

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345202	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/27/2017
NAME OF PROVIDER OR SUPPLIER CAPITAL NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3000 HOLSTON LANE RALEIGH, NC 27610		
(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=E	<p>483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED</p> <p>The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to coordinate completion of the Minimum Data Set (MDS) and the MDS Coordinator knowingly submitted assessments without completion of the Cognition and Mood interviews for 6 of 35 residents reviewed.</p>	F 278	<p>The statements made on this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all Federal and State Regulations the facility has</p>	2/10/17	

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

TITLE

(X6) DATE

Electronically Signed

02/10/2017

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 278	<p>Continued From page 1 (Residents #9,#16, #48, #79, #115 and #177). The findings include:</p> <p>1. Resident #16 was admitted to the facility on 4/10/15.</p> <p>The Quarterly Minimum Data Set (MDS) for Resident #16, dated 11/28/16, revealed the interviews for Cognition and Mood were not completed. The Section Z item on the MDS, indicating completion, was signed by the RN to show the assessment was completed.</p> <p>During an interview on 1/25/17 at 2:00 PM the MDS Nurse indicated she had been out on leave for a period of time and after she came back the Social Worker (SW) was terminated for routinely not completing the Cognition and Mood interviews. The MDS Coordinator stated from 11/28/16 the Cognition and Mood interviews were not put into the MDS because they were waiting for a new SW to be hired.</p> <p>During an interview on 1/25/17 at 2:30 PM the Administrator stated the facility identified the problem of the MDS Cognition and Mood interviews not being completed on 9/16/16. She stated on 10/26/16 the facility put in place a 30 day monitoring tool to ensure the Cognition and Mood interview sections were being completed. She stated it was quickly apparent the person responsible for this section of the MDS was not completing the section. She stated at the end of November 2016 the facility began doing all Brief Interviews for Mental Status (BIMS) on all residents using a tool in the facilities computer. This tool was not connected to the MDS system. The Administrator further stated from 11/28/16 until January 2017 the MDS Cognition and Mood interviews were not completed because the</p>	F 278	<p>taken or will take the actions set forth in this Plan of Correction. The Plan of Correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>1 Corrective action was accomplished for Resident #16, Resident #177, Resident #48, Resident #9, Resident 79, and Resident #115, who was found to have been affected by the deficient practice, new BIMs and Mood Interviews were completed for each resident by the Interdisciplinary Team. Additionally a new Quarterly MDS was completed by the Interdisciplinary Team for all affected residents which included all sections of the MDS. All new Quarterly MDS assessments were submitted by the RN MDS Coordinator on 2/13/2017.</p> <p>2. All residents in the facility have the potential to be affected by the same deficient practice. An audit was conducted, by the RN MDS Coordinator and the RN MDS Consultant , on 1/25/2017 of current residents to determine which residents had dashes on Section C and D (interview not completed) on their most recent OBRA MDS assessment, and in turn inaccurately selected Section C and D of the MDS was complete. All residents who were identified as not having BIMs or a Mood Interview on their most recent MDS assessment were opened as an OBRA Quarterly Assessment to correct the prior</p>		

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F 278	<p>Continued From page 2</p> <p>facility was in the process of hiring a new Social Worker to begin work 1/9/2017.</p> <p>2. Resident #177 was admitted to the facility on 11/5/16.</p> <p>The 30-Day Medicare Minimum Data Set (MDS) assessment for Resident #177, dated 12/3/17, revealed the interviews for Cognition and Mood were not completed. The Section Z item on the MDS, indicating completion, was signed by the RN to show the assessment was completed.</p> <p>During an interview on 1/25/17 at 2:00 PM the MDS Nurse indicated she had been out on leave for a period of time and after she came back the Social Worker (SW) was terminated for routinely not completing the Cognition and Mood interviews. The MDS Coordinator stated from 11/28/16 the Cognition and Mood interviews were not put into the MDS because they were waiting for a new SW to be hired.</p> <p>During an interview on 1/25/17 at 2:30 PM the Administrator stated the facility identified the problem of the MDS Cognition and Mood interviews not being completed on 9/16/16. She stated on 10/26/16 the facility put in place a 30 day monitoring tool to ensure the Cognition and Mood interview sections were being completed. She stated it was quickly apparent the person responsible for this section of the MDS was not completing the section. She stated at the end of November 2016 the facility began doing all Brief Interviews for Mental Status (BIMS) on all residents using a tool in the facilities computer. This tool was not connected to the MDS system. The Administrator further stated from 11/28/16 until January 2017 the MDS Cognition and Mood interviews were not completed because the</p>	F 278	<p>OBRA MDS assessments per recommendations of Mary Maas the NC RAI Clinical Coordinator. The Quarterly Assessment was completed, including Section C and D, and the Assessment was submitted. The assessments were completed by the Interdisciplinary Team, and were submitted by the RN MDS Coordinator.</p> <p>3. Education was provided to the all Interdisciplinary Team Members by the RN MDS Consultant addressing the importance of conducting interviews, how to conduct the interviews, who can conduct interviews, and the timeliness of completing them. This training was completed on 1/26/2017. All members of the team, who complete any section of the MDS assessment, must sign and certify the accuracy of those sections and that an incomplete section indicates an incomplete MDS. In addition the MDS RN Coordinator was in-serviced, by the RN MDS Consultant on coordinating the entire MDS process and signing the MDS as complete in Section Z0400 of the MDS. The RN MDS Coordinator was also in-serviced that she must coordinate each MDS assessment with appropriate participation of the IDT members. In addition, she was in-serviced that she must sign and certify that the MDS assessment is completed and any incomplete section indicates that the MDS is not complete and therefore inaccurate. Furthermore, a new Social Worker was hired on 1/9/2017, and completed training on 1/20/2017 provided by our RN MDS</p>		

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F 278	<p>Continued From page 3</p> <p>facility was in the process of hiring a new Social Worker to begin work 1/9/2017.</p> <p>3. Resident #48 was admitted to the facility on 12/23/16.</p> <p>The 5-Day Medicare Minimum Data Set (MDS) assessment for Resident #48, dated 12/30/16, revealed the interviews for Cognition and Mood were not completed. The Section Z item on the MDS, indicating completion, was signed by the RN to show the assessment was completed.</p> <p>During an interview on 1/25/17 at 2:00 PM the MDS Nurse indicated she had been out on leave for a period of time and after she came back the Social Worker (SW) was terminated for routinely not completing the Cognition and Mood interviews. The MDS Coordinator stated from 11/28/16 the Cognition and Mood interviews were not put into the MDS because they were waiting for a new SW to be hired.</p> <p>During an interview on 1/25/17 at 2:30 PM the Administrator stated the facility identified the problem of the MDS Cognition and Mood interviews not being completed on 9/16/16. She stated on 10/26/16 the facility put in place a 30 day monitoring tool to ensure the Cognition and Mood interview sections were being completed. She stated it was quickly apparent the person responsible for this section of the MDS was not completing the section. She stated at the end of November 2016 the facility began doing all Brief Interviews for Mental Status (BIMS) on all residents using a tool in the facilities computer. This tool was not connected to the MDS system. The Administrator further stated from 11/28/16 until January 2017 the MDS Cognition and Mood interviews were not completed because the</p>	F 278	<p>Consultant. Since this date, SW has been completing BIMs and the Mood Interview, as well as SW sections in the MDS. SW has also been signing the SW sections of the MDS for completion for any MDS with an ARD after 1/20/2017.</p> <p>4. The facility plans to monitor its performance to make sure that solutions are sustained by checking 3 MDS submissions weekly for a period of four weeks. The Director of Nursing, or her designee, will check Section C and D for completeness, and to ensure the BIMs and Mood Interviews were completed. After four weeks, if 100% accuracy is achieved, the Director of Nursing, or her Designee will audit Section C and D for completeness, and to ensure the BIMs and Mood Interviews were completed by checking three assessments monthly for three months. Any incomplete sections/missing interviews will be completed immediately. All findings will be reported to the quarterly Quality Assurance Committee Meeting.</p> <p>5. 2/13/2017</p>		

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F 278	<p>Continued From page 4</p> <p>facility was in the process of hiring a new Social Worker to begin work 1/9/2017.</p> <p>4. Resident #9 was admitted to the facility on 7/1/15. The Quarterly Minimum Data Set (MDS) for Resident #9 dated 1/2/17, revealed the interviews for Cognition and Mood were not completed. The Section Z item on the MDS, indicating completion, was signed by the RN to show the assessment was completed.</p> <p>During an interview on 1/25/17 at 2:00 PM the MDS Nurse indicated she had been out on leave for a period of time and after she came back the Social Worker (SW) was terminated for routinely not completing the Cognition and Mood interviews. The MDS Coordinator stated from 11/28/16 the Cognition and Mood interviews were not put into the MDS because they were waiting for a new SW to be hired.</p> <p>During an interview on 1/25/17 at 2:30 PM the Administrator stated the facility identified the problem of the MDS Cognition and Mood interviews not being completed on 9/16/16. She stated on 10/26/16 the facility put in place a 30 day monitoring tool to ensure the Cognition and Mood interview sections were being completed. She stated it was quickly apparent the person responsible for this section of the MDS was not completing the section. She stated at the end of November 2016 the facility began doing all Brief Interviews for Mental Status (BIMS) on all residents using a tool in the facilities computer. This tool was not connected to the MDS system.</p>	F 278			

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F 278	<p>Continued From page 5</p> <p>The Administrator further stated from 11/28/16 until January 2017 the MDS Cognition and Mood interviews were not completed because the facility was in the process of hiring a new Social Worker to begin work 1/9/2017.</p> <p>5. Resident # 79 was admitted to the facility on 11/21/16. The Admission Minimum Data Set (MDS) for Resident # 79 dated 11/28/16 revealed the interviews for Cognition and Mood were not completed. The Section Z item on the MDS, indicating completion, was signed by the RN to show the assessment was completed. During an interview on 1/25/17 at 2:00 PM the MDS Nurse indicated she had been out on leave for a period of time and after she came back the Social Worker (SW) was terminated for routinely not completing the Cognition and Mood interviews. The MDS Coordinator stated from 11/28/16 the Cognition and Mood interviews were not put into the MDS because they were waiting for a new SW to be hired. During an interview on 1/25/17 at 2:30 PM the Administrator stated the facility identified the problem of the MDS Cognition and Mood interviews not being completed on 9/16/16. She stated on 10/26/16 the facility put in place a 30 day monitoring tool to ensure the Cognition and Mood interview sections were being completed. She stated it was quickly apparent the person responsible for this section of the MDS was not completing the section. She stated at the end of November 2016 the facility began doing all Brief Interviews for Mental Status (BIMS) on all residents using a tool in the facilities computer. This tool was not connected to the MDS system.</p>	F 278			

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F 278	<p>Continued From page 6</p> <p>The Administrator further stated from 11/28/16 until January 2017 the MDS Cognition and Mood interviews were not completed because the facility was in the process of hiring a new Social Worker to begin work 1/9/2017.</p> <p>6. Resident # 115 was admitted to the facility on 10/4/13.</p> <p>The Quarterly Minimum Data Set (MDS) for Resident # 115 dated 1/2/17 revealed the interviews for Cognition and Mood were not completed. The Section Z item on the MDS, indicating completion, was signed by the RN to show the assessment was completed.</p> <p>During an interview on 1/25/17 at 2:00 PM the MDS Nurse indicated she had been out on leave for a period of time and after she came back the Social Worker (SW) was terminated for routinely not completing the Cognition and Mood interviews. The MDS Coordinator stated from 11/28/16 the Cognition and Mood interviews were not put into the MDS because they were waiting for a new SW to be hired.</p> <p>During an interview on 1/25/17 at 2:30 PM the Administrator stated the facility identified the problem of the MDS Cognition and Mood interviews not being completed on 9/16/16. She stated on 10/26/16 the facility put in place a 30 day monitoring tool to ensure the Cognition and Mood interview sections were being completed. She stated it was quickly apparent the person responsible for this section of the MDS was not completing the section. She stated at the end of November 2016 the facility began doing all Brief Interviews for Mental Status (BIMS) on all residents using a tool in the facilities computer. This tool was not connected to the MDS system. The Administrator further stated from 11/28/16 until January 2017 the MDS Cognition and Mood interviews were not completed because the</p>	F 278			

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

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F 278	Continued From page 7 facility was in the process of hiring a new Social Worker to begin work 1/9/2017.	F 278			
F 282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on record review, observation and staff interview Hospice staff failed to follow the care plan of having fall mats beside a resident's bed while providing care for 1 of 1 Hospice resident (Resident #16) whose care plan was reviewed. The findings included: Resident #16 was admitted to the facility on 4/19/15 with diagnoses including end-stage chronic obstructive pulmonary disease (COPD), a history of traumatic brain injury (TBI) and was receiving Hospice services. A review of the significant change Minimum Data Set MDS dated 6/14/16 and his most recent quarterly MDS dated 11/28/16 revealed that Resident #16 had short and long term memory problems and he required one person physical extensive assistance with personal hygiene and was totally dependent on staff for bathing. The Resident was impaired on the upper and lower extremity on one side. A review of the care plan dated 11/14/16 revealed Resident #16 was at risk for falls related to impaired balance, a history of falls, and impaired cognition and communication, hemiplegia and with history of traumatic brain injury (TBI).	F 282	The statements made on this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all Federal and State Regulations the facility has taken or will take the actions set forth in this Plan of Correction. The Plan of Correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated. 1. Corrective action was accomplished for Resident #16 when fall mats were returned to the resident's bedside on 1/26/2017 the Certified Nursing Assistant. This was verified by the Director of Nursing. 2. Corrective action will be accomplished for those residents having the potential to be affected by the same deficient practice by ensuring all Hospice Aides are aware	2/10/17	

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F 282	<p>Continued From page 8</p> <p>Intervention included to have floor mats to be continued.</p> <p>On 1/25/17 at 2:02 PM, Resident #16 was observed lying in bed with no floor mats beside his bed.</p> <p>On 1/26/17 at 9:21 AM, the Director of Nursing (DON) stated that a Hospice Nursing Assistant had provided AM care for Resident #16 on 1/25/17.</p> <p>On 1/26/17 at 10:37 AM, NA#1 stated on 1/25/17 that a Hospice Nursing Assistant had cared for Resident #16 and that there had been no mats on the floor beside his bed. NA #1 further stated that the resident could easily roll out of the bed because he used his good hand to help and the floor mats could cushion his fall.</p> <p>On 1/26/17 at 1:17 PM the Hospice Nursing Assistant that provided care for Resident #16 on 1/25/17 stated there had not been a mat on his floor on 1/25/17.</p>	F 282	<p>of, and understand, the facility's Care Plans prior to providing care each time. This will be accomplished by providing an in-service to all Hospice Aides and Nurses on 2/9/2017 by the facility DON and Staff Development Coordinator. In addition, housekeeping staff was in-serviced by the Housekeeping Supervisor on 2/2/2017 regarding noticing if there is a floor mat present when completing deep cleans and ensuring mats are placed beside the bed whenever deep cleans are completed. The facility purchased additional floor mats on 1/30/2017 to ensure residents never go without a mat, if it is Care Planned, even when the mat is being deep cleaned by housekeeping. Mats were delivered on 2/8/2017.</p> <p>3.Hospice staff will be trained where to obtain an up-to-date Care Plan on each of their residents. They will also be trained on the requirement to speak with the Director of Nursing, or her designee, prior to providing care to each resident, to ensure continuity of care and identification of any new interventions. Additionally, Hospice Care Plans will be updated anytime an intervention is added to the facility's Care Plan. This will be accomplished by calling the Hospice Nurse anytime an intervention, applying to a Hospice patient, is added to their Care Plan. Facility staff will be in-serviced as well on the residents' "Kardex." The Kardex describes all areas of the residents' Care Plan pertinent to the residents' care. This in-service training will be completed by 2/13/2017 by the</p>		

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F 282	Continued From page 9	F 282	<p>facility SDC.</p> <p>4.The facility plans to monitor its performance by completing a Quality Assurance of all residents with floor mats care planned as a falls intervention. The Director of Nursing, or her designee, will check three floor mats to ensure they are by the bed, while residents are in bed, each week for four weeks, then three mats monthly for three months. Any areas for improvement will be addressed by the Director of Nursing with nursing, hospice, or housekeeping staff as needed, and will be brought to the Quality Assurance Team.</p> <p>5.2/24/2017</p>		