

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

PRINTED: 06/15/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345415	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/18/2018
NAME OF PROVIDER OR SUPPLIER PINEVILLE REHABILITATION AND LIVING CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 1010 LAKEVIEW DRIVE PINEVILLE, NC 28134		
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F 656 SS=E	<p>Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)</p> <p>§483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -</p> <p>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care</p>	F 656		6/14/18	

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

TITLE

(X6) DATE

Electronically Signed

06/12/2018

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 656	<p>Continued From page 1</p> <p>plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, family interview, staff interview and medical record review, the facility failed to implement nutrition care plans as evidenced by not monitoring weights weekly for 10 months, supervising during dining (Resident #1) and providing a high calorie supplement (Resident #74) for 2 of 5 sampled residents reviewed at risk for weight loss.</p> <p>The findings included:</p> <p>1a. Resident #1 was admitted to the facility 8/10/16. Diagnoses included Alzheimer's disease, bipolar disorder, dementia, gastroenteritis and type 2 diabetes mellitus, among others.</p> <p>A physician's order dated 7/28/17 recorded to obtain weekly weights on Friday, every day shift.</p> <p>The care plan, revised September 2017 identified Resident #1 at risk for potential nutritional problems related to diagnoses of dementia, type 2 diabetes mellitus and non-compliant with his diet. Interventions included to obtain/monitor diagnostic data (labs, weight, and height).</p> <p>A 5/2/18 quarterly minimum data set (MDS), assessed Resident #1 with impaired cognition and weight loss of 5% or more in the last month. The MDS also assessed Resident #1 with receipt of a therapeutic diet, but not on a physician prescribed weight loss diet.</p> <p>A 5/16/18 dietary progress note assessed</p>	F 656	<p>F656 Regarding the alleged deficient practice of failure to implement nutrition care plan by:</p> <p>1a-failing to monitor weekly weights per MD order for Resident #1: The facility failed to ensure Registered Dietitian's current recommendations for weekly weights were communicated to physician and updated in resident orders and care plan; facility further failed to ensure compliance (obtaining of weekly weights) with current physician order for Resident #1. The interdisciplinary team, including Director of Nursing & Registered Dietitian reviewed current plan of care and assessed diagnostic information, weights, nutritional status and determined that weekly weights were no longer necessary. The Physician was notified and order was received to discontinue weekly weights on 5/22/2018.</p> <p>1b-failing to provide supervision to Resident #1 during dining per MD progress note & MDS assessment: The facility failed to ensure care plan was updated with resident's current level of assist required with eating. Resident observed & assessed at lunch and supper per Director of Nursing on 06/07/18 and at breakfast on 06/08/2018 per unit coordinator & licensed nurse. Resident is independent with eating and requires set-up of meal. Resident's care plan updated to reflect level of supervision</p>		

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F 656	<p>Continued From page 2</p> <p>Resident #1 with a 6% weight loss in the last 6 months and a 10.71% weight loss in the last 30 days. A physician prescribed high calorie supplement was ordered.</p> <p>Review of the medical record and weight data for Resident #1 revealed no record of weekly weight monitoring for the following 10 months:</p> <ul style="list-style-type: none"> · April 2018 (2 weeks) · March 2018 (3 weeks) · April 2018 (1 week) · January 2018 (1 week) · December 2017 (2 weeks) · November 2017 (3 weeks) · October 2017 (3 weeks) · September 2017 (3 weeks) · August 2017 (2 weeks) · July 2017 (1 week) <p>Resident #1 was observed continuously in his room on 5/15/18 from 1:42 PM to 1:58 PM and 5/17/18 from 1:20 PM to 1:30 PM with his lunch meal. Resident #1 was observed feeding himself independently after receiving staff assistance with tray set up. Resident #1 received his diet as ordered.</p> <p>An interview on 05/18/18 at 09:06 AM with the Certified Dietary Manager (CDM) revealed weekly and monthly weights were obtained by NA #2 and the results were given to the DON and the RD for review. The CDM further stated that the DON/RD reviewed this data weekly to determine if a reweight or supplements were needed.</p> <p>During a telephone interview on 05/18/18 at 09:11 AM, NA #2 stated she received a weekly list each Tuesday from the CDM of residents to obtain weekly weights for and she weighed all residents</p>	F 656	<p>required with meals on 6/7/2018.</p> <p>2-failing to provide high calorie supplement on meal trays as ordered: Dietary staff failed to validate presence of ordered supplement on meal tray before providing lunch meal on 05/17/2018. Resident #74 has been provided a supplement as ordered with validation by the Dietary Manager beginning on 05/21/18.</p> <p>Director of Nursing (DON) audited current residents with physician orders for weekly weights on 05/18/2018. Resident #1 was the only resident with orders for weekly weights. The Director of Nursing (DON), provided in service education to CNA and unit coordinators responsible for obtaining & monitoring weights on 06/8/2018 regarding policy and procedure for determining residents requiring weekly weights, obtaining and recording weights. Care plans for current residents with nutritional risk and requiring assistance with feeding were reviewed by the Registered Dietitian and the DON, beginning on 06/07/2018 with interventions evaluated and updated by 06/14/2018. The Dietary Manager, Registered Dietitian and/or MDS coordinators will review and update care plans quarterly, annually, significant change or when an intervention has changed, to reflect the current needs of the resident in regard to assistance with meals.</p> <p>Dietary Manager & dietary supervisor performed audit of current facility residents with supplements ordered with</p>		

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F 656	<p>Continued From page 3</p> <p>monthly. NA #2 stated she provided the results to the CDM and placed a copy in the DON box. NA #2 further stated she was not aware until yesterday (Thursday, 5/17/18) that Resident #1 required weekly weights, he was not on the list she received each Tuesday.</p> <p>During a telephone interview on 05/18/18 at 10:24 AM, the Registered Dietitian (RD) stated that the facility previously identified some concerns about 4 -6 weeks ago with weight accuracy and as a result selected one staff member to obtain weekly/monthly weights. The RD stated that additionally, she and the Director of Nursing (DON) began reviewing weight data each Tuesday when she visited the facility. The RD reviewed weight history for Resident #1 and stated that some of his weekly weights were missing. The RD further stated that she was aware that Resident #1 had an MD order to obtain weekly weights and if she were expecting weekly weights for a resident but did not see them, she would request the weight. The RD stated she was not aware of any additional weight data for Resident #1 and could not explain why the additional weights were missing.</p> <p>During an interview on 05/18/18 at 5:19 PM, the DON stated that she expected care plans and physician orders to be followed or clarified. She stated she could not speak to those weeks that weight data was missing and was not obtained for Resident #1, but for the prior 2 months, she and the RD re-implemented the collaboration and review of weights.</p> <p>1b. Resident #1 was admitted to the facility 8/10/16. Diagnoses included Alzheimer ' s</p>	F 656	<p>meals to ensure supplement provided on meal tray with each meal beginning 05/21/2018 times three weeks. Dietary Manager educated dietary staff regarding residents requiring supplements, tray card accuracy and meal tray set-up on 6/8/2018.</p> <p>DON and/or unit coordinators will review residents with RD or MD recommendations/orders for weight monitoring weekly to ensure weights have been obtained and recorded per recommendation or order; any changes to orders or recommendations will be communicated by licensed nurse to provider via Provider acute communication log. Report will be made by Director of Nursing and/or unit coordinators to monthly QAPI committee to include findings, recommendations &/or trends noted.</p> <p>MDS coordinator will audit five care plans for residents at nutritional risk per week for correct and relevant interventions x four weeks with report to monthly QAPI committee; then will audit five care plans per month x three months with report to monthly QAPI committee; then will audit five per quarter x three quarters with report to monthly QAPI committee to include trends and/or recommendations.</p> <p>Dietary Manager or supervisor will validate presence of ordered supplements per care plans/MD orders on meal trays daily. Should a supplement be unavailable, Dietary manager or supervisor will notify Licensed Nurse who will obtain MD order</p>		

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F 656	<p>Continued From page 4</p> <p>disease, bipolar disorder, dementia, gastroenteritis and type 2 diabetes mellitus, among others.</p> <p>The August 2017 nutrition Care Area Assessment (CAAs) documented Resident #1 was at risk for inadequate intake due to the diagnosis of dementia.</p> <p>The care plan, revised September 2017 identified Resident #1 at risk for potential nutritional problems related to diagnoses of dementia, type 2 diabetes mellitus and non-compliant with his diet. Interventions included to monitor/record food intake.</p> <p>A 3/11/18 physician 's progress note recorded that due to impaired cognition/dementia, Resident #1 required assistance with activities of daily living (ADL) and frequent monitoring.</p> <p>A 5/2/18 quarterly minimum data set (MDS), assessed Resident #1 with impaired cognition, required set up help and supervision with meals.</p> <p>Resident #1 was observed continuously in his room on 5/15/18 from 1:42 PM to 1:58 PM and 5/17/18 from 1:20 PM to 1:30 PM with his lunch meal. Resident #1 was observed feeding himself independently after receiving staff assistance with tray set up. Resident #1 was not supervised by staff during these observations.</p> <p>An interview on 05/17/18 at 11:03 AM with Nurse #1 revealed she worked with Resident #1 often on the 7AM - 3PM shift. Nurse #1 stated Resident #1 was a picky eater, routinely fed himself after his meal was set up buy staff, but that she was not aware that he required supervision with his</p>	F 656	<p>for suitable available substitute.</p> <p>The QAPI committee will evaluate efficacy of plan and make changes as appropriate.</p>		

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F 656	<p>Continued From page 5 meals.</p> <p>An interview on 05/17/18 at 12:25 PM with the unit manager (UM) revealed she was familiar with Resident #1. The UM stated Resident #1 advised staff of his food preferences, ate well/independently after staff set up his tray and that she was not aware that he required supervision with meals.</p> <p>An interview on 05/17/18 at 12:30 PM with Nurse Aide #1 (NA #1) revealed she worked routinely with Resident #1 on the 7AM - 3PM shift. She described Resident #1 as combative at times, but easily redirected, fed himself, and advised staff of his food preferences. She stated that staff did not stay with him throughout the meal but would set up his tray and cut up his food. She was unaware that he required supervision with meals.</p> <p>During an interview on 05/18/18 at 5:19 PM, the DON stated that she expected care plans to be followed or clarified.</p> <p>2. Resident #74 was re-admitted to the facility on 1/20/18. Diagnoses included Alzheimer's disease, dementia, dysphagia and recurrent pneumonitis due to inhalation of food.</p> <p>Medical record review revealed a 1/30/18 physician's order for Resident #74 to receive a frozen high calorie supplement three times daily (TID) with meals due to a history of weight loss and abnormal lab results regarding nutritional status.</p> <p>A 3/18/18 dietary progress note recorded that Resident #74 received a frozen high calorie supplement TID with meals to provide additional</p>	F 656			

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F 656	<p>Continued From page 6</p> <p>calories and protein for a history of weight loss.</p> <p>Continued medical record review revealed Resident #74 was discharged from Hospice Services effective 4/18/18 and referred to Palliative Care.</p> <p>Review of a 4/27/18 significant change minimum data set, Care Area Assessment and Care Plan revealed Resident #74 was assessed with severely impaired cognition, required extensive staff assistance with feeding, had a history of weight loss, received a frozen high calorie supplement TID with meals, and his weight was currently stable. Care Plan interventions included for staff to provide supplements as ordered.</p> <p>During a lunch meal observation on 05/15/18 at 12:46 PM, Resident #74 was being fed lunch by a family member. The family interview revealed that Resident #74 was supposed to receive a frozen supplement with each meal, but that he did not always receive it, which happened as recently as supper the night before (5/14/18). The family member stated his meal trays often came without the supplement and she would have to ask for it. She further stated that at times the facility did not have the supplement for weeks at a time and during these times Resident #74 did not receive the supplement. A follow up family interview occurred on 05/17/18 at 10:00 AM. The interview revealed Resident #74 did not receive the frozen supplement on his supper tray the night before (5/16/18) and she had to request it.</p> <p>An observation of the lunch meal occurred on 05/17/18 at 12:05 PM for Resident #74. When his meal tray was delivered by dietary staff, a frozen supplement was not on his meal tray and had to</p>	F 656			

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F 656	<p>Continued From page 7 be requested.</p> <p>An interview with the Certified Dietary Manager (CDM) occurred on 05/17/18 at 1:25 PM and revealed she conducted monthly tray audits for the breakfast/lunch meals to review for food palatability and accuracy of tray tickets. The CDM stated she had not identified concerns with tray accuracy, but that she had not audited the supper meal. The CDM further stated that she expected dietary staff to provide all items as recorded on the tray tickets. Review of the tray ticket for Resident #74 during the interview revealed it documented a frozen supplement was to be provided with each meal. The CDM stated she expected the frozen supplement to come on the resident's meal tray from the dietary department and that the resident/family should not have to ask for it.</p> <p>An interview with the Administrator on 5/17/18 at 2:45 PM revealed he expected residents to receive foods per care plan/physician's order/tray ticket without having to ask.</p> <p>A telephone interview occurred on 05/17/18 at 3:39 PM with the Registered Dietitian (RD) and revealed she did not want to discontinue the frozen supplement for Resident #74 because he had gained weight with the supplement and seemed to be doing well since it was added to his diet regimen. The RD further stated that the supplement provided additional protein that Resident #74 needed due to his nutritional status. The RD also stated that she remembered that there was a period of time that the supplement was not available and was now ordered through a different vendor. The RD stated she could not say whether or not Resident #74 was provided a</p>	F 656			

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F 656	Continued From page 8 comparable supplement during the times it was unavailable. The RD stated she expected the dietary staff to provide all supplements per the tray ticket. An interview on 05/18/18 at 09:31 AM with dietary staff #1 revealed she delivered the lunch meal to Resident #74 on 5/17/18 and forgot the frozen supplement. Dietary staff #1 further stated that there were other times when the frozen supplement was not available because the vendor was late with delivery. The Director of Nursing was interviewed on 05/18/18 at 5:14 PM and stated that she expected dietary staff to have supplements available for residents.	F 656			
F 692 SS=D	Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3) §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; §483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health;	F 692		6/14/18	

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F 692	<p>Continued From page 9</p> <p>§483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, family interview, staff interview and medical record review, the facility failed to follow physician orders as evidenced by not monitoring weights weekly for 10 months (Resident #1) and providing a high calorie supplement (Resident #74) for 2 of 5 sampled residents reviewed at risk for weight loss.</p> <p>The findings included:</p> <ol style="list-style-type: none"> 1. Resident #1 was admitted to the facility 8/10/16. Diagnoses included Alzheimer's disease, bipolar disorder, dementia, gastroenteritis and type 2 diabetes mellitus, among others. <p>A physician's order dated 7/28/17 recorded to obtain weekly weights on Friday, every day shift.</p> <p>The care plan, revised September 2017 identified Resident #1 at risk for potential nutritional problems related to diagnoses of dementia, type 2 diabetes mellitus and non-compliant with his diet. Interventions included to obtain/monitor diagnostic data (labs, weight, and height).</p> <p>A 5/2/18 quarterly minimum data set (MDS), assessed Resident #1 with impaired cognition and weight loss of 5% or more in the last month. The MDS also assessed Resident #1 with receipt of a therapeutic diet, but not on a physician prescribed weight loss diet.</p> <p>A 5/16/18 dietary progress note assessed Resident #1 with a 6% weight loss in the last 6</p>	F 692	<p>F692 Regarding the alleged deficient practice of failure to maintain nutrition/hydration status by failing to follow physicians order to monitor weekly weights for Resident #1 & to provide high calorie supplement to Resident #74: The facility failed to ensure Registered Dietitian's current recommendations for weekly weights were communicated to physician and updated in resident orders and care plan; facility further failed to ensure compliance (obtaining of weekly weights) with current physician order for Resident #1. Interdisciplinary team, including Director of Nursing (DON) & Registered Dietitian, met and reviewed current plan of care & current resident status. Resident #1 was assessed by the Registered Dietician and the DON and determined that weekly weights are not indicated at this time. The Physician was notified and order was received to discontinue weekly weights on 05/22/2018.</p> <p>Dietary staff failed to validate presence of ordered supplement on meal tray before providing lunch meal on 05/17/2018. Resident #74 has been provided a supplement as ordered with every meal with validation by the Dietary Manager or supervisor beginning on 05/21/18.</p> <p>Director of Nursing (DON) audited current residents with physician orders for weekly</p>		

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F 692	<p>Continued From page 10</p> <p>months and a 10.71% weight loss in the last 30 days. A physician prescribed high calorie supplement was ordered.</p> <p>Review of the medical record and weight data for Resident #1 revealed no record of weekly weight monitoring for the following 10 months:</p> <ul style="list-style-type: none"> · April 2018 (2 weeks) · March 2018 (3 weeks) · April 2018 (1 week) · January 2018 (1 week) · December 2017 (2 weeks) · November 2017 (3 weeks) · October 2017 (3 weeks) · September 2017 (3 weeks) · August 2017 (2 weeks) · July 2017 (1 week) <p>Resident #1 was observed continuously in his room on 5/15/18 from 1:42 PM to 1:58 PM and 5/17/18 from 1:20 PM to 1:30 PM with his lunch meal. Resident #1 was observed feeding himself independently after receiving staff assistance with tray set up. Resident #1 received his diet as ordered.</p> <p>An interview on 05/18/18 at 09:06 AM with the Certified Dietary Manager (CDM) revealed weekly and monthly weights were obtained by NA #2 and the results were given to the DON and the RD for review. The CDM further stated that the DON/RD reviewed this data weekly to determine if a reweight or supplements were needed.</p> <p>During a telephone interview on 05/18/18 at 09:11 AM, NA #2 stated she received a weekly list each Tuesday from the CDM of residents to obtain weekly weights for and she weighed all residents monthly. NA #2 stated she provided the results to</p>	F 692	<p>weights on 05/18/2018. Resident #1 was the only resident with orders for weekly weights. The Director of Nursing (DON), provided in service education to CNA and unit coordinators responsible for obtaining & monitoring weights on 06/8/2018 regarding policy and procedure for determining residents requiring weekly weights, obtaining and recording weights. DON or unit coordinators will review residents with RD or MD recommendations/orders for weight monitoring weekly to ensure weights have been obtained and recorded per recommendation or order. any changes to orders or recommendations will be communicated by licensed nurse to provider via Provider acute communication log. Director of Nursing will report monthly to QAPI committee to include findings, recommendations &/or trends noted.</p> <p>Dietary Manager & Supervisor performed audit of current facility residents with supplements ordered with meals to ensure supplement provided on meal tray with each meal beginning 05/21/2018, times three weeks. Dietary Manager educated dietary staff regarding residents requiring supplements, tray card accuracy and meal tray set-up on 6/8/2018. Dietary Manager or dietary supervisor will continue to validate presence of ordered supplements per care plans/MD orders on meal trays daily. Should a supplement be unavailable, dietary manager or supervisor will notify licensed nurse who will obtain MD order for suitable available</p>		

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F 692	<p>Continued From page 11</p> <p>the CDM and placed a copy in the DON box. NA #2 further stated she was not aware until yesterday (Thursday, 5/17/18) that Resident #1 required weekly weights, he was not on the list she received each Tuesday.</p> <p>During a telephone interview on 05/18/18 at 10:24 AM, the Registered Dietitian (RD) stated that the facility previously identified some concerns about 4 -6 weeks ago with weight accuracy and as a result selected one staff member to obtain weekly/monthly weights. The RD stated that additionally, she and the Director of Nursing (DON) began reviewing weight data each Tuesday when she visited the facility. The RD reviewed weight history for Resident #1 and stated that some of his weekly weights were missing. The RD further stated that she was aware that Resident #1 had an MD order to obtain weekly weights and if she were expecting weekly weights for a resident but did not see them, she would request the weight. The RD stated she was not aware of any additional weight data for Resident #1 and could not explain why the additional weights were missing.</p> <p>During an interview on 05/18/18 at 5:19 PM, the DON stated that she expected physician orders to be followed or clarified. She stated she could not speak to those weeks that weight data was missing and was not obtained for Resident #1, but for the prior 2 months, she and the RD re-implemented the collaboration and review of weights.</p> <p>2. Resident #74 was re-admitted to the facility on 1/20/18. Diagnoses included Alzheimer's disease, dementia, dysphagia and recurrent pneumonitis</p>	F 692	<p>substitute.</p> <p>The QAPI committee will evaluate efficacy of plan and make changes as appropriate</p>		

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F 692	<p>Continued From page 12 due to inhalation of food.</p> <p>Medical record review revealed a 1/30/18 physician's order for Resident #74 to receive a frozen high calorie supplement three times daily (TID) with meals due to a history of weight loss and abnormal lab results regarding nutritional status.</p> <p>A 3/18/18 dietary progress note recorded that Resident #74 received a frozen high calorie supplement TID with meals to provide additional calories and protein for a history of weight loss.</p> <p>Continued medical record review revealed Resident #74 was discharged from Hospice Services effective 4/18/18 and referred to Palliative Care.</p> <p>Review of a 4/27/18 significant change minimum data set, Care Area Assessment and Care Plan revealed Resident #74 was assessed with severely impaired cognition, required extensive staff assistance with feeding, had a history of weight loss, received a frozen high calorie supplement TID with meals, and his weight was currently stable. Care Plan interventions included for staff to provide supplements as ordered.</p> <p>During a lunch meal observation on 05/15/18 at 12:46 PM, Resident #74 was being fed lunch by a family member. The family interview revealed that Resident #74 was supposed to receive a frozen supplement with each meal, but that he did not always receive it, which happened as recently as supper the night before (5/14/18). The family member stated his meal trays often came without the supplement and she would have to ask for it. She further stated that at times the facility did not</p>	F 692			

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F 692	<p>Continued From page 13</p> <p>have the supplement for weeks at a time and during these times Resident #74 did not receive the supplement. A follow up family interview occurred on 05/17/18 at 10:00 AM. The interview revealed Resident #74 did not receive the frozen supplement on his supper tray the night before (5/16/18) and she had to request it.</p> <p>An observation of the lunch meal occurred on 05/17/18 at 12:05 PM for Resident #74. When his meal tray was delivered by dietary staff, a frozen supplement was not on his meal tray and had to be requested.</p> <p>An interview with the Certified Dietary Manager (CDM) occurred on 05/17/18 at 1:25 PM and revealed she conducted monthly tray audits for the breakfast/lunch meals to review for food palatability and accuracy of tray tickets. The CDM stated she had not identified concerns with tray accuracy, but that she had not audited the supper meal. The CDM further stated that she expected dietary staff to provide all items as recorded on the tray tickets. Review of the tray ticket for Resident #74 during the interview revealed it documented a frozen supplement was to be provided with each meal. The CDM stated she expected the frozen supplement to come on the resident's meal tray from the dietary department and that the resident/family should not have to ask for it.</p> <p>An interview with the Administrator on 5/17/18 at 2:45 PM revealed he expected residents to receive foods per physician's order/tray ticket without having to ask.</p> <p>A telephone interview occurred on 05/17/18 at 3:39 PM with the Registered Dietitian (RD) and</p>	F 692			

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F 692	Continued From page 14 revealed she did not want to discontinue the frozen supplement for Resident #74 because he had gained weight with the supplement and seemed to be doing well since it was added to his diet regimen. The RD further stated that the supplement provided additional protein that Resident #74 needed due to his nutritional status. The RD also stated that she remembered that there was a period of time that the supplement was not available and was now ordered through a different vendor. The RD stated she could not say whether or not Resident #74 was provided a comparable supplement during the times it was unavailable. The RD stated she expected the dietary staff to provide all supplements per the tray ticket. An interview on 05/18/18 at 09:31 AM with dietary staff #1 revealed she delivered the lunch meal to Resident #74 on 5/17/18 and forgot the frozen supplement. Dietary staff #1 further stated that there were other times when the frozen supplement was not available because the vendor was late with delivery. The Director of Nursing was interviewed on 05/18/18 at 5:14 PM and stated that she expected dietary staff to have supplements available for residents.	F 692			
F 756 SS=D	Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5) §483.45(c) Drug Regimen Review. §483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. §483.45(c)(2) This review must include a review	F 756		6/14/18	

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F 756	<p>Continued From page 15 of the resident's medical chart.</p> <p>§483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon.</p> <p>(i) Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug.</p> <p>(ii) Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified.</p> <p>(iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record.</p> <p>§483.45(c)(5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, staff, and pharmacist consultant interviews the physician failed to respond if not in agreement with the consultant pharmacist recommendation for gradual dose reduction (GDR) for antipsychotic medication and clarify diagnosis for the use of an antipsychotic</p>	F 756	F756 Regarding alleged deficient practice of failure to act on drug regimen review by physician failure to respond to consultant pharmacist recommendation for gradual dose reduction of Resident #69 antipsychotic medication and failure to		

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F 756	<p>Continued From page 16 and antidepressant medication for 1 of 5 residents reviewed for unnecessary medication (Resident #69).</p> <p>Findings included:</p> <p>On 03/02/18 Resident #69 was admitted to the facility with diagnoses of non-Alzheimer's dementia.</p> <p>A review of Resident #69's physician orders dated 03/02/18 indicated Risperidone (antipsychotic) 0.25 milligram (mg) 1 tablet was to be administered by mouth two times a day for dementia and Escitalopram Oxalate (antidepressant) tablet 10 mg 1 tablet was to be administered one time a day for dementia.</p> <p>The 5 day admission Minimum Data Set (MDS) assessment dated 03/09/18 indicated Resident #69 had severe cognitive impairment and diagnoses included non-Alzheimer's dementia and anxiety disorder.</p> <p>A review of the medical record revealed on 03/07/18 and 04/18/18 the consulting pharmacist recommended that the physician clarify a diagnosis for Resident #69's use of Risperidone and Escitalopram Oxalate and consider a GDR for the use of Risperidone.</p> <p>A review of Resident #69's medical record and physician orders revealed the physician had not responded with documentation or provided a rationale to the consultant pharmacist recommended in March and April 2018 for clarification of a diagnosis for the use of Risperidone and Escitalopram Oxalate and consideration of GDR for Risperidone.</p>	F 756	<p>clarify diagnosis for use: facility physician (at time of resident admission & time of pharmacist recommendation (March 2018)) failed to return and/or document a response to pharmacist's recommendation to begin a gradual dose reduction on resident #69 and further, did not offer any clarification of indication for use of antipsychotic. This failure was reported to QAPI committee in April 2018. Current physician was contacted on 05/17/2018 to review Resident 69's medication regimen, pharmacist recommendations, diagnoses and behaviors specific to use of antipsychotic medication. Physician determined appropriate use, clarified diagnosis and gave order for trial dose reduction.</p> <p>All residents currently prescribed antipsychotic medication reviewed on 06/08/2018 for consultant pharmacy recommendations and corresponding physician responses to be obtained by 06/14/2018. Consultant pharmacy recommendations are provided monthly to Director of Nursing via secure email. Director of Nursing will provide recommendations to physician and retain copies of recommendations until physician response received. Responses will then be implemented as directed and filed in resident's medical record. This process will be implemented as of 06/14/2018 for any new recommendations and will be adopted as facility process for monthly pharmacist recommendations.</p>		

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F 756	Continued From page 17 A review of the medication administration record (MAR) for the Month of April and March 2018 indicated via staff documentation that Resident #69 received Risperidone 0.25 mg 1 tablet by mouth two times a day for dementia. On 05/17/18 at 8:45 AM an interview was conducted with the Director of Nursing (DON) who stated she could not find documentation or any indication that the physician had responded with a rationale to the consulting pharmacist and clarified a diagnosis for the use of Risperidone and Escitalopram Oxalate and consideration of GDR for Risperidone as recommended by the consulting pharmacist in March and April 2018 for Resident #69. The DON stated the facility had recognized that the physician had not been addressing the consulting pharmacist recommendations and the physician was no longer working at the facility since 05/14/18. The DON stated she would contact the new physician to address the pharmacist recommendations for Resident #69. On 05/17/18 at 12:23 PM a telephone call was made to the physician who was responsible for addressing the consulting pharmacist recommendations for Resident #69. The physician no longer worked at the facility and was unable to be reached for an interview. On 05/17/18 at 4:25 PM a telephone interview was conducted with the consulting pharmacist who stated he recommended in March and April 2018 that the physician clarify a diagnosis for the use of Risperidone and Escitalopram Oxalate and consideration of a GDR for Risperidone for Resident #69 and had not received a response	F 756	As of 06/14/2018, consultant pharmacy recommendations that remain outstanding after one week of the recommendation will be re-forwarded to physician weekly for follow-up. Recommendations outstanding after three weeks will be reported to Nursing Home Administrator for follow-up with Medical Director. This process will remain in effect for six months (until 12/30/2018). Administrator of Director of Nursing will report physician response rate to consultant pharmacist recommendations to monthly Quality Assurance Committee to assess any trends and identify any recommendations. The QAPI committee will evaluate efficacy of plan and make changes as appropriate		

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F 756	Continued From page 18 from the physician in March and April 2018 regarding his recommendations. The consulting pharmacist stated he requested consideration of a GDR for Risperidone in March 2018 after reviewing Resident #69's admission medications as per the regulation. The consulting pharmacist stated he had attended a quality assurance meeting in April 2018 and had discussed with the physician, Administrator, and DON that there was a problem with the physician addressing the consulting pharmacist recommendations. On 05/18/18 at 9:44 AM an interview was conducted with the Administrator who stated his expectation was that the physician would have addressed, responded and provided a rationale to the consulting pharmacist recommendations in March and April 2018 for providing a diagnoses for the use of Risperidone and Escitalopram Oxalate and consideration of a GDR for Risperidone for Resident #69. The Administrator stated the facility had recognized that the physician had not been addressing the consulting pharmacist recommendations and the physician was no longer working at the facility.	F 756			
F 867 SS=D	QAPI/QAA Improvement Activities CFR(s): 483.75(g)(2)(ii) §483.75(g) Quality assessment and assurance. §483.75(g)(2) The quality assessment and assurance committee must: (ii) Develop and implement appropriate plans of action to correct identified quality deficiencies; This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews, and record review, the facility's Quality Assessment	F 867	F 867 1) F656 Regarding the alleged deficient	6/14/18	

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F 867	<p>Continued From page 19</p> <p>and Assurance Committee failed to maintain implemented procedures and monitor interventions the committee put into place in June, 2017. This was for two deficiencies cited during the facility's recertification and complaint investigation survey 06/02/17. The deficiencies were in the areas of development and implementation of comprehensive care plans and maintaining nutrition status. The continued failure of the facility to sustain compliance during two federal surveys of record shows a pattern of the facility's inability to sustain an effective Quality Assurance Program.</p> <p>The findings included:</p> <p>This tag is cross referred to:</p> <p>1a. 483.20 Develop/Implement Comprehensive Care Plan: Based on observations, family interview, staff interview and medical record review, the facility failed to implement nutrition care plans as evidenced by not monitoring weights weekly for 10 months, supervising during dining (Resident #1) and providing a high calorie supplement (Resident #74) for 2 of 5 sampled residents reviewed at risk for weight loss.</p> <p>The facility was recited for 483.20 (b) for failure to develop/implement comprehensive care plans regarding nutrition. The 483.20 (b) was originally cited during a recertification and complaint investigation survey on 06/02/17 for failure to develop/implement a comprehensive care plan for nutrition.</p> <p>Interview with the Administrator and Director of Nursing on 05/18/18 at 5:20 PM revealed they attributed a repeat concern related to nutrition</p>	F 867	<p>practice of failure to implement nutrition care plan by:</p> <p>1a-failing to monitor weekly weights per MD order for Resident #1: The facility failed to ensure Registered Dietitian's current recommendations for weekly weights were communicated to physician and updated in resident orders and care plan; facility further failed to ensure compliance (obtaining of weekly weights) with current physician order for Resident #1. The interdisciplinary team, including Director of Nursing & Registered Dietitian reviewed current plan of care and assessed diagnostic information, weights, nutritional status and determined that weekly weights were no longer necessary. The Physician was notified and order was received to discontinue weekly weights on 5/22/2018.</p> <p>1b-failing to provide supervision to Resident #1 during dining per MD progress note & MDS assessment: The facility failed to ensure care plan was updated with resident's current level of assist required with eating. Resident observed & assessed at lunch and supper per Director of Nursing on 06/07/18 and at breakfast on 06/08/2018 per unit coordinator & licensed nurse. Resident is independent with eating and requires set-up of meal. Resident's care plan updated to reflect level of supervision required with meals on 6/7/2018.</p> <p>2-failing to provide high calorie supplement on meal trays as ordered: Dietary staff failed to validate presence of ordered supplement on meal tray before providing lunch meal on 05/17/2018.</p>		

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F 867	<p>Continued From page 20</p> <p>care plans to new administration (Administrator since January 2018 and DON since March 2018), a need to revisit the results of audits that were previously in place and to develop a new QA plan.</p> <p>1b. This tag is cross referred to:</p> <p>483.25 Maintain Nutrition/Hydration Status: Based on observations, family interview, staff interview and medical record review, the facility failed to follow physician orders as evidenced by not monitoring weights weekly for 10 months (Resident #1) and providing a high calorie supplement (Resident #74) for 2 of 5 sampled residents reviewed at risk for weight loss.</p> <p>The facility was recited for 483.25 for failure to provide a nutrition supplement as ordered. The 483.25 was originally cited during a recertificaion and complaint investigation survey on 06/02/17 for failure to provide a nutrition supplement as ordered.</p> <p>Interview with the Administrator and Director of Nursing on 05/18/18 at 5:20 PM revealed they attributed a repeat concern related to maintaining nutrition status to new administration (Administrator since January 2018 and DON since March 2018), a need to revisit the results of audits that were previously in place and to develop a new QA plan.</p>	F 867	<p>Resident #74 has been provided a supplement as ordered with validation by the Dietary Manager beginning on 05/21/18.</p> <p>Director of Nursing (DON) audited current residents with physician orders for weekly weights on 05/18/2018. Resident #1 was the only resident with orders for weekly weights. The Director of Nursing (DON), provided in service education to CNA and unit coordinators responsible for obtaining & monitoring weights on 06/8/2018 regarding policy and procedure for determining residents requiring weekly weights, obtaining and recording weights. Care plans for current residents with nutritional risk and requiring assistance with feeding were reviewed by the Registered Dietitian and the DON, beginning on 06/07/2018 with interventions evaluated and updated by 06/14/2018. The Dietary Manager, Registered Dietitian and/or MDS coordinators will review and update care plans quarterly, annually, significant change or when an intervention has changed, to reflect the current needs of the resident in regard to assistance with meals.</p> <p>Dietary Manager & dietary supervisor performed audit of current facility residents with supplements ordered with meals to ensure supplement provided on meal tray with each meal beginning 05/21/2018 times three weeks. Dietary Manager educated dietary staff regarding residents requiring supplements, tray card accuracy and meal tray set-up on</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345415	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/18/2018
NAME OF PROVIDER OR SUPPLIER PINEVILLE REHABILITATION AND LIVING CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 1010 LAKEVIEW DRIVE PINEVILLE, NC 28134		
(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 867	Continued From page 21	F 867	<p>6/8/2018.</p> <p>DON and/or unit coordinators will review residents with RD or MD recommendations/orders for weight monitoring weekly to ensure weights have been obtained and recorded per recommendation or order; any changes to orders or recommendations will be communicated by licensed nurse to provider via Provider acute communication log. Report will be made by Director of Nursing and/or unit coordinators to monthly QAPI committee to include findings, recommendations &/or trends noted.</p> <p>MDS coordinator will audit five care plans for residents at nutritional risk per week for correct and relevant interventions x four weeks with report to monthly QAPI committee; then will audit five care plans per month x three months with report to monthly QAPI committee; then will audit five per quarter x three quarters with report to monthly QAPI committee to include trends and/or recommendations.</p> <p>Dietary Manager or supervisor will validate presence of ordered supplements per care plans/MD orders on meal trays daily. Should a supplement be unavailable, Dietary manager or supervisor will notify Licensed Nurse who will obtain MD order for suitable available substitute. The QAPI committee will evaluate efficacy of plan and make changes as appropriate.</p> <p>2) F692 Regarding the alleged deficient practice of failure to maintain</p>		

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F 867	Continued From page 22	F 867	<p>nutrition/hydration status by failing to follow physicians order to monitor weekly weights for Resident #1 & to provide high calorie supplement to Resident #74: The facility failed to ensure Registered Dietitian's current recommendations for weekly weights were communicated to physician and updated in resident orders and care plan; facility further failed to ensure compliance (obtaining of weekly weights) with current physician order for Resident #1. Interdisciplinary team, including Director of Nursing (DON) & Registered Dietitian, met and reviewed current plan of care & current resident status. Resident #1 was assessed by the Registered Dietician and the DON and determined that weekly weights are not indicated at this time. The Physician was notified and order was received to discontinue weekly weights on 05/22/2018.</p> <p>Dietary staff failed to validate presence of ordered supplement on meal tray before providing lunch meal on 05/17/2018. Resident #74 has been provided a supplement as ordered with every meal with validation by the Dietary Manager or supervisor beginning on 05/21/18.</p> <p>Director of Nursing (DON) audited current residents with physician orders for weekly weights on 05/18/2018. Resident #1 was the only resident with orders for weekly weights. The Director of Nursing (DON), provided in service education to CNA and unit coordinators responsible for obtaining & monitoring weights on 06/8/2018 regarding policy and procedure for</p>		

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F 867	Continued From page 23	F 867	<p>determining residents requiring weekly weights, obtaining and recording weights. DON or unit coordinators will review residents with RD or MD recommendations/orders for weight monitoring weekly to ensure weights have been obtained and recorded per recommendation or order. any changes to orders or recommendations will be communicated by licensed nurse to provider via Provider acute communication log. Director of Nursing will report monthly to QAPI committee to include findings, recommendations &/or trends noted.</p> <p>Dietary Manager & Supervisor performed audit of current facility residents with supplements ordered with meals to ensure supplement provided on meal tray with each meal beginning 05/21/2018, times three weeks. Dietary Manager educated dietary staff regarding residents requiring supplements, tray card accuracy and meal tray set-up on 6/8/2018. Dietary Manager or dietary supervisor will validate presence of ordered supplements per care plans/MD orders on meal trays daily. Should a supplement be unavailable, dietary manager or supervisor will notify licensed nurse who will obtain MD order for suitable available substitute.</p> <p>The QAPI committee will evaluate efficacy of plan and make changes as appropriate</p> <p>The Regional Director of Clinical Services</p>		

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F 867	Continued From page 24	F 867	provided in service education for the Management team consisting of the Administrator, Director of Nursing, MDS coordinators, Social Worker, Dietary Manager, Physician, Activities Director and unit coordinators, regarding QAPI, how to identify, plan and implement a quality plan for improvement and ongoing monitoring to assure compliance. The Administrator and/or the Director of Nursing will review audits to identify patterns and/or trends and will adjust plan to maintain compliance and review plan during the monthly QAPI meeting for at least 6 months or until compliance is maintained.		