>Review of the medical records for Resident #44 revealed that the resident was admitted to hospice on 3/22/16.</p> <p>On 4/4/16, a care plan for end of life and hospice care was initiated for Resident #44.</p> <p>On 12/14/16 at 10:40 AM, the MDS Nurse was interviewed. She acknowledged that Resident #44 was receiving hospice services while at the facility and she failed to code the MDS assessment for the hospice services.</p> <p>On 12/14/16 at 2:49 PM, the Director of Nursing (DON) was interviewed. She stated that she expected the MDS assessments to be accurate.</p> <p>b. Resident #44 was admitted to the facility on 5/24/13 with multiple diagnoses including Dementia. The quarterly MDS assessment dated 9/21/16 indicated that Resident #44 did not have</p>	F 278	<p>F 278 *483.20 Assessment Accuracy/Coordination/Certified Corrective Action The MDS for residents' number 44 has been completed 12-22-16, and the modifications for resident numbers 113 and 196 were completed 12-14-16. The modifications were completed by the MDS nurse and these assessments will all be submitted on 12-22-16.</p> <p>Corrective action for those who have the potential to be affected All current residents that receive hospice services, all residents that have indwelling catheters, and those who have been assessed in the past 30 days that reflect receiving an injection on their MDS, have been reviewed by the MDS nurse and the Director of Nurses, with the audit being completed 12-21-16. There were modifications made to 6 MDS assessments to reflect "end of life", there was 1 modification to injections, and the remaining indwelling catheters were all found to be correct. All have been submitted by the 12-22-16 except for 1 remaining hospice end of life that will be completed on 12-26-16 and submitted at that time.</p> <p>Systemic changes The MDS/Care Plan Nurse and administrative nurses will have been re-educated on 12-28-16, by our Clinical Resource Specialist regarding coding</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345421	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/14/2016
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF CHATHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 72 CHATHAM BUSINESS PARK PITTSBORO, NC 27312		
(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	<p>Continued From page 19</p> <p>a condition or chronic disease that may result in a life expectancy of less than 6 months under prognosis.</p> <p>Review of the medical records for Resident #44 revealed that the resident was admitted to hospice on 3/22/16.</p> <p>On 4/4/16, a care plan for end of life and hospice care was initiated for Resident #44.</p> <p>On 12/14/16 at 10:40 AM, the MDS Nurse was interviewed. She acknowledged that Resident #44 was receiving hospice services while at the facility. The MDS Nurse further indicated that she didn't have to code the prognosis as " yes " unless the physician has documentation in the medical records that the resident has life expectancy of less than 6 months.</p> <p>On 12/14/16 at 2:49 PM, the Director of Nursing (DON) was interviewed. She stated that she expected the MDS assessments to be accurate.</p> <p>2. Resident#113 was readmitted to the facility on 1/29/16. Cumulative diagnoses included, in part, dysfunction urinary retention with a urinary catheter.</p> <p>A review of the physician's orders revealed an order dated 8/31/16 that stated foley catheter (urinary catheter) insertion due to urinary retention.</p> <p>A physician's order dated 9/22/16 stated to do a trial of voiding 9/23/16 (remove foley catheter; if no void in 8 hours, replace it).</p>	F 278	<p>accuracy of the MDS.</p> <p>Monitoring The Director of Nurses/ Unit Managers, utilizing a QA auditing tool, will review all MDS's for accuracy for guests on hospice, or receiving injections, or have indwelling catheters, weekly for the next 2 months, and then will randomly review MDS's completed weekly for one month to ensure ongoing compliance with accurate coding. The results will be reported by the DON, to the monthly QAPI meeting for any further recommendations. The DON will be responsible to follow-up on any recommendation from the committee and additional training will be provided by the Clinical Resource Specialist as indicated.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345421	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/14/2016
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF CHATHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 72 CHATHAM BUSINESS PARK PITTSBORO, NC 27312		
(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	<p>Continued From page 20</p> <p>A Quarterly Minimum Data Set (MDS) dated 9/27/16 indicated Resident #113 was cognitively intact. Section H0100 was reviewed and indwelling catheter was not checked.</p> <p>A review of the Treatment Administration Record (TAR) for September 2016 revealed urinary catheter care was documented as completed daily the entire month of September.</p> <p>On 12/14/16, Resident #113 was observed to continue to have an indwelling urinary catheter.</p> <p>On 12/14/16 at 2:30PM, an interview was conducted with the MDS Coordinator. She reviewed the medical record for Resident #113 and stated she should have coded the urinary catheter on the MDS.</p> <p>On 12/14/16 at 2:53PM, an interview was conducted with the Director of Nursing who stated Resident #113 did have a trial of urinary catheter removal. She said the urinary catheter was removed in the morning and was reinserted by the evening of the same day due to Resident #113 being unable to void.</p> <p>3. Resident #196 was admitted to the facility on 11/2/16 with multiple diagnoses that included Alzheimer's.</p> <p>The admission MDS dated 11/9/16 indicated Resident #196 had significant cognitive impairment. Section N, the Medications section, indicated Resident #196 was administered an injection on 1 of 7 days during the MDS look back</p>	F 278			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345421	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/14/2016
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF CHATHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 72 CHATHAM BUSINESS PARK PITTSBORO, NC 27312		
(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 21 period. A review of the Medication Administration Record (MAR) for the look back period of Resident #196's 11/9/16 MDS indicated she had not been administered an injection during the MDS look back period (11/3/16 through 11/9/16). An interview was conducted with the MDS Coordinator on 12/14/16 at 10:48 AM. She indicated she was responsible for completing Section N of the MDS. Section N of the 11/9/16 MDS for Resident #196 was reviewed with the MDS Coordinator. Resident #196's MAR for the 11/9/16 MDS look back period was reviewed with the MDS Coordinator. She revealed Resident #196's 11/9/16 MDS was inaccurately coded for injections. She indicated the 11/9/16 MDS should have indicated Resident #196 was not administered an injection during the look back period. An interview was conducted with the Director of Nursing on 12/14/16 at 2:49 PM. She indicated her expectation was for the MDS to be completed accurately.	F 278			
F 279 SS=D	483.20(d);483.21(b)(1) DEVELOP COMPREHENSIVE CARE PLANS 483.20 (d) Use. A facility must maintain all resident assessments completed within the previous 15 months in the resident's active record and use the results of the assessments to develop, review and revise the resident's comprehensive care plan.	F 279		12/30/16	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345421	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/14/2016
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF CHATHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 72 CHATHAM BUSINESS PARK PITTSBORO, NC 27312		
(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 279	Continued From page 22 483.21 (b) Comprehensive Care Plans (1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv) In consultation with the resident and the resident's representative (s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for	F 279			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345421	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/14/2016
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF CHATHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 72 CHATHAM BUSINESS PARK PITTSBORO, NC 27312		
(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 279	<p>Continued From page 23</p> <p>future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, medical record review and staff interview, the facility failed to develop a care plan for wandering behavior for one of five residents reviewed for unnecessary medications (Resident #47) and failed to develop a care plan for the use of a urinary catheter for one of one residents reviewed for urinary catheters (Resident #113). The findings included:</p> <p>1. Resident #47 was admitted to the facility on 11/12/16. Cumulative diagnoses included chronic dementia.</p> <p>An Admission Minimum Data Set (MDS) dated 11/19/16 indicated Resident #47 was severely impaired in cognition. No mood or behaviors were noted. Extensive assistance was needed with bed mobility, transfers and ambulation in the room and corridor.</p> <p>A Care Area Assessment (CAA) for psychotropic medication use stated Resident #47 had a diagnosis of dementia and depression. Resident #47 received antidepressant and psychotropic medication. He remained at risk for changes in mood and side effects from the medication. Will care plan.</p>	F 279	<p>F279 *483.21 Comprehensive Care Plans Corrective Action Resident number 47's care plan has been updated to reflect the wandering behavior and resident number 113's care plan has been updated to reflect the indwelling catheter. Both were updated by the MDS nurse on 12-14-16</p> <p>Corrective action for those who have the potential to be affected All residents that wander or who have indwelling catheters have the potential to be affected by this alleged deficient practice and are identified by the MDS care plan process. The DON and unit managers reviewed all residents with wandering behaviors by December 18th and found no other care plan that needed to be updated or initiated for wandering behavior. The MDS nurse has reviewed those residents with indwelling catheters, by 12-20-16. No other resident was found to not have an appropriate care plan.</p> <p>Systemic changes</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345421	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/14/2016
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF CHATHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 72 CHATHAM BUSINESS PARK PITTSBORO, NC 27312		
(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 279	Continued From page 24 Nursing notes were reviewed and revealed a nursing note dated 11/13/16 at 6:35AM. Resident #47 was observed outside the main entrance door sitting in his wheelchair. Resident #47 was alert and confused. He was returned back to his room. An investigation report dated 11/14/16 and 11/15/16 indicated another resident was in the front lobby of the facility and observed Resident #47 trying to go outside. Resident #47 was sitting up front by the first front door when nursing staff went to get Resident #47. Nursing staff brought him back to his room. Resident #47 was between the inside door and the front door and never went outside of the building. A nursing note dated 11/13/16 at 3:33PM stated Resident #47 was extremely confused and drank a container of mouth wash. He also took his knife from the breakfast tray and tried to cut his sheets. A Wander guard bracelet (medical alert bracelet used for wandering residents) was placed on Resident #47's ankle. A nursing note dated 12/11/16 at 11:32PM indicated Resident #47 displayed wandering behavior. A review of Resident #47's care plan revealed there was not a care plan for wandering/ risk of getting out of facility. There was not a care plan for the use of the Wander guard bracelet. On 12/13/16 at 5:15PM, an observation of Resident #47 was conducted with the Director of Nursing also in attendance. Resident #47 aroused easily and was able to move his legs bilaterally without any assistance needed from	F 279	The MDS/Care Plan Nurse and Administrative nurses will be re-educated by our Clinical Resource Specialist on 12-28-16, regarding developing care plans for those residents that have wandering behavior and those with indwelling catheters. Monitoring The Director of Nurses/Unit Managers, utilizing a QA auditing tool, will review all care plans for those that have wandering behavior and those that have indwelling catheters, to ensure care plans are updated accordingly in the morning Clinical Operations meeting, which is attended by the DON, MDS nurse, Assistant Director of Nurses, both Unit Managers, Administrator, Activity Director, Social Worker, Medical Records, Rehab Service Director and Dietary Manager, for the next 3 months. The DON will take the results to the monthly QAPI meeting for any further recommendations. The DON will be responsible to follow-up on any recommendation from the QA committee or any additional training if indicated.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345421	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/14/2016
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF CHATHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 72 CHATHAM BUSINESS PARK PITTSBORO, NC 27312		
(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 279	<p>Continued From page 25</p> <p>staff. A Wander guard bracelet was located on Resident #47's ankle. His wheelchair was beside his bed for easy access.</p> <p>On 12/14/16 at 10:25AM, an interview was conducted with the MDS Coordinator who stated the unit managers were supposed to go in and update the care plans. She stated she was aware of one episode of wandering soon after Resident #47 was admitted to the facility but it was determined that he did not go outside of the building. She said she was not aware that Resident had a Wander guard bracelet. The MDS Coordinator stated she wrote a care plan for the wandering behavior yesterday when she was made aware of his behaviors.</p> <p>On 12/14/2016 at 10:39AM, an interview was conducted with NA#1. She stated there are some days when Resident #47 would sleep all day and, other days, he was "wide open" and wandered all over the facility. She said Resident #47 ambulated without assistance even though he was unsteady on his feet. He also went throughout the facility in his wheelchair. NA #1 stated Resident #47 had a Wander guard bracelet on due to his wandering behavior.</p> <p>On 12/14/16 at 2:40PM, an interview was conducted with the Director of Nursing who stated she expected a care plan to have been written for the wandering behavior and the use of the Wander guard bracelet at the time the behavior was noted/ the bracelet was applied.</p> <p>2. Resident#113 was readmitted to the facility on 1/29/16. Cumulative diagnoses included, in part, dysfunction urinary retention with a urinary catheter.</p> <p>A review of the physician's orders revealed an order dated 8/31/16 that stated foley catheter (urinary catheter) insertion due to urinary</p>	F 279			

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

PRINTED: 12/29/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345421	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/14/2016
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF CHATHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 72 CHATHAM BUSINESS PARK PITTSBORO, NC 27312		
(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 279	<p>Continued From page 26 retention.</p> <p>A physician's order dated 9/22/16 stated to do a trial of voiding 9/23/16 (remove foley catheter; if no void in 8 hours, replace it).</p> <p>A Quarterly Minimum Data Set (MDS) dated 9/27/16 indicated Resident #113 was cognitively intact. She required extensive assistance with toileting. Section H0100 was reviewed and indwelling catheter was not checked.</p> <p>A review of the Treatment Administration Record (TAR) for September 2016 revealed urinary catheter care was documented as completed daily the entire month of September.</p> <p>On 12/14/16, Resident #113 was observed to continue to have an indwelling urinary catheter.</p> <p>A review of the care plan for Resident #113 revealed there was not a care plan for the urinary catheter.</p> <p>On 12/14/16 at 2:30PM, an interview was conducted with the MDS Coordinator. She reviewed the medical record for Resident #113 and stated there should have been a care plan for the use of the urinary catheter. She stated she knew, at some point, they had tried to discontinue the use of the urinary catheter. The MDS Coordinator reviewed the medical record and could not find any documentation that the urinary catheter had been discontinued.</p> <p>On 12/14/16 at 2:53PM, an interview was conducted with the Director of Nursing who stated Resident #113 did have a trial of urinary catheter removal. She said the urinary catheter was</p>	F 279			

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

PRINTED: 12/29/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345421	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/14/2016
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF CHATHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 72 CHATHAM BUSINESS PARK PITTSBORO, NC 27312		
(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 279	Continued From page 27 removed in the morning and was reinserted by the evening of the same day due to Resident #113 being unable to void. She stated there should have been a care plan for the use of the urinary catheter.	F 279			
F 520 SS=D	483.75(g)(1)(i)-(iii)(2)(i)(ii)(h)(i) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS (g) Quality assessment and assurance. (1) A facility must maintain a quality assessment and assurance committee consisting at a minimum of: (i) The director of nursing services; (ii) The Medical Director or his/her designee; (iii) At least three other members of the facility's staff, at least one of who must be the administrator, owner, a board member or other individual in a leadership role; and (g)(2) The quality assessment and assurance committee must : (i) Meet at least quarterly and as needed to coordinate and evaluate activities such as identifying issues with respect to which quality assessment and assurance activities are necessary; and (ii) Develop and implement appropriate plans of action to correct identified quality deficiencies; (h) Disclosure of information. A State or the Secretary may not require disclosure of the	F 520		12/30/16	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345421	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/14/2016
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF CHATHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 72 CHATHAM BUSINESS PARK PITTSBORO, NC 27312		
(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 520	<p>Continued From page 28</p> <p>records of such committee except in so far as such disclosure is related to the compliance of such committee with the requirements of this section.</p> <p>(i) Sanctions. Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility ' s Quality Assessment and Assurance Committee failed to maintain implemented procedures and to monitor the interventions the committee put into place following the recertification survey 1/7/16. This was for one deficiency which was recited during the recertification survey of 12/14/16 in the area of Assessment Accuracy (F278).The continued failure of the facility during two federal surveys of record shows a pattern of the facility ' s inability to sustain an effective Quality Assessment and Assurance program. The findings included:</p> <p>This tags is cross referenced to:</p> <p>F278-D: Based on record review and staff interview, the facility failed to accurately code the Minimum Data Set (MDS) assessments for hospice services and prognosis (Resident #44), for urinary catheter (Resident # 113) and for medications (Resident #196) for 3 of 15 sampled residents reviewed.</p> <p>In an interview on 12/14/16 at 3:20 PM, the Administrator acknowledged understanding of reciting of F278 during the recertification survey</p>	F 520	<p>F 520 483.75 Administration Corrective action The MDS for residents' number 44 has been completed 12-22-16, and the modifications for resident numbers 113 and 196 were completed 12-14-16. The modifications were completed by the MDS nurse and these assessments will all be submitted on 12-22-16.</p> <p>Corrective action for those who have the potential to be affected All current residents that receive hospice services, all residents that have indwelling catheters, and those who have been assessed in the past 30 days that reflect receiving an injection on their MDS, have been reviewed by the MDS nurse and the Director of Nurses, with the audit being completed 12-21-16. There were modifications made to 6 MDS assessments to reflect "end of life", there was 1 modification to injections, and the remaining indwelling catheters were all found to be correct. All have been submitted by the 12-22-16 except for 1 remaining hospice end of life that will be completed on 12-26-16 and submitted at</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345421	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/14/2016
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF CHATHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 72 CHATHAM BUSINESS PARK PITTSBORO, NC 27312		
(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 520	Continued From page 29 of 12/14/16.	F 520	<p>that time.</p> <p>Systemic changes The QAPI committee will be in-serviced by the Administrator on the procedure for developing and implementing appropriate plans of action to correct identified quality concerns. Education will include determining the root cause of the identified concern, identifying, implementing and monitoring the corrective action plan and recognizing when an action plan may need to be revised. The MDS/Care Plan Nurse and administrative nurses will have been re-educated on 12-28-16, by our Clinical Resource Specialist regarding coding accuracy of the MDS.</p> <p>Monitoring The Director of Nurses/ Unit Managers, utilizing a QA auditing tool, will review all MDS's for accuracy for guests on hospice, or receiving injections, or have indwelling catheters, weekly for the next 2 months, and then will randomly review MDS's completed weekly for one month to ensure ongoing compliance with accurate coding. The results will be reported by the DON, to the monthly QAPI meeting for any further recommendations or root cause analysis. The DON will be responsible to follow-up on any recommendation from the committee and additional training is indicated.</p>		