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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345209 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 06/07/2018 |
| NAME OF PROVIDER OR SUPPLIER BROOKRIDGE RETIREMENT COMMUNITY | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1199 HAYES FOREST DRIVE WINSTON-SALEM, NC 27106 | |
| (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 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 accurately code 1 of 1 sampled resident's Minimum Data Set (MDS) reviewed for pressure ulcers (Resident #20).</p> <p>Findings included:</p> <p>Resident #20 was admitted to the facility on 04/25/13 with a diagnosis of a Stage 2 pressure ulcer to back.</p> <p>A review of the admissions notes dated 04/25/13, indicated Resident #20 had a Stage 2 pressure ulcer to the mid back along her spine.</p> <p>A review of Resident #20's quarterly MDS assessment dated 01/29/18 and quarterly MDS assessment dated 04/23/18 indicated Resident #20 was coded as having no pressure ulcers, under Section M: Skin Conditions.</p> <p>A review of Resident #20's physician orders for January 2018, indicated Resident #20 had a Stage 2 Pressure ulcer to back.</p> <p>A review of Resident #20's physician orders for April 2018, indicated Resident #20 had a Stage 2 Pressure ulcer to back.</p> <p>On 06/07/18 at 10:40 AM, an interview was conducted with the MDS Coordinator, who stated she coded Section M: Skin Conditions on</p> | F 641 | <p>For the resident affected: Resident #20, a complete chart review was done and an audit completed for the MDS's from date of admission 4/26/2013 to present. MDSs dated 1/29/2018 and 4/23/2018 were modified to reflect the accuracy of assessment that pressure ulcer was present.</p> <p>For the residents with the potential to be affected: Care plans, physician orders, and MDSs will be audited and cross referenced to ensure accuracy of assessment. This will be done through our QAPI plan chart review weekly through a complete rotation of charts and then random chart audits thereafter.</p> <p>Measures put in place: Skin assessments will be completed by the RN Supervisor and/or designee with assessment shared with MDS Coordinator. A wound care log will be maintained and reviewed weekly at our QAPI meeting. Patient records will also be reviewed to ascertain that physician orders, care plans, and MDSs reflect accuracy of assessment.</p> <p>Monitoring: The MDS Coordinator and/or designee will continue to monitor the electronic health records on admission, weekly, quarterly, and as needed through</p> | 7/5/18 |

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

TITLE

(X6) DATE

Electronically Signed

06/20/2018

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.

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

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OMB NO. 0938-0391

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| F 641 | <p>Continued From page 1</p> <p>Resident #20's quarterly MDS assessment dated 01/29/18, and quarterly MDS assessment dated 04/23/18. The MDS Coordinator stated Resident #20 had not been coded as having a Stage 2 pressure ulcer to the mid back on the two assessments and it was an error in coding. The MDS Coordinator stated she would need to submit a modification to Resident #20's MDS assessments.</p> <p>On 06/07/18 at 10:50 AM, an interview was conducted with the Director of Nursing (DON), who stated her expectation was that Resident #20's quarterly assessment dated 01/29/18, and quarterly MDS assessment dated 04/23/18, would have been accurately coded under Section M: Skin Conditions to reflect a Stage 2 pressure ulcer to the mid back. The DON stated her expectation was that those two assessments would be modified and submitted to accurately reflect a Stage 2 pressure ulcer to the mid back for Resident #20.</p> | F 641 | our QAPI process. This will be reviewed with the QAPI team at our weekly meetings. Once substantial compliance is determined, the audits will be completed quarterly x 12 months. | |