

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345039	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/31/2018
NAME OF PROVIDER OR SUPPLIER SUMMERSTONE HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 485 VETERANS WAY KERNERSVILLE, NC 27284		
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F 641 SS=D	<p>Accuracy of Assessments CFR(s): 483.20(g)</p> <p>§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 code the Minimum Data Set assessment for a significant weight loss for 1 of 3 resident's reviewed for nutrition (Resident #1).</p> <p>Findings included:</p> <p>Resident #1 was admitted to the facility on 10/26/17 with the diagnoses of falls, dementia, and fracture of the left femur.</p> <p>Review of the resident's weight record revealed the resident weighed 185.8 pounds on 11/22/17 and 171.4 pounds on 11/29/17.</p> <p>A dietary note dated 12/4/17 stated the resident's current body weight was 171.4 pounds and the resident had an 8% weight loss in the last 30 days.</p> <p>Another Dietary note dated 12/18/17 revealed the resident's current body weight was 172 pounds. The resident had a 7% weight loss in the last 30 days.</p> <p>Review of the resident's weight record revealed the resident weighed 173.0 pounds on 12/20/17. The resident sustained a 12.8 pound weight loss since 11/22/17. This is a significant weight loss of 6.9 % within the last month.</p> <p>Resident's #1 Discharge/5 day PPS Minimum</p>	F 641	<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 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. F641 ACCURACY OF ASSESSMENTS.</p> <p>The plan of correcting the specific deficiency. The plan should address the processes that lead to the deficiency cited;</p> <p>The facility failed to code the Minimum Data Set assessment for a significant weight loss for 1 of 3 resident's reviewed for nutrition. (Resident #1) Resident #1. Resident discharged on 12/26/2017. Minimum Data Set (MDS) Assessment (5 Day/Discharge <input type="checkbox"/>return not anticipated/End of Medicare Stay) with Assessment Reference Date (ARD) of 12/26/2017 was modified with a Correction Attestation Date of 2/1/2018. The assessment was submitted to the state QIES system on 2/2/2018 and was accepted on 2/2/2018. Submission ID</p>	2/14/18	

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

TITLE

(X6) DATE

Electronically Signed

02/14/2018

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 641	<p>Continued From page 1</p> <p>Data Set (MDS) dated 12/26/17 revealed the resident was moderately cognitively impaired. The resident's weight was 173 and height was 68 inches. The MDS was coded as the resident had no significant weight loss or weight gain.</p> <p>The Dietary Manager was interviewed on 1/31/18 at 8:33 AM. She stated that the resident's had some weight loss and was prescribed supplements because of poor intake. She stated she wrote a weight change note. She stated it was usual for her to code section K of the MDS for weight loss but didn't code this section for resident #1. She stated the resident did have a significant weight loss for the last 30 days and it should have been coded on the MDS.</p> <p>MDS nurse #1 was interviewed on 1/31/18 at 9:11 AM. She stated she would code weight loss if the resident had weight loss of 5% in 30 days or 10% in 180 days. With every assessment, they (MDS nurses) would look at the dietary notes and the comprehensive assessment. She stated that Resident #1's weight loss wasn't coded on the MDS because the weights didn't "flag" in the weights section. After the resident had some initial weight loss, the resident's weight stabilized.</p> <p>MDS nurse #2 was interviewed on 1/31/18 at 9:12 AM. She stated that she was the nurse that signed off on section K of the MDS for Resident #1. She stated that when she reviewed the weights, the computer would flagged it if the resident had significant weight loss. She stated she was not sure why Resident #1's weight loss didn't flagged in the computer. Review of a note from the interdisciplinary team dated 12/21/17 stated that the resident's weight was stable.</p>	F 641	<p>14196452.</p> <p>The procedure for implementing the acceptable plan of correction for the specific deficiency cited; On 2/1/2018 through 2/13/2018 , the Director of Nursing, Dietary Manager, Mini Data Set (MDS) Coordinator reviewed the most current Mini Data Set (MDS) for the last 6 months to ensure that Section K0300 (Weight Loss loss of 5% or more in the last month or loss of 10% in the last 6 months) was coded appropriately. (4) assessments were updated and resubmitted as a result of this review. On 2/1/2018 through 2/14/2018, the Mini Data Set (MDS) Nurse Consultant in serviced the Director of Nursing, Dietary Manager, Mini Data Set (MDS) Coordinator on the importance of accurately coding the Mini Data Set assessments for a significant weight loss appropriately to include.</p> <p>" Code 0, no or unknown: if the resident has not experienced weight loss of 5% or more in the past 30 days or 10% or more in the last 180 days or if information about prior weight is not available.</p> <p>" Code 1, yes on physician-prescribed weight-loss regimen: if the resident has experienced a weight loss of 5% or more in the past 30 days or 10% or more in the last 180 days, and the weight loss was planned and pursuant to a physician order. In cases where a resident has a weight loss of 5% or more in 30 days or 10% or more in 180 days as a result of any physician ordered diet plan or expected weight loss due to loss of fluid with physician orders for diuretics, K0300</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 641	Continued From page 2 The Administrator was interviewed on 1/31/18 at 1:20 PM. He stated he would expect for the MDS to be coded timely, accurately and meet the requirements.	F 641	<p>can be coded as 1.</p> <p>" Code 2, yes, not on physician-prescribed weight-loss regimen: if the resident has experienced a weight loss of 5% or more in the past 30 days or 10% or more in the last 180 days, and the weight loss was not planned and prescribed by a physician.</p> <p>" A resident may experience weight variances in between the snapshot time periods. Although these require follow up at the time, they are not captured on the MDS.</p> <p>" If the resident is losing a significant amount of weight, the facility should not wait for the 30- or 180-day timeframe to address the problem. Weight changes of 5% in 1 month, 7.5% in 3 months, or 10% in 6 months should prompt a thorough assessment of the resident's nutritional status.</p> <p>" To code K0300 as 1, yes, the expressed goal of the weight loss diet or the expected weight loss of edema through the use of diuretics must be documented.</p> <p>" On occasion, a resident with normal BMI or even low BMI is placed on a diabetic or otherwise calorie-restricted diet. In this instance, the intent of the diet is not to induce weight loss, and it would not be considered a physician-ordered weight-loss regimen.</p> <p>As of 2/14/2018 no employee who is involved with coding Section K-Swallowing /Nutritional Status (that is Director of Nursing, Mini Data Set (MDS) Coordinators and Dietary Manager) will be</p>		

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F 641	Continued From page 3	F 641	<p>allowed to work until the training has been completed.</p> <p>Effective 2/14/2018 this training is incorporated into the new employee orientation program. This information has been integrated into the standard orientation training and in the required in-service refresher courses for all employees and will be reviewed by the Quality Assurance Process to verify that the change has been sustained.</p> <p>The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements; The Director of Nursing and/or Mini Data Set (MDS) Coordinators will review 5 resident electronic medical records Mini Data Set (MDS) assessment this could be either one of the following assessments that is Comprehensive/ Quarterly / PPS Mini Data Set (Assessments) per week to ensure that Section K0300 (Weight Loss <input type="checkbox"/> loss of 5% or more in the last month or loss of 10% in the last 6 months) was coded appropriately. This will be done on weekly basis to include the weekend for 4 weeks then monthly for 3 months. Reports will be presented to the weekly QA committee by the Director of Nursing to ensure corrective action for trends or ongoing concerns is initiated as appropriate. The weekly QA Meeting is attended by the Director of Nursing, Wound Nurse, MDS Coordinator, Unit Manager, Support Nurse, Therapy, HIM,</p>		

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F 641	Continued From page 4	F 641	Dietary Manager and the Administrator The title of the person responsible for implementing the acceptable plan of correction; Administrator and /or Director of Nursing. Date of Compliance: February 14th, 2018		