

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345222	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/20/2020
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF DREXEL			STREET ADDRESS, CITY, STATE, ZIP CODE 307 OAKLAND AVENUE MORGANTON, NC 28655	
(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 000	An unannounced Recertification and Complaint Investigation Survey was conducted on 02/17/20 through 02/20/20. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID# LBAO11. INITIAL COMMENTS	F 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 1 of 1 sampled resident reviewed for hospitalization utilizing the Minimum Data Set (MDS) to reflect discharge status (Resident #99). Findings included: Resident #99 was admitted to the facility on 12/31/19 with diagnosis of pneumonia. A physician's order dated 01/07/20 indicated Resident #99 was to be discharged home on 01/10/20 with home health services, nursing, physical therapy and occupational therapy. A review of the physician's discharge summary	F 641	This plan of correction constitutes my written allegation of compliance for deficiencies cited. However, submission of the plan of correction is not an admission that a deficiency exist or that one was cited correctly. This plan of correction is submitted to meet requirements established by state and federal law. It was identified during the survey process that the facility failed to accurately code the discharge location on the MDS for resident #99. MDS was inaccurately coded as discharged to an acute hospital on 01/10/2020. Correct discharge code was home with home health services. A	3/5/20

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

TITLE

(X6) DATE

Electronically Signed

03/03/2020

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 641	<p>Continued From page 1</p> <p>which was signed by the practitioner indicated Resident #99 was discharged to home in stable condition on 01/10/20.</p> <p>The discharge MDS assessment dated 01/10/20 indicated under Section A, A2100 Discharge Status that Resident #99 was not coded as discharged to the community and was coded as discharged to an acute hospital.</p> <p>On 02/18/20 at 4:35 PM an interview was conducted with the MDS Coordinator who stated she was responsible for coding Section A, A2100 Discharge Status on Resident #99's discharge MDS dated 01/10/20. The MDS Coordinator stated she knew that Resident #99 had been discharge to the community on 01/10/20 and miscoded the discharge status by checking the incorrect box. The MDS Coordinator stated she would need to modify and submit the Discharge MDS dated 01/10/20 to accurately reflect Resident #99 was discharged to the community.</p> <p>On 02/18/20 at 4:51 PM an interview was conducted with the Director of Nursing (DON) who stated her expectation was that the MDS Coordinator would have accurately coded the discharge MDS dated 01/10/20 to reflect Resident #99 was discharged to the community. The DON stated her expectation was that the MDS Coordinator would modify and submit the Discharge MDS dated 01/10/20 to reflect Resident #99 was discharged to the community.</p> <p>On 02/18/20 at 5:02 PM an interview was conducted with the Administrator who stated his expectation was that the MDS Coordinator would have accurately coded the discharge MDS dated 01/10/20 to reflect Resident #99 was discharged</p>	F 641	<p>modification was completed on Resident #99 to accurately reflect the discharge home on 02/18/2020. Administrator in-serviced the MDS coordinators on proper RAI guidelines for discharge location on 02/20/2020.</p> <p>Because other resident assessments have the ability to be affected the Administrator completed a MDS discharge location audit for discharges within the last six months on 02/20/2020. In order to assure continued compliance, Administrator or Designee will audit discharge location on all discharge MDS when completed for the next 30 days.</p> <p>The completion date for this POC is 03/05/2020.</p> <p>The results of the findings will be discussed in the monthly QAPI meeting. The QA committee will determine the need for an increase in the frequency based on the results of the findings.</p> <p>The title of the person responsible for implementing the acceptable plan of correction is the Administrator.</p>		

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

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F 641	Continued From page 2 to the community. The Administrator further stated the MDS Coordinator would modify and submit the Discharge MDS dated 01/10/20 to accurately reflect Resident #99 was discharged to the community.	F 641		