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	345463	A. BUILDING _____ B. WING _____	C 02/23/2017

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LIFE CARE CENTER OF HENDERSONV	400 THOMPSON STREET HENDERSONVILLE, NC 28792

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F 000	INITIAL COMMENTS No deficiencies were cited as a result of the complaint investigation Event ID #SS1D11.	F 000		
F 250 SS=D	483.40(d) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE (d) The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on observations, staff and resident interviews, the facility failed to arrange an appointment for mental health services to evaluate and provide psychological services as ordered by the primary care provider for 1 of 4 sampled residents (Resident #116). Findings included: Resident #116 was admitted to the facility on 1/12/17 with diagnoses of chronic respiratory failure, depression, and anxiety disorder. Record review revealed a doctor's order for Resident #116, dated 1/13/17, for psych consult for depression. The admission Minimum Data Set (MDS) dated 1/19/17 indicated the resident was cognitively intact with no mood or behavior issues. The MDS also indicated the resident had received 7 days of an antidepressant medication. A care plan dated 1/19/17 indicated Resident #116 was at risk for adverse effects from the antianxiety and antidepressant medication.	F 250	A. Resident found to be affected by alleged deficient practice: Resident #116 was found to have a psych. referral consult dated 1/13/17 for depression. Psych referrals were reviewed with Clinical Psychologist on 2/22/17 and resident #116 was seen by the Psychologist that day. B. Residents that have a potential to be affected: All residents that have psych. referrals ordered have potential to be affected. C. Re-education on process for referrals with Social Services Director completed and reviewed with the Psychologist, Executive Director and Director of Nursing. D. All residents with psych. services referrals will be reviewed by our Social Services Director and forwarded to the Psychologist. Orders will be reviewed in daily morning meetings to ensure no psych. orders are missed. Social Services Director will keep a daily Referral Tracking Log to ensure residents have been seen in a timely manner. Once psych. services	3/23/17

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

Electronically Signed | 03/17/2017

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F 250	Continued From page 1 The record review did not indicate that Resident #116 had received mental health services or a psych consult. During an interview on 2/21/17 at 2:50 PM, Resident #116 indicated she had not received psych services since she was admitted to the facility. During an interview on 2/21/17 at 5:00 PM, the Director of Nursing (DON) indicated that Resident #116 had an order written on 1/13/17 for psych services and the social worker had reviewed the order. The DON further stated she did not know why Resident #116 had not been seen by the psychologist. The DON indicated that the psychologist visited weekly at the facility and the social worker was responsible for notifying him of consult orders. During an interview on 2/22/17 at 8:48 AM the Social Worker (SW) indicated that Resident #116 had an order for psych services and she had not received the service. The SW revealed she was supposed to notify the psychologist of orders for psych consults. The SW went on to say the psychologist was supposed to see the referred residents on his next visit to the facility. The SW indicated that Resident #116 psych consult order had slipped through the cracks. On 2/22/17 at 3:47 PM an interview with the psychologist indicated that Resident #116 had not received psych services. The psychologist revealed there had been a miscommunication with the facility and he was not aware of the consult order. The psychologist went on to say he was supposed to see Resident #116 in the facility	F 250	provides their progress note, Social Services Director will attach to the psych. order to verify resident has been seen. The Executive Director and/or their designee will monitor all referrals weekly to assure the Social Services Director is notifying psych services of the referral and treatment has begun in a timely manner. E. The Executive Director and/or the DON will bring tracking log to monthly QAPI meeting for review times 3 months and random audits will be completed each month thereafter for compliance.	

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F 250	Continued From page 2 today. On 2/22/17 at 5:26 PM the Administrator stated his expectations were for consult orders to be arranged for Resident #116 and that she received the recommended care ordered by the NP.	F 250		
F 319 SS=D	483.40(b)(1) TX/SVC FOR MENTAL/PSYCHOSOCIAL DIFFICULTIES 483.40(b) Based on the comprehensive assessment of a resident, the facility must ensure that- (b)(1) A resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder, receives appropriate treatment and services to correct the assessed problem or to attain the highest practicable mental and psychosocial well-being. This REQUIREMENT is not met as evidenced by: Based on observations, staff and resident interviews, the facility failed to provide a psychological evaluation and services as ordered by the primary care provider for 1 of 4 sampled residents (Resident #116). Findings included: Resident #116 was admitted to the facility on 1/12/17 with diagnoses of chronic respiratory failure, depression, and anxiety disorder. Record review revealed a doctor's order for Resident #116, dated 1/13/17, for psych consult for depression.	F 319	A. Resident to be affected by alleged deficient practice: Resident #116 was found to have depression and a psych. referral was ordered on 1/13/17. Psych. referral was reviewed by Social Services Director and Psychologist again on 2/22/17 and resident was seen by Psychologist that day. B. Residents that have potential to be affected: All residents that have psych. referrals have the potential to be affected. All residents that have potential for mental/psychosocial difficulties will be identified upon admission. If psych. referral is ordered, Social Services Director will make a copy of the order and	3/23/17

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F 319	Continued From page 3 The admission Minimum Data Set (MDS) dated 1/19/17 indicated the resident was cognitively intact with no mood or behavior issues. The MDS also indicated the resident had received 7 days of an antidepressant medication. The Care Area Assessment (CAA) indicated the resident had received Prozac (a medication for depression) and the resident had a 15 year history of depression and anxiety. The CAA also revealed Resident #116 had been hospitalized in the past for the psych issues and a psych consult had been ordered for depression. A care plan dated 1/19/17 indicated Resident #116 was at risk for adverse effects from the antianxiety and antidepressant medication. The care plan goal was for Resident #116 to have no untoward effects from the use of psychoactive medication. The care plan interventions included for Resident #116 to have mental health services as needed. The record review did not indicate that Resident #116 had received mental health services or a psych consult. Observations of Resident #116 during the survey from 1/19/17 to 1/23/17 did not reveal any mood or behavior concerns. During an interview on 2/21/17 at 2:50 PM, Resident #116 indicated she had not received psych services since she was admitted to the facility. The resident went on to say she had taken an antidepressant medication for years for maintenance of her depression. During an interview on 2/21/17 at 5:00 PM, the Director of Nursing (DON) indicated that Resident	F 319	forward to the Psychologist. Orders are then reviewed the following day in morning clinical meeting to ensure referral is implemented. The Executive Director and/or their designee will monitor all referrals weekly to ensure the Social Services Director is processing psych services orders and treatment has begun in a timely manner. C. Log referral book is maintained by the Social Services Director and reviewed with the Psychologist on a weekly basis to ensure residents are seen in a timely manner. D. The Executive Director and/or the DON will bring the Log referral book to the monthly QAPI meeting times 3 months for review and random audits will be conducted each month thereafter for ensure compliance.	

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F 319	Continued From page 4	F 319		

#116 had an order written on 1/13/17 for psych services and the social worker had reviewed the order. The DON further stated she did not know why Resident #116 had not been seen by the psychologist. The DON indicated that the psychologist visited weekly at the facility and the social worker was responsible for notifying him of consult orders.

During an interview on 2/22/17 at 8:48 AM the Social Worker (SW) indicated that Resident #116 had an order for psych services and she had not received the service. The SW revealed she was supposed to notify the psychologist of orders for psych consults. The SW went on to say the psychologist was supposed to see the referred residents on his next visit to the facility. The SW indicated that Resident #116 psych consult order had slipped through the cracks.

During an interview on 2/22/17 at 9:19 AM the Nurse Practitioner (NP) indicted that Resident #116 had transitional depression since moving to the facility after a brief hospital stay. The NP revealed the resident preferred to stay in her room and seclude herself at times. The NP went on to say that Resident #116 needed supportive therapy due to her depression and end stage lung disease. The NP indicated she expected for the order for psych consult for Resident #116 to have been followed through and the resident was supposed to have seen the psychologist at his next visit to the facility.

On 2/22/17 at 3:47 PM an interview with the psychologist indicated that Resident #116 had not received psych services. The psychologist revealed there had been a miscommunication with the facility and he was not aware of the

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F 319	Continued From page 5 consult order. The psychologist went on to say he was supposed to see Resident #116 in the facility today. On 2/22/17 at 5:26 PM the Administrator stated his expectations were for the resident to receive the psych care needed and to get the recommended care ordered by the NP. On 2/23/17 at 9:33 AM an interview with the Palliative Care NP revealed that Resident #116 needed psych services for adjustment to the facility, and to deal with end of life issues. The NP indicated that Resident #116 had anxiety issues, and required motivation to participate with activities of daily living. The NP further stated that psych services would be beneficial to the resident.	F 319		
F 334 SS=D	483.80(d)(1)(2) INFLUENZA AND PNEUMOCOCCAL IMMUNIZATIONS (d) Influenza and pneumococcal immunizations (1) Influenza. The facility must develop policies and procedures to ensure that- (i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's representative	F 334		3/23/17

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F 334	Continued From page 6 has the opportunity to refuse immunization; and (iv) The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal. (2) Pneumococcal disease. The facility must develop policies and procedures to ensure that- (i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv) The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative	F 334		

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F 334	Continued From page 7 was provided education regarding the benefits and potential side effects of pneumococcal immunization; and (B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal. This REQUIREMENT is not met as evidenced by: Based on record review, staff and physician interviews the facility failed to administer a pneumococcal (pneumonia) vaccine for 1 of 5 residents reviewed for immunizations (Resident #29). Findings included: Review of the facility's "Influenza (Flu) Vaccine, Pneumococcal Vaccine and Flu Outbreak Management" policy dated May 2015 revealed the pneumococcal vaccine is offered, upon admission to the facility, if the resident had not received the vaccine in the past 5 years or if the prior vaccination status was unknown. Resident #29 was readmitted to the facility on 12/9/13 with diagnoses that included Alzheimer's disease, dementia, gastroesophageal reflux disease (digestive disease), dysphagia (difficulty swallowing), and esophageal stricture (narrowing of the passageway from the throat to the stomach). Review of Resident #29's medical record revealed the Responsible Party signed a consent form for the pneumococcal vaccine dated 10/14/16. Review of Resident #29's medication administration and immunization records revealed	F 334	A. Resident found to be affected by the alleged deficient practice: Resident #29 was found to have a consent signed by the responsible party for a pneumococcal vaccine dated 10/14/16. Resident #29 expired on 2/27/17 so vaccination could not be administered. B. Residents that have the potential to be affected: All residents admitted have the potential to be affected. All residents who have signed consents for flu or pneumonia vaccines have been audited by the Staff Development Coordinator and the ones that require the vaccines have been identified. All residents with consents have received the pneumonia vaccination as of 3/23/17. C. Upon admission to our facility, residents will have the choice to accept or decline the flu and pneumonia vaccinations. Educational materials will be offered to residents and/or responsible parties upon admission by the Admission Coordinator and/or her designee. The consents will be given to the Staff Development Coordinator for review. The SDC will place a copy of the consent in the medical record and enter the request on to the Tracking Log. The SDC will then	

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F 334	Continued From page 8 no evidence the pneumococcal vaccine had been administered. Review of the quarterly Minimum Data Set (MDS) dated 1/11/17 indicated Resident #29 had short and long term memory loss and severe cognitive impairment for daily decision making skills. An interview with the Assistant Director of Nursing (ADON) on 2/22/17 at 4:00 PM revealed she was responsible for infection control until the facility was able to hire a Staff Development Coordinator (SDC). The ADON indicated the previous SDC had been in the process of auditing resident medical records to determine if the pneumococcal vaccine consent forms had been received and vaccines administered but was not sure if the audit had been completed. She reviewed the medication administration records for Resident #29 and confirmed there was no documentation the pneumococcal vaccine had been administered. An interview with the Director of Nursing on 2/22/17 at 4:43 PM revealed she would expect for staff to have reviewed the consent form and administered the vaccine if the physician determined it was still needed. An interview with the Medical Director on 2/22/17 at 4:48 PM revealed he would expect for the vaccine to be administered within 3 months of receiving the consent unless contraindicated. He further stated if the vaccine was not administered, he would expect for staff to determine why and document a reason in the resident's medical record.	F 334	write out the vaccination order and upon receiving the physician order will administer the vaccine. If the resident and/or responsible party is unsure if they already have received the vaccination in the past, the SDC will call the hospital and primary care physician to verify the answer. The SDC will keep a record of the vaccinations given on the Vaccination Tracking Log. Education on the vaccination procedures will be provided by the Executive Director for the Admission Coordinator, Social Services Director, Staff Development Coordinator and Director of Nursing by 3/23/17. D. The Executive Director and/or the DON will bring the Pneumonia and Flu Vaccination Tracking Log to the monthly QAPI meeting for review times 3 months and random audits of all signed consents will be completed monthly thereafter for compliance.	