STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345525	A. BUILDING _____ B. WING _____	01/25/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS OF TAYLOR GLEN RET COM	3700 TAYLOR GLEN LANE CONCORD, NC 28027

(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 (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 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	F 278	F278 1- WHAT CORRECTIVE ACTION (S) WILL BE ACCOMPLISHED FOR	2/10/17

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

Electronically Signed | 02/13/2017

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F 278	Continued From page 1 Data Set Assessment (MDS) in the areas of type of assessment and discharge location for 1 of 3 sampled residents (Resident # 9) and failed to accurately code the MDS in the area of Range of Motion for 1 of 3 sampled residents (Resident # 8). The findings included: 1. Resident #9 was readmitted 12/27/16 and had diagnoses including heart failure and hypertension. Review of the Discharge Minimum Data Set (MDS) Assessment section "A" dated 1/18/17 revealed the following was coded: -Discharge Return Not Anticipated and Discharge to the Community. Review of the facility census for 1/24/17 at 11:00 AM revealed Resident #9 was on the active census for the facility and in a skilled nursing bed. During interview with the Director of Nursing on 1/24/17 at 11:15 AM she stated that Resident #9 was in the facility and in a Skilled Nursing bed from 12/27/16 through 1/24/17. She added that Resident #9 was discharged from Medicare Part A on 1/18/17 but they were still working with him to get him back to his apartment. Review of the Nursing Notes on 1/24/17 at 12:15 PM revealed Resident #9 was sent to the hospital. He was admitted and discharged from the facility later on 1/24/17. Interview with the Social Worker on 1/25/17 at 5:50 PM revealed that she had done the discharge coding for the I/18/17 MDS. She acknowledged that until the afternoon of 1/24/17 Resident #9 had been in a Skilled Nursing Bed.	F 278	THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE? The discharge coding error on resident #9's MDS assessment has been corrected and transmitted by the Social Worker on Feb. 10, 2017. The assessment now is coded as "not an entry or discharge" as it should be. HOW WILL THE CORRECTIVE ACTION (S) BE ACCOMPLISHED FOR THOSE RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE? Our Social Worker has now been edcuated as to the MDS requirements and has made a thorough inspection on Jan. 25, 2017 of any other residents that have remained in a Medicare certified bed after exhausting their Med A benefits. WHAT MEASURES WILL BE PUT INTO PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR? Our MDS Coordinator will check behind any and all future residents who, after exhausting their Med A benefits, remain in a Medicare certified bed. INDICATE HOW THE CORRECTIVE ACTION (S) WILL BE MONITORED TO ENSURE THE SOLUTION ARE SUSTAINED. THE FACILITY MUST	

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F 278	Continued From page 2 She stated that it was unusual at their facility for a resident to be discharged from Medicare Part A and remain in a skilled bed and she had not known how to accurately code it. She acknowledged that she should have coded the MDS as "not and entry or discharge" MDS. She stated that she would make the correction and also complete the Discharge MDS for 1/24/17since Resident #9 had been admitted to hospital. 2. Resident #8 was admitted to the facility on 10/17/16 with diagnoses to include fractured left femur, muscle weakness and history of falling. A nurse ' s note dated 10/17/16 was reviewed and the note stated the resident had diagnosis of intertrochanteric left hip fracture and required 2+ assist with transfers and weight-bearing as tolerated. A physical therapy (PT) noted dated 10/18/16 was reviewed and it was noted the resident ' s bilateral lower extremity strength and the right side " 4/5 " and the left " 2/5 " . This note was uploaded into the document system on 10/26/16. A nurse ' s note dated 10/23/16 documented the resident required extensive assistance with all activity of daily living (ADL) and 2+ assistance with ambulation on the unit and with therapy and " was not tolerating weight well on the left hip. " An admission Minimum Data Set (MDS) assessment was completed on 10/24/16 and assessed Resident #8 to be severely cognitively impaired and required extensive, two person assistance with transfers, toileting, bathing and dressing. The resident received Physical and Occupational Therapy, but had difficulty achieving goals due to her cognitive status. The admission MDS was completed with Question G0400 " Functional Limitation in Range of Motion " , B. Lower extremity (hip, knee, ankle,	F 278	DEVELOP A PLAN FOR ENSURING THAT THE CORRECTION IS ACHIEVED AND SUSTAINED. THE PLAN MUST BE IMPLEMENTED AND CORRECTIVE ACTION EVALUATED FOR EFFECTIVENESS. THE POC IS INTEGRATED INTO THE QUALITY ASSURANCE SYSTEM OF THE FACILITY. Our MDS Coordinator will check behind any and all future residents who, after exhausting their Med A benefits, remain in a Medicare certified bed. Our MDS Coordinator will make the Administrator aware when an error is found, the Administrator will investigate to see if additional training is required for the MDS Social Worker or whomever, and the Administrator will make sure the corrections have been made timely. The Administrator will present the findings to the QAPI Committee on a Quarterly basis to insure the accuracy of the MDS Assessments. INCLUDE DATES WHEN CORRECTIVE ACTION (S) WILL BE COMPLETED. The MDS corrections were completed and transmitted on Feb. 10, 2017. F278 2- WHAT CORRECTIVE ACTION (S) WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE?	

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F 278	Continued From page 3 foot) answered 0, no impairment. A PT note dated 10/24/16 was reviewed and documentation was noted to include " yelling with movement of left lower extremity and is unable to bear weight on it. " This note was uploaded into the document system on 10/26/16. An interview was conducted with the Director of Nursing (DON) on 1/25/17 at 5:14 PM. She stated she was responsible for the completion of the MDS for the facility. She reported she was in training the date the admission MDS was completed and did not complete the assessment. The DON stated that it was her expectation that MDS be completed on time, as well as accurate and complete upon submission. An interview was conducted with the Corporate Clinical Director on 1/25/17 at 5:47 PM and he stated he was training the current DON on 10/14/16 and he completed the admission MDS. He further stated the start of care notes from PT dated 10/24/16 had not been uploaded into the document system and he did not have access to those notes for the completion of the admission MDS and the information that was available did not seem to indicate the resident had limited ROM or that the hip fracture had limited her function.	F 278	The Range of Motion coding error on resident #8's MDS assessment has been corrected and transmitted by the MDS Coordinator on Feb. 10, 2017. The assessment now is coded as "1- lower extremity impairment on one side" rather than "0- no impairment". HOW WILL THE CORRECTIVE ACTION (S) BE ACCOMPLISHED FOR THOSE RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE? Our MDS Coordinator has been trained as to fully assessing the resident prior to completing the MDS admission assessment. She is to make sure any other staff member completes the MDS admission assessment correctly. She has made a thorough inspection on Jan. 26, 2017, of all other residents in the facility to make sure the Functional Limitation answer is correct. WHAT MEASURES WILL BE PUT INTO PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR? Our MDS Coordinator will check behind any and all future MDS admission assessments to insure accuracy. INDICATE HOW THE CORRECTIVE ACTION (S) WILL BE MONITORED TO ENSURE THE SOLUTION ARE	

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F 278	Continued From page 4	F 278	SUSTAINED. THE FACILITY MUST DEVELOP A PLAN FOR ENSURING THAT THE CORRECTION IS ACHIEVED AND SUSTAINED. THE PLAN MUST BE IMPLEMENTED AND CORRECTIVE ACTION EVALUATED FOR EFFECTIVENESS. THEPOC IS INTEGRATED INTO THE QUALITY ASSURANCE SYSTEM OF THE FACILITY. Our MDS Coordinator will check behind any and all future MDS admission assessments to insure accuracy. Our MDS Coordinator will make the Administrator aware when an error is found, the Administrator will investigate to see if additional training is required, and the Administrator will make sure the corrections have been made timely. The Administrator will present the findings to the QAPI Committee on a Quarterly basis to insure the accuracy of the MDS admission assessments. INCLUDE DATES WHEN CORRECTIVE ACTION (S) WILL BE COMPLETED. The MDS corrections were completed by Feb. 10, 2017.	