

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

PRINTED: 03/11/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/01/2019
NAME OF PROVIDER OR SUPPLIER BETHESDA HEALTH CARE FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 3532 DUNN ROAD EASTOVER, NC 28301	
(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	E 000		
F 644 SS=D	<p>Coordination of PASARR and Assessments CFR(s): 483.20(e)(1)(2)</p> <p>§483.20(e) Coordination. A facility must coordinate assessments with the pre-admission screening and resident review (PASARR) program under Medicaid in subpart C of this part to the maximum extent practicable to avoid duplicative testing and effort. Coordination includes:</p> <p>§483.20(e)(1) Incorporating the recommendations from the PASARR level II determination and the PASARR evaluation report into a resident's assessment, care planning, and transitions of care.</p> <p>§483.20(e)(2) Referring all level II residents and all residents with newly evident or possible serious mental disorder, intellectual disability, or a related condition for level II resident review upon a significant change in status assessment. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to refer a resident with a newly evident diagnosis of a serious mental illness for a Preadmission Screening and Resident Review (PASARR) level II for 2 of 3 residents reviewed for PASARR. (Resident #24 and #76).</p> <p>Findings included:</p>	F 644	<p>1. Resident #24 and #76 could have been affected by this deficient practice. The facility and Medical Director will examine/review the charts of these residents to ensure that with newly evident or possible serious mental disorder, intellectual disabilities, or related conditions will be referred as a level II</p>	3/1/19

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

TITLE

(X6) DATE

Electronically Signed

02/18/2019

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 644	<p>Continued From page 1</p> <p>1. Review of Resident #24 ' s PASARR Level I Determination Notification letter dated 01/08/16 revealed the resident was assessed to be Level I. There were no further PASARR referrals for Resident #24 in the medical record.</p> <p>Resident #24 was readmitted to the facility on 01/17/18 with diagnoses which included dementia, anxiety and depression. Resident #24 had no mental health related diagnoses noted on admission to the facility.</p> <p>The annual Minimum Data Set (MDS) assessment dated 12/03/18 indicated Resident #24 ' s cognition had been severely impaired. Resident #24 was not currently considered by the State Level II PASARR process to have a serious mental and/or intellectual disability or a related condition. She had behavioral symptoms daily. She was administrated antipsychotic medication and antidepressant medication on 7 of 7 days. Her active diagnoses included Dementia and Schizophrenia.</p> <p>Resident #24 ' s plan of care, updated 12/04/18, included the problems of the diagnosis of dementia and at risk for further decline in cognitive status and the ability to verbalize needs. It included a focus of cognition loss with diagnosis of dementia and demonstrated aggression to staff when attempting to provide care and a focus of being non-ambulatory and receiving antipsychotic meds due to her agitation.</p> <p>Review of Resident #24 ' s psychiatric progress notes dated 01/24/19 revealed Resident #24 had been seen for follow-up per staff request. The progress notes specified facility staff had reported increased crying spells for Resident #24. The</p>	F 644	<p>PASARR.</p> <p>2. All residents could have been affected by this deficient practice. The facility will ensure that all residents with newly evident or possible serious mental disorders, intellectual disabilities, or related conditions will be referred as a level II PASARR.</p> <p>3. The Administrator will conduct an in-service with the MDS coordinators, Robin Jones and Marie Jackson, the charge nurse Stephanie Edwards and office manager Crystal Norris to include coordination of PASARR and assessment CFR(s) 483.20 (e)(1)(2) and that any new diagnosis that is added/given to a resident or to the MDS must be communicated to Crystal Norris the business office manager to initiate a referral for the resident as a PASARR level II.</p> <p>4. QAPI coordinator, LaDean Hair, RN will review and Document all pink copy Doctor order forms and will verbally ask charge nurse and MDS coordinators of any new diagnosis, using new QA form titled "new diagnosis" to ensure all new diagnosis of possible serious mental disorders, intellectual disabilities, or related conditions are communicated to Crystal Norris for a referred as a level II PASARR will be done. This will be done weekly x's 1 month then monthly x's 3 months unless it is needed long after evaluation from QAPI team.</p>		

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F 644	<p>Continued From page 2</p> <p>diagnoses remained anxiety, schizophrenia and other psychotic disorder and dementia with behavioral disturbance.</p> <p>Review of Resident #24 ' s January 2019 physician ' s order summary and Medication Administration Records indicated Resident #24 continued to receive antipsychotic medications and antidepressant medications.</p> <p>During an interview with the Administrator on 01/30/19 at 2:56 PM, the Administrator stated the PASARR screen in January 2016 was the last PASARR screen performed on Resident #24. She stated this was a PASARR Level I. She further stated Resident #24 had not been referred to have a new screening with the new onset diagnosis of Schizophrenia. She stated the new diagnoses for Resident #24 had been made during a psychiatric consult in November 2017. The Administrator expressed the front office clerk at that time had not been told to refer Resident #24 for a PASSAR Level II referral. The Administrator indicated her expectation was for the screening to be completed.</p> <p>2. Review of Resident #76 ' s PASARR Level I Determination Notification letter dated 02/28/17 revealed the resident had been assessed to be Level I. There had been no further PASARR referrals for Resident #76 in the medical record.</p> <p>Resident #76 was readmitted to the facility on 04/17/17 with diagnoses which included dementia, anxiety disorder, depression, psychotic disorder and schizophrenia.</p> <p>The annual Minimum Data Set (MDS) assessment dated 05/22/18 indicated Resident</p>	F 644			

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F 644	<p>Continued From page 3</p> <p>#76 ' s cognition had been severely impaired. Resident #76 had been inattentive consistently and had behavioral symptoms 4 to 6 days of the assessment period. She had been administered antipsychotic medication and antidepressant medication on 7 of 7 days. Her active diagnoses included dementia, psychotic disorder and schizophrenia.</p> <p>Review of Resident #76 ' s psychiatric progress noted dated 01/10/19 revealed Resident #76 had been seen for follow-up medication review. The progress notes specified facility staff reported no changes in mood or behaviors with the last medication changes. The current noted diagnoses included major depressive disorder, anxiety disorder, unspecified schizophrenia spectrum and other psychotic disorder and dementia unspecified with behavioral disturbance.</p> <p>Resident #76 ' s plan of care, updated 01/24/19, included the problems of Resident #76 will resist care and become combative at times and had history of falls and receiving psychotropic drug. It included additional focus areas of wandering in her wheelchair on the unit, dementia and not being aware of her needs, depending on staff for her care and the risk for side effects related to psychotropic medication.</p> <p>Review of Resident #76 ' s January 2019 physician ' s order summary and Medication Administration Records indicated Resident #76 continued to receive antipsychotic medications and antidepressant medications.</p> <p>During an interview with the Administrator on 01/30/19 at 2:56 PM, the Administrator stated the</p>	F 644			

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F 644	Continued From page 4 PASARR screen in February 2017 was the last PASARR screen performed on Resident #76. She stated this was a PASARR Level I. The Administrator further stated Resident #76 had not been referred to have a new screening. She stated the added diagnoses for Resident #76 had been made during a psychiatric consult in June 2017. The Administrator expressed the front office clerk at that time had not been told to refer Resident #76 for a PASSAR Level II referral. The Administrator indicated her expectation was for the screening to be completed.	F 644		