STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345535	A. BUILDING _____ B. WING _____	C 02/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADAMS FARM LIVING & REHABILITATION	5100 MACKAY ROAD JAMESTOWN, NC 27282

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E 000	Initial Comments An unannounced recertification survey was conducted from 2/24/20 to 2/27/20. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID#806011.	E 000		
F 000	INITIAL COMMENTS An unannounced, onsite complaint investigation was conducted on 2/24/20 to 2/27/20. F tag 658 was cited as a result of the complaint investigation. Please see CMS2567 for further information. Event ID #806011.	F 000		
F 644 SS=D	Coordination of PASARR and Assessments CFR(s): 483.20(e)(1)(2) §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: §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. §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 resident and staff interviews and	F 644	For resident cited: Resident #109 was	3/26/20

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

Electronically Signed | 03/17/2020

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F 644	Continued From page 1 record review, the facility failed to refer a resident, who exhibited new behaviors which resulted in additional psychiatric diagnoses, for a level II Preadmission Screening and Resident Review (PASARR) for 1 of 1 resident (Resident #109) reviewed for PASARR. Findings included: Resident #109 was admitted to the facility on 2/21/19 with a diagnosis that included, in part, major depressive disorder. He had a level I PASARR number upon initial admission. The medical record indicated Resident #109 exhibited visual hallucinations in August 2019, was seen by psychiatry in the facility and subsequently diagnosed with unspecified psychosis and visual hallucinations. The medical record revealed a level II PASARR referral (the purpose of the Level II screening is to assure that individuals with serious mental illness entering or residing in Medicaid certified nursing facilities receive appropriate placement and services) was not completed by the facility when the diagnoses were added. The facility completed a psychiatric evaluation on 8/29/19 which explained Resident #109 had endorsed visual hallucinations of bugs and spiders "crawling on his skin ....and crawling in his hair." The psychiatric nurse practitioner started the resident on Seroquel (an anti-psychotic medication), 25 milligrams, daily, "for visual hallucinations and psychosis." The comprehensive Minimum Data Set (MDS) assessment dated 2/9/20 indicated Resident #109 had moderately impaired cognition. He reported mood symptoms that included feeling	F 644	submitted for a preadmission screening and resident review on 2/27/2020. For all residents: Facility completed an audit of all level II residents, residents with newly evident, possible serious mental disorder, intellectual disability or related condition, and submitted preadmission screening and resident review for all residents as indicated before 3/17/20 System changes: Facility staff responsible for PASARR referrals and facility medical staff will be educated on the requirement for referring residents for level II resident review on or before 3/26/20. Monitors: Facility staff responsible for PASSARR submission will maintain a running log of residents who require a PASARR referral related to a new diagnosis. The log will be reviewed by the quality committee monthly for three months.	

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F 644	Continued From page 2	F 644		

down and feeling tired/little energy. Resident #109 received antipsychotic and antidepressant medications for 7 of 7 days during the MDS look back period.

A care plan for the use of an anti-psychotic medication and hallucinations was updated 2/19/20 and interventions included, "Encourage resident to vent/express feelings in a therapeutic manner and identify any changes to mood/behavior, if noted, document and inform physician."

On 2/25/20 at 2:15 PM Resident #109's current PASARR number was provided by the Director of Transitional Services and indicated a level I PASARR number.

The Diagnosis/History report provided by the medical records department on 2/26/20 at 2:25 PM revealed diagnoses of unspecified psychosis with an onset date of 9/4/19 and visual hallucinations with an onset date of 10/31/19.

On 2/27/20 at 9:47 AM an interview was completed with Social Worker (SW) #1. She reported the facility verified PASARR numbers prior to a resident's admission to the facility. She stated she did not know that a level II PASARR needed to be completed when a resident was identified with a mental illness diagnosis. SW #1 was unaware Resident #109 had told staff he had seen bugs or acknowledged visual hallucinations.

The Director of Transitional Services was interviewed on 2/27/20 at 10:09 AM. She confirmed Resident #109 had a level one PASARR when he was initially admitted to the facility. She said nobody at the facility completed

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F 644	Continued From page 3 level II PASARR applications when a resident was newly diagnosed with a psychiatric illness. During an interview with Unit Manager #1 on 2/27/20 at 11:08 AM, she recalled around August 2019 Resident #109 had stated he had seen bugs and spots. She stated the psychiatric nurse practitioner visited the resident and started him on Seroquel. Since then, Unit Manager #1 reported Resident #109's hallucinations had reduced to less than once a week. On 2/27/20 at 1:23 PM an interview was completed with Resident #109. He acknowledged that he still saw bugs at times, "crawling on me" and said, "I keep my head washed" so the bugs don't crawl on him. He added he told staff when he saw bugs and they looked for the bugs on him but "they don't see nothing." The Administrator was interviewed on 2/27/20 at 2:34 PM. She said level II PASARR applications were completed when there was a MDS significant change assessment. She explained the facility had recently become aware that level II PASARR's needed to be completed when there was a new mental illness diagnosis. She reported the Director of Transitional Services was responsible for completing level 2 PASARR referrals.	F 644		
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-	F 658		3/26/20

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F 658	Continued From page 4 (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to accurately transcribe, order, and follow a physician order for Gabapentin (pain medication for nerve pain) from the hospital during a readmission for 1 of 2 closed records reviewed for hospitalization (Resident #216). Findings include: Resident #216 was readmitted to the facility after a hospital admission for aspiration pneumonia on 7/24/19. Resident #216's diagnoses included, in part, polyneuropathy (damage to nerves in multiple areas in the body that can cause pain, discomfort, and mobility difficulties). Nursing Notes revealed that Resident #216 arrived at the facility on 7/24/19 at approximately 2:30 PM. Resident #216's discharge summary from the hospital on 7/24/19 revealed an order for 600 milligrams (mg) of Gabapentin 250 mg per 5 milliliters (mL) solution to be given via his gastrostomy tube three times a day. A Physician Order was placed by the facility on 7/25/19 for 600 mg of Gabapentin 250 mg per 5 mL solution to be given via his gastrostomy tube three times a day. Resident #216's July 2019 Medication Administration Record (MAR) revealed that he was scheduled to receive his ordered dose of Gabapentin at 8:00 AM, 2:00 PM, and 8:00 PM. The first dose of Gabapentin received by	F 658	For the resident affected Resident #216 is no longer a resident at the facility. When the error was discovered on 07/25/19 it was immediately corrected . The DON and Physician were notified of the error. A medication error was completed according to policy. For all other residents All orders received on 07/24/19 were reviewed again on 07/25/19 to assure that they had been carried out as ordered. The medication error was then taken to QAPI for review. During the QAPI review it was discussed as to what changes would be made to assure that this type of error could be prevented from reoccurring. The DON reported to the QAPI Committee that the Administrative Nursing staff had met and decided that all new orders would be reviewed on the same day that the order was given. The Administrative nursing staff will continue to transcribe all new admission orders. The Licensed nursing staff will continue to transcribe new physician orders. All orders will be reviewed on the same day. System Changes An in-service will be conducted by the SDC to review this procedure with all Licensed nursing staff.	

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F 658	Continued From page 5 Resident #216 after his admission on 7/24/19 at approximately 2:30 PM was not documented as given until 7/25/19 at 8:00 PM. Resident #216 missed a dose at 8:00 PM on 7/24/19 and at 8:00 AM and 2:00 PM on 7/25/19. Resident #216's pain assessments from 7/24/19 through 7/25/19 revealed that his pain was assessed each shift, as needed pain medication was administered when needed, and nursing staff re-evaluations revealed it was effective, with no more pain reported. A Medication Incident Report from 7/25/19 at 5:00 PM revealed that an error was made by the Assistant Director of Nursing (ADON) on 7/24/19. The report documented that the order for Gabapentin was not transcribed into the facility's electronic medical record until 7/25/19 after it was checked by a second nurse. The Director of Nursing (DON) and the physician were both notified of the error on 7/25/19. During an interview with the ADON and DON on 2/27/20 at 11:08 AM she stated that when a resident is admitted to the facility from the hospital, their discharge summary is reviewed, and medication orders are verified by the doctor or on-call provider. The ADON stated that orders are placed into the facility ' s EMR by herself or the DON and were usually double-checked and verified the following day by both nurses during the morning meeting based on the company ' s policy. It was stated that due to multiple new admissions the next morning (7/25/19), they did not catch the error until later in the day. The DON stated that after the error was made, it was their new policy to have the orders double-checked by two nurses the day of the	F 658	Monitoring A QI monitoring tool has been developed to monitoring that all physician orders have been reviewed on the same day the order was given. Orders received after 7pm Monday through Friday and orders received on the Weekend will be reviewed by two Licensed nursing staff. The QAPI Committee will review all monitoring tool outcomes and make recommendations as needed. This tool will be utilized daily x 4 weeks then as directed by the QAPI Committee.	

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F 658	Continued From page 6 admission and not the next day. During an interview with the Physician on 2/27/20 at 11:23 AM she stated that the resident received Gabapentin for neuropathy pain. She was made aware of the medication transcription error by the DON, the day after Resident #216's admission. She stated that she would always prefer that medications are given as soon as possible and as ordered, but that she felt as though the nurses had managed the resident's pain effectively, and that the three missed doses of Gabapentin had not caused a harmful outcome to the resident.	F 658		