

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345242</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/25/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE FOUNTAINS AT THE ALBEMARLE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 TRADE STREET TARBORO, NC 27886</b>	
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E 000	Initial Comments  An unannounced Recertification survey was conducted on 1/22/19 through 1/25/19. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #4SH611.	E 000		
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 use of insulin for 1 of 6 residents reviewed for medications, failed to accurately code the hospice status of 1 of 2 residents reviewed for hospice, and failed to accurately code the history of a fall for 1 of 3 residents reviewed for falls. (Resident #26, Resident #19, and Resident #12)  Findings included:  1. Resident #26 was admitted to the facility on 3/14/17. Her active diagnoses included hypertension and glaucoma.  Review of Resident #26's minimum data set assessment dated 1/8/19 revealed the resident was assessed in section N, question N0350, as having received insulin 7 days of the 7 day look back period of the assessment.  Review of Resident #26's physician orders for January 2019 revealed the resident was not ordered insulin.	F 641	This Plan of Correction has been submitted to meet the requirements established by state/federal law. This Plan of Correction constitutes this facility's demonstration of compliance for the deficiencies cited. Submission of this Plan of Correction is not an admission that a deficiency existed or that one was cited.  Modification of MDS dated 1/8/19 (Annual Assessment) for Resident #26 was completed by MDS nurse on 1/25/19 to code the resident as not having received insulin 7 days of the 7 day look back period. This assessment with modification was transmitted on 1/30/19.  Modification of MDS dated 1/3/19 (Quarterly Assessment) for Resident #19 was completed by MDS nurse on 1/25/19 to include that the resident had received hospice services during the 7 day look back period. This assessment with modification was transmitted on 1/30/19.	2/20/19

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

TITLE

(X6) DATE

Electronically Signed

02/06/2019

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	Continued From page 1  Review of Resident #26's medication administration record for January 2019 revealed the resident had not received insulin in January 2019.  During an interview on 1/24/19 at 2:39 PM Nurse #1 stated Resident #26 had not received any insulin in January of 2019.  During an interview on 1/25/19 at 10:53 AM MDS Nurse #1 stated Resident #26 had never received any insulin and question N0350 in the 1/8/19 minimum data set assessment was coded incorrectly.  During an interview on 1/25/19 at 11:00 AM the Administrator stated it was her expectation minimum data set assessments accurately reflected resident medication usage. 2. Resident #19 was admitted to the facility on 7/10/18 with diagnoses that included: dementia, hypertension and hyperlipidemia.  Review of a progress note dated 1/3/19 revealed Resident #19 was on hospice and received weekly visits.  Review of Resident #19's minimum data set assessment dated 1/3/19 revealed the resident was assessed in section O, question O0100 as not receiving hospice services during the 7 day look back period of the assessment.  During an interview on 1/25/19 at 10:58 AM the MDS Coordinator stated Resident #19 received hospice services and question O0100 on the 1/3/19 minimum data set assessment was coded incorrectly.	F 641	Modification of MDS dated 12/18/18 (Quarterly Assessment) for Resident #12 was completed by MDS nurse on 1/25/19 to include the correct number of falls without and fall with injury for the resident. This assessment with modification was transmitted on 1/30/19.  100% audit of all residents most recent MDS assessment will be conducted by DON and/or designee by 2/20/19 to ensure that assessments are accurate for Sections N, J, and O.  Inservice with MDS nurse and DON by Administrator on 2/6/19 covering the need for accuracy in coding MDS assessments. Specific sections reviewed include N, J, and O.  All MDS assessments for residents will be audited by DON or designee weekly x 4 weeks and monthly x 2 months to ensure accuracy of assessments, with special attention to sections N, J, and O.  Findings of MDS assessment audits will be presented to the QAPI Committee monthly for three months with any changes to plan made as needed.		

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F 641	<p>Continued From page 2</p> <p>An interview was conducted on 1/25/19 at 11:00 AM with the Administrator who stated it is her expectation that MDS assessments are coded accurately to reflect hospice election.</p> <p>3. Resident #12 was admitted to the facility on 4/4/18 with diagnoses that included: diabetes mellitus, hypertension and osteoarthritis.</p> <p>Review of a progress note dated 11/27/18 revealed Resident #12 had fallen in her bathroom and sustained no injuries.</p> <p>Review of a progress note dated 12/8/19 indicated Resident #12 had fallen in her bathroom and sustained no injuries.</p> <p>Review of a progress note dated 12/18/18 revealed Resident #12 had two falls on 12/11/18, a fall with no injury and a fall with an injury.</p> <p>Review of Resident #12's minimum data set assessment dated 12/18/18 revealed the resident was assessed in section J, question J1900 as having one fall with no injury and one fall with injury since her last minimum data set assessment on 9/25/18.</p> <p>During an interview on 1/25/19 at 10:58 AM the MDS Coordinator indicated Resident #12 had multiple falls with no injury and question J1900 was coded incorrectly.</p> <p>An interview was conducted on 1/25/19 at 11:00 AM with the Administrator who stated it is her expectation that MDS assessments are coded accurately to reflect falls.</p>	F 641			

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F 684 F 684 SS=D	Continued From page 3 Quality of Care CFR(s): 483.25  § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on record review, staff interviews, and physician interview the facility failed to attain weights as ordered by the physician for 1 of 3 residents reviewed for nutrition. (Resident #18)  Findings included:  Resident #18 was admitted to the facility on 3/31/17. Her active diagnoses included anemia, hypertension, thyroid disorder, hip fracture, dementia, anxiety disorder, and depression.  Review of Resident #18 ' s weights revealed her last weight was recorded on 12/9/18. Staff documented the resident ' s weight as 135.6 pounds.  Review of Resident #18 ' s chart revealed on 12/10/18 the resident was hospitalized and returned to the facility on 12/15/18. At this time the standing orders for weights were initiated for weekly weights for four weeks from readmission and then monthly. The were no weights recorded for Resident #18 from 12/15/18 through 12/31/18.	F 684 F 684	A weight was obtained for Resident #18 by CNA on 1/24/19 of 136 pounds.  An audit was completed on 1/24/19 of 100% of residents by DON and ADON to clarify that each resident had an order for frequency of weights, and that this order was correct and recorded in the resident record and on the MAR.  Inservice with all nursing staff to be completed by DON and/or designee by 2/20/19 covering weight orders, obtaining weights, and the weight review protocol.  Weights will be obtained as ordered by CNAs (on admission, daily, weekly, monthly) and an audit will be completed by DON or designee weekly to ensure that the weights were obtained as ordered. The audit and weights will be discussed weekly at the Weekly IDT Team weight meeting.  Findings of weight audits will be presented	2/20/19	

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F 684	<p>Continued From page 4</p> <p>Review of Resident #18 ' s most recent minimum data set assessment dated 12/21/18 revealed she was assessed to have weight loss and was not on a weight loss regimen.</p> <p>Review of Resident #18 ' s physician orders for January 2019 revealed the resident was again ordered to have daily weights.</p> <p>Review of the weight schedule list at the nurse ' s station dated 1/15/19 revealed Resident #18 was on the list for monthly weights.</p> <p>During an interview on 1/24/19 at 9:14 AM Dietitian #1 stated she did not know for sure if Resident #18 was ordered for daily, weekly, or monthly weights. She stated her last recorded weight was on 12/9/18 and she did not have any further weights to review. She concluded it was her expectation to have at least a monthly weight on most residents and did not know if Resident #18 had refused weights since her return from the hospital.</p> <p>During an interview on 1/24/19 at 9:57 AM Nurse Aide #1 stated Resident #18 was weighed daily prior to her hospitalization on 12/10/18. She further stated when the resident returned on 12/15/18 she was on the monthly weights schedule at the nurse ' s station, but Resident #18 would decline to get out of bed in the morning so she did not do weights on Resident #18. She concluded she did not report this to the nurses because the nurses already knew.</p> <p>During an interview on 1/24/19 at 10:10 AM Nurse #1 stated when a resident refused weights the nurse aide should notify the nurse and document the refusal. She further stated she</p>	F 684	<p>to the QAPI Committee monthly for three months with any changes to plan made as needed.</p>		

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F 684	<p>Continued From page 5</p> <p>believed Resident #18 was on monthly weights. Upon review of Resident #18 's orders she concluded the resident was on daily weights for January 2019 and they had not been done because the order was on the medication administration record and had been left blank for the month of January 2019. She further stated no nurse aides had reported Resident #18 had refused weights to her, so she had not reported the concern to the physician.</p> <p>During an interview on 1/24/19 at 10:30 AM Physician #1 stated the current order for Resident #18 was daily weights. He further stated he had not been notified Resident #18 was refusing any weights and had he been notified he would have changed the order since he had originally ordered the weights to be monitored closely due to changes in medications in October 2018. He stated Resident #18 had sustained no deterioration to her status, however there was a potential for concern if orders were not being followed or documented correctly. He concluded he did not know if the nurse practitioner who worked under him had been notified.</p> <p>During an interview on 1/24/19 at 10:35 AM Nurse Practitioner #1 stated no staff had reported any weight concerns including Resident #18 having refused weights since her return to the facility on 12/15/18.</p> <p>During an interview on 1/24/19 at 10:51 AM the Director of Nursing stated it was her expectation her staff either follow the current orders or contact the physician if the resident was refusing the orders. She further stated the nurse aides should have let the nursing staff know about the refusal, and it was her expectation the staff notify</p>	F 684			

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F 684	Continued From page 6 her of any refusals for weights by residents. She concluded she would have contacted the physician to see if the order needed to be changed but she was not notified of any refusals as well. The Director of Nursing stated staff obtained a weight for Resident #18 of 135 pounds on 1/24/19 which reflected that her weight had remained stable since 12/9/18 which was her last documented weight in the medical record.	F 684		