

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

PRINTED: 02/12/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345466	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/05/2018
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NAME OF PROVIDER OR SUPPLIER WILLOWBROOK REHABILITATION AND CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 333 EAST LEE STREET YADKINVILLE, NC 27055
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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 582 SS=B	<p>Medicaid/Medicare Coverage/Liability Notice CFR(s): 483.10(g)(17)(18)(i)-(v)</p> <p>§483.10(g)(17) The facility must-- (i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of- (A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; (B) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and (ii) Inform each Medicaid-eligible resident when changes are made to the items and services specified in §483.10(g)(17)(i)(A) and (B) of this section.</p> <p>§483.10(g)(18) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/ Medicaid or by the facility's per diem rate. (i) Where changes in coverage are made to items and services covered by Medicare and/or by the Medicaid State plan, the facility must provide notice to residents of the change as soon as is reasonably possible. (ii) Where changes are made to charges for other items and services that the facility offers, the facility must inform the resident in writing at least 60 days prior to implementation of the change. (iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident representative, or estate, as applicable, any</p>	F 582		1/30/18
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 01/26/2018
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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 582	<p>Continued From page 1</p> <p>deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements.</p> <p>(iv) The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility.</p> <p>(v) The terms of an admission contract by or on behalf of an individual seeking admission to the facility must not conflict with the requirements of these regulations.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interviews and medical record review, the facility failed to provide a CMS-10055 (Centers for Medicare and Medicaid Services) Skilled Nursing Facility Advanced Beneficiary Notice (SNF ABN) prior to discharge from Medicare part A services to two of three residents (Residents #46 and 50) reviewed for SNF Beneficiary Protection Notification Review.</p> <p>Findings included:</p> <p>1. Resident #46 was admitted to the facility under part A Medicare services on 9/12/17.</p> <p>A review of the medical record revealed a CMS-10123 Notice of Medicare Non-Coverage letter (NOMNC) was signed by Resident #46's responsible party on 12/4/17. The notice indicated that Medicare coverage for skilled services were to end 12/7/17 and the resident would transition to long term care placement.</p> <p>A review of the medical record revealed a CMS-10055 SNF ABN was not provided to the</p>	F 582	<p>1) A root cause analysis was completed on resident #46 and based on the findings the SNF ABN was not issued because resident #46 was long term previously residing in the facility prior to being covered under skilled benefit days and would return to long term care after being discharged from Medicare covered Part A stay. A root cause analysis was completed on resident #50 and based on the findings the SNF ABN was not issued because resident was admitted under Medicare covered Part A stay converting to long term when discharged from Medicare covered Part A Stay.</p> <p>2) The Business Office Manager and/ or Social Service to issue the SNF ABN for any resident who is admitted under a Medicare covered Part A stay and remains in the facility after being discharged with days remaining. A complete a quality review was completed of discharges for the past 30 days for SNF ABNs being</p>		

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F 582	<p>Continued From page 2 resident or responsible party.</p> <p>An interview was completed with the Administrator on 1/5/18 at 8:53 AM. She stated since Resident #46 remained in the facility she thought the SNF ABN was not required and the facility only issued the NOMNC.</p> <p>An interview was completed with the Director of Social Services (DSS) and the Business Office Manager (BOM) on 1/5/18 at 9:26 AM. The DSS stated she issued the non-coverage notices after the therapy department notified her when a resident was discharged from Medicare part A services. The DSS said she gave at least a 48 hour notice to residents and families when part A Medicare services ended. The BOM added that the facility had never used the ABN form when residents' Medicare part A services ended and remained in the facility.</p> <p>2. Resident #50 was admitted to the facility under part A Medicare services on 9/14/17.</p> <p>A review of the medical record revealed a CMS-10123 Notice of Medicare Non-Coverage letter (NOMNC) was signed by Resident #50's responsible party on 12/5/17. The notice indicated that Medicare coverage for skilled services were to end 12/9/17 and the resident would transition to long term care placement.</p> <p>A review of the medical record revealed a CMS-10055 SNF ABN was not provided to the resident or responsible party.</p> <p>An interview was completed with the Administrator on 1/5/18 at 8:53 AM. She stated since Resident #50 remained in the facility she</p>	F 582	<p>issued. Follow up as indicated.</p> <p>3) The Executive Director, Business Office Manager and Social Service Director were educated by the Regional Director of Business Office Services on 01/04/2018 regarding issuing the SNF ABN. The Executive Director and/ or Business Office Manger to perform Quality Improvement Monitoring on residents that are discharged from Medicare covered Part A stay who remain in the facility with days remaining 1 times a month for 6 months and then quarterly thereafter for 1 year. Quality Improvement Monitoring schedule modified based on findings.</p> <p>4) The Executive Director to present the Plan of Correction to Quality Assurance Performance Improvement Committee and oversee the Quality Improvement Monitoring as performed by the Business Office Manager. The results of the Quality Improvement Monitoring to be reported to the Quality Assurance Performance Improvement Committee by the Executive Director and/ or Business Office Manager to ensure compliance is achieved and maintained, monthly for three months and then quarterly thereafter for 1 year. Quality Monitoring scheduled may be modified based on quality monitoring findings. The Quality Assurance Performance Improvement Committee members consist of but not limited to the Executive Director, Director of Clinical Services, Nursing Supervisor, Medical Director, Social Services Director,</p>		

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F 582	Continued From page 3 thought the SNF ABN was not required and the facility only issued the NOMNC. An interview was completed with the Director of Social Services (DSS) and the Business Office Manager (BOM) on 1/5/18 at 9:26 AM. The DSS stated she issued the non-coverage notices after the therapy department notified her when a resident was discharged from Medicare part A services. The DSS said she gave at least a 48 hour notice to residents and families when part A Medicare services ended. The BOM added that the facility had never used the ABN form when residents' Medicare part A services ended and remained in the facility.	F 582	Activities Director, Maintenance Director and Minimum Data Assessment Nurse.		
F 637 SS=D	Comprehensive Assessment After Signifcant Chg CFR(s): 483.20(b)(2)(ii) §483.20(b)(2)(ii) Within 14 days after the facility determines, or should have determined, that there has been a significant change in the resident's physical or mental condition. (For purpose of this section, a "significant change" means a major decline or improvement in the resident's status that will not normally resolve itself without further intervention by staff or by implementing standard disease-related clinical interventions, that has an impact on more than one area of the resident's health status, and requires interdisciplinary review or revision of the care plan, or both.) This REQUIREMENT is not met as evidenced by: Based on staff interviews and medical record review, the facility failed to complete a Significant Change in Status Minimum Data Set (MDS) assessment for 3 of 17 residents (Residents #37, 49 and 68) reviewed for MDS assessments.	F 637	1) Resident #37 was not affected related to the citation of not completing a Significant Change in Status MDS assessment. A root cause analysis was completed and based on the findings a	1/30/18	

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F 637	<p>Continued From page 4</p> <p>Findings included:</p> <p>1. Resident #37 was admitted to the facility on 9/13/16 with diagnoses that included, in part, non-Alzheimer's dementia. A review of the quarterly MDS assessment dated 12/1/17 revealed Resident #37 needed extensive assistance with eating and was totally dependent for toilet use. She was also coded as a 10% or more weight loss in a six month look back period.</p> <p>A review of the quarterly MDS assessment dated 9/8/17 revealed Resident #37 needed limited assistance with eating and required extensive assistance with toilet use. She was coded as neither having a weight loss of 5% or more in a one month look back period nor a 10% or more in a six month look back period.</p> <p>A review of Resident #37's MDS assessments revealed a Significant Change in Status Assessment was not completed after the significant weight loss and areas of activities of daily living (ADL) decline were identified.</p> <p>An interview was completed on 1/4/18 at 8:10 AM with Nurse Aide (NA) #1. She stated Resident #37 was totally dependent for toilet use and said the resident had been unable to stand up for about a month. She further stated Resident #37 needed to be assisted with her meals and that staff held her cup for her when she drank fluids.</p> <p>An interview was completed on 1/4/18 at 10:07 AM with MDS Nurse #1. She said she noticed Resident #37 declined in eating and toilet use and referred her for therapy to work with her. She reported the resident had been either limited</p>	F 637	<p>Significant Change in Status MDS assessment was not completed due to an oversight by the Minimum Data Set Nurse Coordinator that resident #37 had two areas of decline that would warrant a Significant Change in Status MDS assessment to be completed. A Significant Change in Status MDS assessment was completed on 01/26/2018 the Minimum Data Set Nurse Coordinator to indicate Resident #37 had a significant weight loss and decline in activities of daily living (ADL). Resident #68 was not affected related to the citation of not completing a Significant Change in Status MDS assessment when readmitted to the facility following hospitalization for a hip fracture. A root cause analysis was completed for Resident #68 and based on the findings a Significant Change in Status MDS assessment was not completed by the Minimum Data Set Nurse Coordinator because the resident was readmitted with a 5 day MDS assessment which did not capture the residents change in condition. A Comprehensive MDS assessment was completed on 04/04/2018 by the Minimum Data Set Nurse Coordinator indicating Resident #68 had a hip fracture, pressure ulcers and wounds upon readmission. Resident #49 was not affected related to the citation of not completing a Significant Change in Status MDS assessment indicating resident has significant weight loss when readmitted to the facility following hospitalization. A root cause analysis was completed for Resident #49 and based on the findings a Significant Change in Status MDS assessment was</p>		

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F 637	<p>Continued From page 5</p> <p>assistance or extensive assistance for eating each quarter. She acknowledged the resident had declined in toilet use from extensive assistance to dependent. She reported Resident #37 had a gradual weight loss over six months and stated, "We normally do a significant change with a significant weight loss." She stated the Registered Dietician (RD) completed the weight loss portion of the MDS assessment and notified the MDS nurse when a significant weight loss occurred. MDS Nurse #1 said she was not notified of Resident #37's significant weight loss and that a significant change assessment should have been completed when the weight loss was identified on the quarterly assessment.</p> <p>An interview was completed with the Registered Dietician (RD) on 1/4/18 at 10:21 AM. She stated she did not complete MDS assessments but that the Clinical Nutritionist completed the nutrition portion of the MDS assessment.</p> <p>An interview was completed with the Clinical Nutritionist on 1/4/18 at 11:20 AM. She stated she completed the nutrition portion of the MDS assessment along with a nutritional review note and gave her report to the RD and Assistant Director of Nursing. The report included residents with weight loss and the Clinical Nutritionist said the MDS Nurse obtained information on weight loss from those reports.</p> <p>A review of a nutritional review note dated 11/27/17 revealed Resident #37 had a gradual weight loss of 10.09% over six months.</p> <p>An interview was completed with MDS Nurse #2 on 1/5/18 at 10:32 AM. She stated a significant change assessment should have been completed</p>	F 637	<p>not completed by the Minimum Data Set Nurse Coordinator because the resident was readmitted with a 5 day MDS assessment which did not capture the residents change in condition. A Comprehensive MDS assessment was completed on 01/04/2018 by the Minimum Data Set Nurse Coordinator indicating Resident # 49 indicating resident has a significant weight loss when readmitted to the facility following hospitalization.</p> <p>2) The Minimum Data Set Nurse Coordinator reviewed the last 90 days of weights and activities of daily living (ADL) to ensure any resident with two or more areas of decline had a Significant Change in Status MDS assessment completed as indicated 01/08/2018 <input type="checkbox"/> 01/29/2018. The Minimum Data Set Nurse Coordinator reviewed that last 90 days of residents that were readmitted to the facility after hospitalization to ensure a Significant Change in Status MDS assessment was completed as indicated 01/08/2018 <input type="checkbox"/> 01/29/2018.</p> <p>3) The Minimum Data Nurse Coordinator was re-educated by the Regional Case Mix/ MDS Nurse Coordinator on completing a significant change in status MDS assessment when a resident has major decline or improvement in 2 or more areas on 01/04/2018. The Minimum Date Set Nurse Coordinator was re-educated by the Regional Case Mix/ MDS Nurse Coordinator on completing an admission assessment when residents return from the hospital on 01/04/2018.</p>		

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F 637	<p>Continued From page 6</p> <p>due to the significant weight loss and two or more areas of ADL decline. She indicated the coding was correct on the quarterly MDS dated 12/1/17. MDS Nurse #2 said MDS Nurse #1 was still in training and thought that the criteria for a significant change assessment was inadvertently missed.</p> <p>An interview was completed with the Administrator on 1/5/18 at 11:25 AM. She stated that when an MDS assessment was completed and there were areas of decline identified that met the criteria for a significant change, she expected a significant change assessment be completed for the resident.</p> <p>2. Resident # 68 was readmitted to the facility on 12/13/17 following a hospitalization for a hip fracture sustained from a fall at the facility.</p> <p>Diagnosis included: Left hip fracture, Atrial Fibrillation, Coronary Artery Disease, Hypertension, Depression, Dementia, Diabetes Mellitus Type 2, Gastro esophageal reflux disorder, Osteoarthritis, Hypothyroidism.</p> <p>On 1/2/18 at 12:45 PM, an observation was made of Resident #68 being wheeled to the dining room for lunch and being assisted with her meal by a nursing assistant.</p> <p>On 1/4/18 at 1:45 PM, an observation was made of the resident being transferred with 2 nursing assistants.</p> <p>On 1/4/18 at 2:46 PM, an observation of wound care to the sacral pressure ulcer.</p>	F 637	<p>The Minimum Data Set Nurse Coordinator, Director of Clinical Services and/or Nursing Supervisor to perform Quality Improvement Monitoring of 2 residents weights and activities of daily living to ensure that a significant change in status MDS assessment assessments 2 times a week for 4 weeks, 1 times a week for 4 weeks and then quarterly thereafter for 1 year. The Minimum Data Nurse Coordinator to perform Quality Improvement Monitoring completing an admission assessment on residents that are readmitted to the facility after hospitalization 2 times a week for 4 weeks, 1 times a week for 4 weeks and quarterly thereafter for 1 year.</p> <p>4) The Executive Director to present the Plan of Correction to Quality Assurance Performance Improvement Committee and oversee the Quality Improvement Monitoring as performed by the Minimum Data Set Nurse Coordinator, Director of Clinical Services, and/ or Nursing Supervisor. The results of the Quality Improvement Monitoring to be reported to the Quality Assurance Performance Improvement Committee by the Director of Clinical Services, Minimum Data Set Nurse Coordinator and/ or Nursing Supervisor to ensure compliance is achieved and maintained, monthly for three months and then quarterly thereafter for 1 year. Quality Monitoring scheduled may be modified based on quality monitoring findings. The Quality Assurance Performance Improvement Committee members consist of but not</p>		

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F 637	<p>Continued From page 7</p> <p>On 1/2/18 at 11:17 AM a review of the record revealed an admission nursing assessment dated 12/13/17 reflecting 2 Stage 2 pressure ulcers and a surgical wound to her left hip.</p> <p>On 1/2/18 at 11:25 AM a review of the medical record revealed a physicians' order to clean the sacral and left buttock wounds with normal saline, apply silver alginate and cover with a foam dressing every other day and as needed.</p> <p>On 1/2/18 at 11:25 AM a review of the medical record revealed a 14 day Minimum Data Set (MDS) assessment dated 12/27/17 reflecting the resident required 2 person extensive assistance with bed mobility and transfers and 1 person extensive assistance with eating and locomotion on unit. A review of the Quarterly MDS dated 10/23/17 revealed the resident required 1 person extensive assistance with bed mobility and transfers and supervision with assistance of one person for eating.</p> <p>On 1/4/18 at 11:09 AM, an interview was conducted with the MDS nurse about significant changes in assessment. The MDS nurse revealed she didn't complete a Significant Change in assessment for Resident #68 because even though the Resident did have a decline, she considered it her "new normal". She further revealed she spoke to team members as well as her consultant and they have decided that when residents return from the hospital, they will complete an admission assessment.</p> <p>On 1/5/18 at 10:34 AM, an interview conducted with the previous and now as needed (prn) MDS nurse revealed that a significant change in assessment should have been completed.</p>	F 637	limited to the Executive Director, Director of Clinical Services, Nursing Supervisor, Medical Director, Social Services Director, Activities Director, Maintenance Director and Minimum Data Set Nurse Coordinator.		

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F 637	<p>Continued From page 8</p> <p>On 1/5/18 at 11:00 AM, an interview with the Administrator revealed that her expectation was that if a resident had a change in status, a significant change in assessment MDS should be completed.</p> <p>3. Resident #49 was readmitted to the facility on 11/25/17 with diagnoses including osteomyelitis and sepsis.</p> <p>Record review of Resident #49 revealed a weight on 11/2/17 of 202 pounds and a readmission weight on 11/25/17 of 190 pounds. This represented a significant weight loss of 5.9 percent in one month</p> <p>The quarterly Minimum Data Set MDS, dated 12/2/17 indicated Resident #49 had a stage 2 pressure ulcer that was not present on the previous MDS. This MDS did not include a significant weight.</p> <p>Interview with MDS Nurse #1 on 1/3/18 at 4:15 PM revealed she did not do a significant change MDS. Her explanation included, when the resident came back from the hospital, that was her new baseline. During the interview, she explained she would ask her corporate MDS consultant for clarification.</p> <p>Follow up interview on 1/4/18 at 1:50 PM with MDS Nurse #1 revealed an admission or a significant change MDS should have been completed for Resident #49.</p>	F 637			

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F 637	Continued From page 9 Interview with the Director of Nursing on 1/5/18 at 10:00 AM revealed she would defer to the former MDS nurse who was training MDS Nurse #1. Interview with MDS Nurse #2, who was training MDS Nurse #1 was conducted on 1/5/18 at 10:19 AM. MDS Nurse #2 explained a significant change MDS should have been completed when the quarterly MDS was done on 12/2/17.	F 637			
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to accurately code the Minimum Data Set (MDS) assessment to reflect that the resident was receiving dialysis for 1 of 1 (Resident # 9) residents reviewed for dialysis. Findings included: Resident # 9 was admitted to the facility on 9/21/17 with diagnosis of Dependence on Dialysis. On 1/3/18 at 4:00 PM, a record review revealed a care plan for dialysis and a physician's order to monitor thrill and bruit every shift. On 1/3/18 at 4:00 PM, a record review of the Quarterly MDS dated 10/23/17 revealed the facility had not coded that the resident was receiving Dialysis in section O of the assessment.	F 641	1) Resident #9 was not affected related to the citation of miscoding the MDS quarterly assessment. A root cause analysis was completed and based on the findings the MDS quarterly assessment for Resident #9 was miscoded due to an oversight by the Minimum Data Set Nurse Coordinator as the resident has a diagnosis of dependence on dialysis. The MDS quarterly assessment was modified on 01/04/2018 by the Minimum Data Set Nurse Coordinator to indicate resident receives dialysis. 2) The Minimum Data Set Nurse Coordinator reviewed the last 90 days of residents receiving dialysis to ensure accurate coding on the Minimum Data Sets 01/05/2018.	1/30/18	

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NAME OF PROVIDER OR SUPPLIER WILLOWBROOK REHABILITATION AND CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 333 EAST LEE STREET YADKINVILLE, NC 27055		
(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 641	Continued From page 10 On 1/4/18 at 10:09 AM, an interview with Nurse # 1 revealed the resident received dialysis on Monday, Wednesday and Friday and had an arteriovenous fistula in her right upper arm. On 1/4/18 at 11:09 AM, an interview with the MDS nurse revealed the resident was receiving Dialysis and she missed coding it accurately on the MDS. On 1/5/18 at 11:00 AM, an interview with the Administrator revealed her expectation was that MDS's are coded accurately.	F 641	3) The Minimum Data Nurse Coordinator was re-educated by the Regional Case Mix/ MDS Nurse Coordinator on accuracy of coding Minimum Data Sets on 01/04/2018. The Minimum Data Set Nurse Coordinator, Director of Clinical Services and/ or Nursing Supervisor to perform Quality Improvement monitoring for the accuracy of 2 Minimum Data Set assessments 2 times a week for 4 weeks, 1 times a week for 4 weeks and then quarterly thereafter for 1 year. 4) The Executive Director to present the Plan of Correction to Quality Assurance Performance Improvement Committee and oversee the Quality Improvement Monitoring as performed by the Minimum Data Set Nurse Coordinator, Director of Clinical Services, and/ or Nursing Supervisor. The results of the Quality Improvement Monitoring to be reported to the Quality Assurance Performance Improvement Committee by the Director of Clinical Services, Minimum Data Set Nurse Coordinator and/ or Nursing Supervisor to ensure compliance is achieved and maintained, monthly for three months and then quarterly thereafter for 1 year. Quality Monitoring scheduled may be modified based on quality monitoring findings. The Quality Assurance Performance Improvement Committee members consist of but not limited to the Executive Director, Director of Clinical Services, Nursing Supervisor, Medical Director, Social Services Director, Activities Director, Maintenance Director and Minimum Data Set Nurse		

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

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F 641	Continued From page 11	F 641	Coordinator.		