

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

PRINTED: 01/08/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345472	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/05/2017
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NAME OF PROVIDER OR SUPPLIER SOUTHWOOD NURSING AND RETIREME	STREET ADDRESS, CITY, STATE, ZIP CODE 180 SOUTHWOOD DRIVE BOX 708 CLINTON, NC 28328
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(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
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F 000	INITIAL COMMENTS No deficiencies were cited as a result of the complaint investigation survey conducted on 10/05/17. Event # K2P511.	F 000		
F 278 SS=D	ASSESSMENT ACCURACY/COORDINATION/CERTIFIED CFR(s): 483.20(g)-(j) (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.	F 278		10/10/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 10/19/2017
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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</p> <p>(2) Clinical disagreement does not constitute a material and false statement. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record review, resident and staff interviews, the facility failed to accurately code the MDS (Minimum Data Set) for 1 of 1 resident (Resident #5) reviewed for a trunk restraint and 1 of 1 resident (Resident #6) reviewed for Level II Preadmission Screening and Resident Review (PASRR).</p> <p>The findings included:</p> <ol style="list-style-type: none"> Resident #5 was admitted to the facility on 03/11/05 and readmitted into the facility on 07/10/17 with multiple diagnoses that included quadriplegia, congestive heart failure, chronic obstructive pulmonary disease, hypertension and chronic kidney disease. The significant change (MDS) dated 07/11/17 indicated that Resident #5 had no short or long term memory problems, was cognitively intact and total dependence on staff for all activities of daily living. The resident was not coded for a trunk restraint used in chair. <p>During an observation on 10/04/17 at 11:00 AM, Resident #5 was sitting up in wheelchair in his room with seatbelt in place.</p> <p>During an interview with Resident #5 on 10/04/17 at 11:05 AM, Resident #5 indicated that he requested the seatbelt because it made him feel safe while he was in the wheel chair. Resident #5 indicated that he could not release the seatbelt.</p> <p>During an interview with the MDS (Minimum Data Set) Coordinator on 10/04/17 at 2:00 PM, the</p>	F 278	<p>F 278 SS= D</p> <p>Corrective Action for Resident Affected The Minimum Data Set (MDS) was corrected for Resident # 5 to reflect a restraint on 10/5/17 by the MDS Coordinator.</p> <p>The Minimum Data Set (MDS) was corrected for Resident # 6 to reflect a Level II Preadmission Screening and Resident Review (PASARR) on 10/5/17 by the MDS Coordinator.</p> <p>Corrective Action for Resident Potentially Affected All Resident records were reviewed to determine if PASARR coding was accurate on 10/10/17 by the MDS Coordinator. No coding errors were found. The PASARR form for residents with a level II determination were scanned into the electronic medical record on 10/5/17 by the Admissions/Marketer.</p> <p>Systemic Changes The Admissions Coordinator or designee will scan PASARR determinations of all future admissions/readmissions into the Electronic Medical Record, allowing the MDS Coordinator access to the full PASARR determination. New devices and restraints will be reviewed during the daily, Monday through Friday, Clinical Quality Assurance Meeting</p>		

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F 278	<p>Continued From page 2</p> <p>MDS Coordinator stated that she did not code the seatbelt as a restraint due to it was being used as an enabler to assist with the resident with independence. The MDS Coordinator further stated that the resident will not get in the wheel chair without the seatbelt.</p> <p>During an interview with the Administrator on 10/04/17 at 2:10 PM, the Administrator stated that the seatbelt was being used as an enabler and not a restraint.</p> <p>During an interview with the Administrator on 10/05/17 at 8:00 AM, the Administrator stated that it is her expectation that the MDS Coordinator completes the MDS accurate to the best of her ability.</p> <p>During an interview with the Director of Nursing (DON) on 10/05/17 at 8:15 AM, the DON indicated that it is her expectation that the MDS Coordinator completes the MDS accurately.</p> <p>2. Resident #6 was admitted to the facility on 7/26/2013 with a diagnosis history that included major depressive disorder and insomnia.</p> <p>Review of the Preadmission Sreening and Resident Review (PASRR) Level II number for Resident # 6 revealed that the resident had a permanent number, dated 8/26/2003.</p> <p>Review of Resident # 6's most recent annual Minimum Data Set (MDS), dated 7/25/2017, indicated the resident was not coded for PASRR Level II meaning the resident was not considered</p>	F 278	<p>attended by the Interdisciplinary Team. The monitoring will include discussing new devices and the evaluation of devices as potential restraints.</p> <p>The MDS Coordinator received a refresher on the coding of Level II PASARRs and restraint coding on 10/18/17 by the MDS Consultant.</p> <p>Quality Assurance</p> <p>The Administrator or designee will monitor this through MDS Coding Accuracy Tools. The first tool will verify Section P (restraints), and the second tool will verify Section A (PASARR) MDS coding. These will be completed weekly for four weeks and them monthly for two weeks. Results will be reported weekly to the QOL/QA committee and corrective action initiated as appropriate. The QOL/QA committee is the main quality assurance committee. This regularly scheduled weekly meeting is attended by the Administrator, Director of Nursing, MDS Coordinator, and Dietary Manager. The Medical Director will review during the Quarterly QA Meeting.</p>		

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F 278	<p>Continued From page 3</p> <p>by the state Level II PASRR process to have a serious mental illness and/or intellectual disability. The results of this screening and review were used for formulating a determination of need, determination of an appropriate care setting and a set of recommendations for servicing to help develop an individual's plan of care.</p> <p>In an interview on 10/ 04/17 at 10:37 AM with the MDS Coordinator, she revealed that it was an oversight that the resident was not coded as a Level II PASRR.</p> <p>In an interview on 10/04/17 at 10:45AM with the DON, she revealed that it was her expectation that the MDS Coordinator makes sure that the PASRR Level II residents were coded accurately.</p> <p>In an interview on 10/04/17 at 10: 50 AM with the Administrator, she revealed that it was her expectation that the MDS Coordinator codes the MDS accurately by making sure that the PASRR Level II residents were coded accurately.</p>	F 278			