STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345306	A. BUILDING _____ B. WING _____	01/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IREDELL MEMORIAL HOSPITAL INC	557 BROOKDALE DRIVE STATESVILLE, NC 28677

(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
E 000	Initial Comments An unnaounced recertification survey was conducted on 1/15/18-1/17/19. The facility was found in complinace with the requirement CFR 483.73, Emergency Prepardness. Event ID FRR511.	E 000		
F 636 SS=D	Comprehensive Assessments & Timing CFR(s): 483.20(b)(1)(2)(i)(iii) §483.20 Resident Assessment The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity. §483.20(b) Comprehensive Assessments §483.20(b)(1) Resident Assessment Instrument. A facility must make a comprehensive assessment of a resident's needs, strengths, goals, life history and preferences, using the resident assessment instrument (RAI) specified by CMS. The assessment must include at least the following: (i) Identification and demographic information (ii) Customary routine. (iii) Cognitive patterns. (iv) Communication. (v) Vision. (vi) Mood and behavior patterns. (vii) Psychological well-being. (viii) Physical functioning and structural problems. (ix) Continence. (x) Disease diagnosis and health conditions. (xi) Dental and nutritional status. (xii) Skin Conditions. (xiii) Activity pursuit. (xiv) Medications. (xv) Special treatments and procedures.	F 636		2/13/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 02/01/2019

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F 636	Continued From page 1 (xvi) Discharge planning. (xvii) Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS). (xviii) Documentation of participation in assessment. The assessment process must include direct observation and communication with the resident, as well as communication with licensed and nonlicensed direct care staff members on all shifts. §483.20(b)(2) When required. Subject to the timeframes prescribed in §413.343(b) of this chapter, a facility must conduct a comprehensive assessment of a resident in accordance with the timeframes specified in paragraphs (b)(2)(i) through (iii) of this section. The timeframes prescribed in §413.343(b) of this chapter do not apply to CAHs. (i) Within 14 calendar days after admission, excluding readmissions in which there is no significant change in the resident's physical or mental condition. (For purposes of this section, "readmission" means a return to the facility following a temporary absence for hospitalization or therapeutic leave.) (iii)Not less than once every 12 months. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to complete a comprehensive admission MDS assessment within 14 days of admission for 2 of 11 sampled residents (Resident #5 and #15). The findings included: 1. Resident #5 was admitted to the facility on	F 636	1.) Resident #5 and Resident #15 had comprehensive assessments completed by January 17, 2019. Both assessments were transmitted to CMS on January 18, 2019. 2.) A complete audit for all active residents was	

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F 636	Continued From page 2 12/29/18 with diagnoses of COPD (Chronic Obstructive Airway Disease), chronic respiratory failure, and atrial fibrillation. During a review of Resident #5's most recent MDS (minimum data set) and electronic medical record revealed an entry tracking MDS was completed on 12/29/18. A comprehensive assessment was in progress with an ARD of 01/05/19. The comprehensive assessment was not complete. On 01/16/19 at 11:35 am an interview was conducted with the MDS coordinator. She stated she has had problems with the assessments in the past being deleted due to a switch in software. When asked if either of the two assessments in question were inadvertently deleted during the change in software, she replied "No". She further indicated that the MDS assessments were behind and unfortunately Resident #5's and Resident #15's assessment had not been completed 100%. She stated that she would complete both assessments before the end of the day. On 01/17/19 at 9:30 am an interview was conducted with the Administrator of the facility, who stated that she oversees the MDS nurses. The Administrator indicated that it was her expectation that all comprehensive admission MDS assessments were completed within 14 days of admission. 2. Resident #15 was admitted to the facility on 12/31/18 with diagnoses of acute UTI (Urinary Tract Infection), acute sepsis, shortness of breath and hypertension.	F 636	conducted on 1/21/19 by the MDS RN and DON to determine the number of incomplete comprehensive assessments that were flagging as late to determine immediate action for compliance. It was determined that all incomplete assessments would be completed by 2/13/2019. 3.) The Administrator, DON and /or appointed designee will conduct weekly audits starting on 1/21/2019 to ensure the timeliness of all comprehensive assessments for the next 60 days, then twice a month for the next 2 months and monthly thereafter for 2 additional months. The Administrator did provide re-education on 1/21/2019 to the MDS Nurses regarding the timeliness for completing the comprehensive assessments and her expectations for timely compliance. 4.) All audits will be reviewed by the Administrator, DON and /or designee to ensure timely compliance weekly, twice a month and monthly	

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F 636	Continued From page 3 During a review of Resident #15's most recent MDS (minimum data set) and electronic medical record revealed an entry tracking MDS was completed on 12/31/18. A Comprehensive Assessment was noted to be in progress with an ARD (Assessment reference date) of 01/07/19. The comprehensive assessment was not complete. On 01/16/19 at 11:35 am an interview was conducted with the MDS coordinator. She stated she has had problems with the assessments in the past being deleted due to a switch in software. When asked if either of the two assessments in question were inadvertently deleted during the change in software, she replied "No". She further indicated that the MDS assessments were behind and unfortunately Resident #5's and Resident #15's assessment had not been completed 100%. She stated that she would complete both assessments before the end of the day. On 01/17/19 at 9:30 am an interview was conducted with the Administrator of the facility, who stated that she oversees the MDS nurses. The Administrator indicated that it was her expectation that all comprehensive admission MDS assessments were completed within 14 days of admission.	F 636	thereafter per the audit timeframes listed in action #3 beginning on 1/21/2019. If any assessment is found to be late, immediate action will be taken to ensure assessment is completed within 48 hours and determine the reason for the assessment not being timely. These audits will be reviewed at the quarterly QAPI meetings for recommendations and / or feedback. The next QAPI Meeting is scheduled for 3/20/2019. The Administrator and DON will be responsible for implementing this plan of correction. The completion date will be 2/13/2019.	