STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345267	A. BUILDING _____ B. WING _____	07/27/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POPLAR HEIGHTS CENTER	804 SOUTH POPLAR STREET ELIZABETHTOWN, NC 28337

(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 285 SS=D	483.20(e)(k)(1)-(4) PASRR REQUIREMENTS FOR MI & MR (e) Coordination. A facility must coordinate assessments with the pre-admission screening and resident review (PASARR) program under Medicaid in subpart C of this part to the maximum extent practicable to avoid duplicative testing and effort. Coordination includes: (1) Incorporating the recommendations from the PASARR level II determination and the PASARR evaluation report into a resident's assessment, care planning, and transitions of care. (2) Referring all level II residents and all residents with newly evident or possible serious mental disorder, intellectual disability, or a related condition for level II resident review upon a significant change in status assessment. (k) Preadmission Screening for individuals with a mental disorder and individuals with intellectual disability. (1) A nursing facility must not admit, on or after January 1, 1989, any new residents with: (i) Mental disorder as defined in paragraph (k)(3)(i) of this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission, (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and	F 285		8/16/17

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

Electronically Signed | 08/11/2017

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F 285	Continued From page 1 (B) If the individual requires such level of services, whether the individual requires specialized services; or (ii) Intellectual disability, as defined in paragraph (k)(3)(ii) of this section, unless the State intellectual disability or developmental disability authority has determined prior to admission- (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and (B) If the individual requires such level of services, whether the individual requires specialized services for intellectual disability. (2) Exceptions. For purposes of this section- (i)The preadmission screening program under paragraph(k)(1) of this section need not provide for determinations in the case of the readmission to a nursing facility of an individual who, after being admitted to the nursing facility, was transferred for care in a hospital. (ii) The State may choose not to apply the preadmission screening program under paragraph (k)(1) of this section to the admission to a nursing facility of an individual- (A) Who is admitted to the facility directly from a hospital after receiving acute inpatient care at the hospital, (B) Who requires nursing facility services for the	F 285		

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F 285	Continued From page 2 condition for which the individual received care in the hospital, and (C) Whose attending physician has certified, before admission to the facility that the individual is likely to require less than 30 days of nursing facility services. (3) Definition. For purposes of this section- (i) An individual is considered to have a mental disorder if the individual has a serious mental disorder defined in 483.102(b)(1). (ii) An individual is considered to have an intellectual disability if the individual has an intellectual disability as defined in §483.102(b)(3) or is a person with a related condition as described in 435.1010 of this chapter. (k)(4) A nursing facility must notify the state mental health authority or state intellectual disability authority, as applicable, promptly after a significant change in the mental or physical condition of a resident who has mental illness or intellectual disability for resident review. This REQUIREMENT is not met as evidenced by: Based on interview with members of the North Carolina preadmission screening and annual assessment review (PASRR) office, staff interview, and record review the facility failed to renew the PASRR for 1 of 1 residents (Resident #4) with a level II PASRR of limited duration. Findings included: Resident #4 was admitted to the facility on 11/21/12. The resident's documented diagnoses included schizophrenia, depression, mood	F 285	1. Information was submitted to the NC PASRR office for resident #4 to be reviewed for reinstatement of PASRR. Representative from the NC PASRR office came to the facility on 8/4/17 for assessment of resident #4. Resident #4 PASRR was reinstated on 8/9/17 with an expiration date of 10/8/17. 2. Current residents were reviewed to validate current PASRR information. No other residents were identified with	

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F 285	Continued From page 3 (affective) disorder, and anxiety. Resident #4's 09/17/16 annual minimum data set (MDS) documented she had a level II PASRR secondary to serious mental illness. On 11/28/16 "Resident meets PASRR II level of determination secondary to schizophrenia, major depressive disorder, and anxiety disorder" was identified as a problem in Resident #4's care plan. Record review revealed the most recent PASRR letter on file in Resident #4's medical record documented she had a level II PASRR of limited duration which was effective 09/16/16 and expired on 12/15/16. At 9:28 AM on 07/27/17 the facility's admissions director (AD) stated she was responsible for making sure each resident had a PASRR on admission. She reported it was the social worker (SW) who was responsible for completing the assessments and paperwork associated with PASRRs of limited duration and PASRRs involving changes in resident mental, emotional, and psychiatric status. She commented she thought the previous SW was in the process of completing some paperwork in regard to Resident #4's PASRR, but she left before it was finalized. She also remarked that she did not think the new SW had been trained on the PASRR process yet. The AD stated Resident #4's mental status had improved since being in the facility. At 9:43 AM on 07/27/17 Employee #1 with the North Carolina PASRR office stated renewal of Resident #4's PASRR began in December 2016,	F 285	expired PASRRs. Social Worker, Admissions Director, and MDS nurse were in-services by the Administrator on 8/10/17 on process for tracking PASRR expiration dates and importance of ensuring PASRRs are updated with any significant change in condition. 3. Admissions Director and Social Worker will maintain list of residents PASRR expiration dates. The MDS nurse will notify the Social Worker and Admissions Director when a significant change assessment is initiated so the PASRR information can be updated. Administrator and/or Director of Nursing will review list of resident PASRR expiration dates monthly x 3 months to ensure PASRRs remain current and valid. 4. Social Worker and/or Admissions Director will provide list of resident with PASRRs and their expiration dates to the facility's Performance Improvement Committee monthly x 3 months to ensure continued compliance.	

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but the office did not receive all the information it needed to complete the process so on 01/26/17 the renewal was canceled. Employee #1 reported Resident #4 did not currently have a valid PASRR number.

At 10:03 AM on 07/27/17 the facility's current SW stated she was told that the PASRR responsibility would be handed over to her this or next week sometime. She explained she had not yet been responsible for PASRRs since her hire at the end of April 2017.

At 11:10 AM on 07/27/17 Nurse #7 stated Resident #4 had been a lot more stable in the last eight months. She reported the resident used to have anger issues with loud outbursts and attempts to strike out at the staff.

At 11:23 AM on 07/27/17 Employee #2 with the North Carolina PASRR office stated Resident #4's PASRR of unlimited duration was terminated on 11/20/14 due to a change in mental condition, and since then she had three PASRRs of limited duration with the last of those expiring on 12/15/16. He reported Resident #4 had no current PASRR number with the last request for one being canceled on 01/26/17 due to insufficient information being supplied to complete the renewal.

At 11:30 AM on 07/27/17 nursing assistant (NA) #7 stated Resident #4 had been stable for at least six months. She commented the resident was quiet and stayed to herself. She commented the resident rarely had any loud outburst anymore and had not resisted care in a long time.

At 2:17 PM on 07/27/17 the administrator stated

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F 285	Continued From page 5 the facility thought Resident #4 had a valid PASRR number, and did not realize that her last PASRR of limited duration had expired. He commented it was necessary for the resident to have an active PASRR in order to remain in the facility.	F 285		
F 514 SS=D	483.70(i)(1)(5) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE (i) Medical records. (1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized (5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed	F 514		8/16/17

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F 514	Continued From page 6 professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to document pre and post dialysis assessments in the resident's clinical record for 1 of 1 residents reviewed for dialysis (Resident #82). The findings included: Resident #82 was admitted to the facility on 05/22/17 with cumulative diagnoses including: chronic kidney disease (CKD) stage 5, diabetes (DM), myocardial infarction (MI), methicillin resistant staphylococcus aureus infection (MRSA), and traumatic subdural hemorrhage. Resident #82's Minimum Data Set (MDS) dated 07/7/17 revealed the resident was severely cognitively impaired and required dialysis. Review of the care plan dated 06/5/17 revealed Resident #82 required dialysis 3 times weekly related to end stage renal disease. The interventions included: assess resident pre and post dialysis, monitor vital signs, and assess dialysis access site for redness, swelling, warmth, or drainage. Review of the nursing notes from 07/1/17 through present, the July 2017 Medication Administration Record (MAR), and the July 2017 Treatment Administration Record (TAR) revealed there was no documentation that Resident #82's s right Peripherally Inserted Central Catheter (PICC) line	F 514	1. Pre and post dialysis assessments were added to resident #82 Medication Administration Record to be completed pre and post dialysis on specified dialysis days. These assessments include vital sign monitoring as well as documentation of assessment and monitoring of the right chest Perm Cath access site. 2. No other residents were identified as receiving dialysis. Licensed staff will be in-serviced by the Director of Nursing by 8/11/17 on the process of completing pre and post dialysis assessments for residents receiving dialysis. 3. Director of Nursing and/or designee will maintain a list of residents receiving dialysis services. Unit Managers will review Medication Administration Records of residents receiving dialysis weekly x 4 weeks, then monthly x 2 months to ensure assessments are completed and documented. 4. Unit Managers will provide report of their reviews to the facility's Performance Improvement Committee monthly x 3 months to ensure continued compliance.,	

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to the right chest being had been assessed by checking for redness, swelling, warmth, drainage or that pre and post dialysis vital signs had been checked.

An interview conducted on 07/27/17 at 10:45 AM with Nurse #1 revealed she assessed Resident #82's PICC site and checked vital signs after he returned from dialysis, but had never documented it in the medical record, MAR or TAR.

An interview conducted on 07/27/17 at 3:00 PM with the Director of Nursing (DON) revealed it was her expectation for the nurses to check Resident #82's dialysis PICC site, pre and post dialysis vital signs, and to document on the MAR as evidence that the PICC site was intact and functioning properly and the resident was stable.