

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

PRINTED: 02/12/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345185	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/06/2021
NAME OF PROVIDER OR SUPPLIER PREMIER LIVING AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 106 CAMERON STREET LAKE WACCAMAW, NC 28450	
(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	INITIAL COMMENTS	F 000		
F 641 SS=D	<p>Accuracy of Assessments CFR(s): 483.20(g)</p> <p>§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 update the quarterly Minimum Data Set (MDS) to reflect deep tissue injuries on 1 of 3 residents reviewed for pressure ulcers.</p> <p>Findings included: Resident #1 was admitted to the facility on 09/28/16. The resident was discharged to the hospital on 11/13/20 and returned back to the facility on 11/17/20. Diagnoses included, in part,</p>	F 641	<p>CORRECTIVE ACTION:</p> <ul style="list-style-type: none"> - The Minimum Data Set (MDS) that was inadvertently miscoded to reflect current pressure ulcers on Resident #1 was modified to reflect resident's deep tissue injuries. - Modification of quarterly/5-day assessment was made and submitted for Resident #1 on 01/06/21. 	1/15/21

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

TITLE

(X6) DATE

Electronically Signed

01/14/2021

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>Parkinson ' s disease, dysphagia, muscle weakness, chronic kidney disease, pneumonia, sepsis, dementia, failure to thrive, gastrostomy, pneumonitis due to inhalation of food and vomit, and pain in left and right toes.</p> <p>A review of the admission assessment dated 11/17/20 upon return from the hospital revealed the resident was noted to have the following skin issues:</p> <p>Pinpoint area on top of left ear Pinpoint area on top of right ear Right heel deep tissue injury (DTI) measuring 8 centimeters (cm) X 11.5cm Right top of foot DTI measuring 1.7 X 2.0cm Right lateral foot DTI (2 areas noted) #1 - 4.5 X 4.0cm, and #2 - 1.5 X 1.0cm Left lateral heel DTI measuring 2.0 X 1.5cm</p> <p>The Minimum Data Set (MDS) quarterly assessment dated 11/24/20 revealed the resident was severely cognitively impaired. He required total dependence with two person physical assistance with bed mobility and total dependence with one person physical assistance with all other activities of daily living. The resident was not coded as having a pressure ulcer, but was coded as being at risk for developing pressure ulcers. Section 0300 "Current number of unhealed pressure ulcers at each stage, Section G #1 unstageable deep tissue: Suspected deep tissue injury in evolution was marked "0" to indicate none, Section G #2 number of these unstageable pressure ulcers that were present upon admission or reentry was marked "0" to indicate none.</p> <p>An interview was conducted with Nurse #1 on</p>	F 641	<p>OTHERS WITH POTENTIAL TO BE AFFECTED:</p> <p>- Most recent MDS assessment for all residents with pressure injuries were audited to ensure accurate coding.</p> <p>MEASURES AND SYSTEMIC CHANGES:</p> <p>- MDS Coordinator and Interdisciplinary Team inserviced on importance of accuracy of MDS coding by Nursing Home Administrator on 01/14/21. - Wound Nurse will review Section M0210 coding with MDS nurse following Weekly Wound Assessments/Rounds. - 5% of all MDS's completed will be audited weekly x's 4 weeks, then 5% monthly x's 2 months to ensure sections M0210 are coded accurately by Interdisciplinary Team (IDT) members.</p> <p>PERFORMANCE MONITORING:</p> <p>- Audits will be forwarded to QAPI Committee for review and further recommendations as warranted/necessary.</p> <p>- Director of Nursing is responsible.</p>		

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F 641	<p>Continued From page 2</p> <p>01/06/21 at 10:05 AM. Nurse #1 reported she had been the wound treatment nurse up until 12/01/20. The nurse reported Resident #1 was readmitted back to the facility from his previous hospital stay on 11/17/20. Nurse #1 stated she did not complete the assessment upon his return but was aware of wounds that were identified including bruises to his upper extremities, blisters to his hands and several DTIs.</p> <p>An interview was conducted with the MDS Nurse on 01/06/21 at 1:10 PM. The MDS Nurse reported when updating a MDS assessment she would obtain information regarding the resident several ways including assessing the resident herself, asking the nursing assistants and nurses that care for the resident, or complete a chart review to include physician order, progress notes, and assessments. The MDS nurse stated she had not completed the assessment for this resident on 11/24/20.</p> <p>An interview was conducted with the Director of Nursing (DON) on 01/06/21 at 1:30 PM. The DON reported she had been completing MDS tasks in addition to doing her DON responsibilities during the month of November 2020. The DON confirmed the resident 's assessment indicated he had several DTIs upon readmission to the facility on 11/17/20 and it should have been reflected on the MDS assessment dated 11/24/20 which she completed to capture the care that needed to be provided for Resident #1. The DON reported it was an oversight that she did not code it accurately.</p> <p>The DON reported her expectation for her and her MDS staff was to accurately code the MDS assessments to reflect the care that needed to be</p>	F 641			

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F 641	Continued From page 3 provided for the residents in this facility.	F 641			