

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

PRINTED: 01/31/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345446</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>01/09/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>COLLEGE PINES HEALTH AND REHABILITATION</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 LOCUST STREET</b> <b>CONNELLY SPG, NC 28612</b>		
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E 000	Initial Comments	E 000			
F 000	An unannounced Recertification and Complaint Investigation survey was conducted on 01/06/20 through 01/09/20. The facility was found in compliance with the requirement of CFR483.73, Emergency Preparedness. Event ID# D4S411.	F 000			
F 578 SS=D	Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir CFR(s): 483.10(c)(6)(8)(g)(12)(i)-(v)  §483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.  §483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate.  §483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives). (i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive. (ii) This includes a written description of the facility's policies to implement advance directives and applicable State law.	F 578		2/1/20	

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

TITLE

(X6) DATE

Electronically Signed

01/31/2020

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 578	<p>Continued From page 1</p> <p>(iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met.</p> <p>(iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State Law.</p> <p>(v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on resident, physician and staff interviews and record review the facility failed to ensure information staff were to reference about a residents' elected advanced directives was available and accurate. This practice affected for 2 of 4 sampled residents reviewed for advanced directives (Resident #69 and #73).</p> <p>The findings included:</p> <ol style="list-style-type: none"> <li>Resident #69 was admitted to the facility on 11/27/19 with diagnoses that included chronic kidney disease, peripheral vascular disease and others.</li> </ol> <p>The hospital discharge summary dated 11/27/19 read in part, "CODE STATUS: limited code blue for cardiac arrest. No advanced directive documents available."</p>	F 578	<p>F578</p> <p>The facility failed to ensure information which staff were to reference about resident's elected advanced directives was available and accurate on 2 of 4 residents audited.</p> <p>Resident #69 's advanced directives were corrected and made available in the resident advanced directive binder. This was done by the Unit Coordinator on January 8, 2020.</p> <p>Resident #73's advanced directives were corrected and made available in the resident advanced directive binder. This was done by the Unit Coordinator on January 8, 2020.</p>		

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F 578	<p>Continued From page 2</p> <p>The physician document titled "History and Physical" dated 11/29/19 specified CODE STATUS: DNR (Do Not Resuscitate) limited resuscitation, no intubation, no feeding tube.</p> <p>The admission Minimum Data Set (MDS) dated 12/04/19 specified the resident's cognition was intact, she had clear speech, made herself understood and had the ability to understand others.</p> <p>Review of Resident #69's care plan did not address the resident's advanced directives.</p> <p>Review of Resident #69's medical record and a notebook containing advanced directives for residents revealed there was no physician signed documentation of the resident's desire to be a DNR.</p> <p>On 01/08/20 at 10:34 AM Resident #69 was interviewed and she stated that she had talked with her brother and if she stopped breathing she "wanted to go ahead and die." She said she had not spoken with anyone at the facility and no one had asked her about her advanced directives.</p> <p>On 10/08/20 at 9:21 AM the Social Worker (SW) was interviewed and explained the admission process for determining advanced directives. She stated that she or another staff member assisted families and/or residents with advanced directives on admission and documented the wishes on a MOST (Medical Orders for Scope of Treatment) form, signed by the physician or nurse practitioner. She added that resident advanced directives were kept in a notebook for staff to reference. The SW added that if there was no MOST form in the "notebook" then a resident was</p>	F 578	<p>All residents advanced directives were audited on January 8, 2020 by the Director of Nursing and the Regional Clinical Manager. This included verifying accuracy and availability of advanced directives for all residents.</p> <p>On January 9, 2020 all licensed nursing staff, and admission staff were in-serviced on advanced directives by the Administrator. The in-service included ensuring the accuracy and availability of advanced directives for all residents upon admission.</p> <p>Admission staff and or licensed nursing staff will obtain advanced directives for each admitting resident and make available for staff to reference. The Administrator, Director of Nursing, or weekend Nurse Supervisor will audit all new admissions (from prior day) advanced directives daily for two months to ensure code status is accurate and available to staff. The results of this audit will be recorded on the Advanced Directive Daily Monitoring Tool and presented to the QA Committee by the Administrator. Further monitoring will occur as directed by the QA Committee.</p> <p>The Regional Clinical Nurse will audit all new admission advanced directives weekly for two months to ensure accuracy and availability to staff. Results will be recorded on the Regional MOST Form Audit tool. Results will be submitted to the QA committee by the Administrator monthly. Further monitoring will occur as</p>		

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F 578	<p>Continued From page 3</p> <p>presumed to be FULL CODE and would receive CPR (cardiac pulmonary resuscitation). The SW explained that she had not met with Resident #69 to review advanced directives and wasn't sure if anyone had met with the resident because the process allowed various staff members the ability to meet with a new admitted resident to determine advanced directives. She stated she thought the Unit Manager was supposed to audit advanced directives to ensure they were available and up-to-date.</p> <p>On 10/08/20 at 9:56 AM Unit Manager #2 was interviewed about the process for determining a resident's advanced directives and stated she was not real sure about the process but thought all residents were supposed to have a MOST form kept in a notebook. Unit Manager #2 reviewed the notebook for Resident #69 and found that the notebook contained a Face Sheet and nothing else. Unit Manager #2 confirmed that Resident #69's Face Sheet specified there were no advanced directives selected and there was no MOST form on file. She added that Resident #69 would be consider FULL CODE. She also reviewed the electronic medical record for Resident #69 and noted the hospital discharge summary (dated 11/27/19) and physician history and physical (dated 11/29/19) specified the resident was DNR. She offered no explanation for the discrepancy. She added that advanced directives were supposed to be audited by the SW to ensure they were up-to-date and accurate.</p> <p>On 10/09/20 at 10:09 AM the Director of Nursing (DON) was interviewed and explained that the facility's policy was to document advanced directives on a MOST form signed by the physician. She added that without a MOST form,</p>	F 578	directed by the QA Committee.		

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F 578	<p>Continued From page 4</p> <p>a resident would be considered FULL CODE. She was unaware why advanced directives for Resident #69 were not correctly documented. She explained that ideally within 24 hours of admission, advanced directives should be determined and in place. She also added the facility had realized there was a problem with ensuring advanced directives were being completed on admission.</p> <p>On 01/09/20 at 11:42 AM the Physician was interviewed and stated he expected advanced directives to be determined and documented as soon as possible. He added that his note was not considered a legal document and advanced directives should be documented and signed by a physician on a legally recognized document, such as a MOST form. The Physician was made aware of his History and Physical assessment dated 11/29/19 that specified Resident #69 preferred DNR status and added that the facility would need to follow-up with completing a MOST form for him to sign to honor the resident's wishes.</p> <p>On 01/09/20 at 12:43 PM the Administrator reported that the Unit Managers should audit the advanced directives notebook to ensure advanced directives were in place for all new admissions and that either the SW, Admissions Director or nursing staff had discussed and attempted to obtain advanced directive preferences with all new resident admissions.</p> <p>2. Resident #73 was admitted to the facility on 11/27/2019 with diagnoses that included non-Alzheimer's dementia, diabetes, dysphagia, and cognitive communication deficit.</p>	F 578			

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F 578	<p>Continued From page 5</p> <p>A review of the admission Minimum Data Set (MDS) dated 12/10/2019 revealed that Resident # 73 had severe cognitive impairment and required extensive assistance with most activities of daily living.</p> <p>A review of the electronic and hard copy medical records for Resident #73 revealed there was no Advance Directive (AD) form for a full code or Do Not Resuscitate (DNR) order on file.</p> <p>An interview was conducted with Unit Manager (UM) #1 on 1/8/2020 at 10:35 AM. She indicated that all AD forms should be filed in the AD notebook located at the nursing station. She stated that it was a "team effort" to make sure the AD forms were completed and on file and no one was assigned. UM #1 explained the form should be completed at the time of admission or as soon as possible, and that if no form was on file in the notebook that it was understood that cardio pulmonary resuscitation (CPR) would be initiated and the family and physician would be contacted for continued guidance. UM #1 checked the notebook and verified that Resident #73 had no AD form on file. She stated that the family representative visited daily, and staff would get something completed and on file.</p> <p>The Social Worker (SW) was interviewed on 1/9/2020 at 9:55 AM. She indicated the Admissions Coordinator, SW, or nursing staff could complete the AD forms and the responsibility was not assigned to one specific person. Once the form was completed it should be placed in the AD notebook at the nursing station for easy access when needed.</p> <p>An interview was conducted with the Director of</p>	F 578			

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F 578	<p>Continued From page 6</p> <p>Nursing (DON) on 1/9/2020 at 10:09 AM and she reported she wanted AD forms to be completed and on file within 24 hours of admission. She said they had recently identified problems with the current process and an audit had been initiated to complete forms. The DON reported the family representative for Resident #73 had a hard time making a decision and staff had talked with the family multiple times although it had not been documented.</p> <p>An interview with the Admissions Coordinator on 1/9/2020 at 12:11 PM indicated that the AD forms were addressed at the time of admission and completed at that time if possible. She stated that if it was a late admission it was the responsibility of nursing staff to address and complete the AD forms. The Admissions Coordinator was not sure if there was a process to double check and see if the form was completed. She said the family representative for Resident #73 had not returned the form to the facility until 1/8/2020.</p> <p>An interview was conducted with the Administrator on 1/9/2020 at 12:44 PM. She said it was a collective effort to make sure AD forms were completed and the Unit Manager's responsibility to make sure the forms were on file in the AD notebook. She reported the family representative for Resident #73 was forgetful and had great difficulty in making this decision on behalf of the resident and the MOST form for Resident #73 had been returned this week. The Administrator indicated that although it was sometimes difficult for families to make decisions at the time of admission, that she would have expected something to have already been on file for a resident that was admitted in November</p>	F 578			

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F 578	Continued From page 7 2019. The interview further revealed staff had identified this as an issue recently and that an audit had been initiated and she knew this was an area that needed improvement.	F 578		