

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

PRINTED: 06/04/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345048	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/06/2021
NAME OF PROVIDER OR SUPPLIER MOUNTAIN RIDGE HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 611 OLD US HIGHWAY 70 EAST BLACK MOUNTAIN, NC 28711	
(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 An unannounced recertification survey and complaint investigation were conducted on 05/03/21 through 05/06/21. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID# 4OQS11.	E 000		
F 000	INITIAL COMMENTS An unannounced recertification survey and complaint investigation were conducted on 05/03/21 through 05/06/21. There were 5 allegations investigated and none were substantiated. Event ID# 4OQS11.	F 000		
F 561 SS=D	Self-Determination CFR(s): 483.10(f)(1)-(3)(8) §483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f) (1) through (11) of this section. §483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part. §483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident. §483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the	F 561		5/31/21

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

TITLE

(X6) DATE

Electronically Signed

05/25/2021

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 561	<p>Continued From page 1 facility.</p> <p>§483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility. This REQUIREMENT is not met as evidenced by: Based on record reviews, resident and staff interviews, the facility failed to provide residents with their preferred number of showers per week for 2 of 7 residents reviewed for choices and activities of daily living (Resident #1 and #12).</p> <p>Findings included:</p> <p>1. Resident #1 was admitted to the facility on 12/01/20. Current diagnoses included idiopathic normal pressure hydrocephalus (syndrome characterized by gait impairment, cognitive decline and urinary incontinence), muscle weakness, repeated falls, heart failure, and dementia.</p> <p>The quarterly Minimum Data Set (MDS) dated 01/18/21 indicated Resident #1 was moderately impaired for daily decision making and displayed no rejection of care. The MDS noted Resident #1 required the physical assistance of 1 staff member for bathing.</p> <p>During an interview on 05/03/21 at 2:57 PM Resident #1 stated he had not had a shower in 6 days. Resident #1 reported he was unaware what days he was scheduled to receive showers but stated he would like at least 2 showers each week.</p>	F 561	<p>The facility failed to provide residents with their preferred number of showers per week for 2 of 7 residents reviewed for choices and activities of daily living (Resident #1 and #12). Resident #1 received a shower per his next preferred occurrence of 05/04/21. Resident #12 received a shower per his next preferred occurrence of 05/05/21. All residents have the potential to be affected. The Administrator and Activity Director performed interviews of all residents or guardians to establish/confirm resident or guardian wishes related to shower times and days, completed 05/21/21. The Staff Development Coordinator initiated continuing education on 05/07/21 on expectations related to showers and related documentation during morning huddle with CNAs and Nurses. The Administrator and Designees completed 100% in-servicing of all staff on 05/21/21 to ensure compliance with policy and expectations were met related to assisting residents in exercising their rights, specifically the right to self-determination and the importance of relaying preference changes to Nursing Administration. The Quality Assurance Nurse will audit shower</p>		

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F 561	<p>Continued From page 2</p> <p>Review of the bathing schedule for Resident #1 revealed he was scheduled to receive showers on Tuesday, Thursday and Saturday during the hours of 6:00 AM to 6:00 PM.</p> <p>The bathing documentation report for April 2021 and May 2021 revealed Resident #1 received bathing assistance 5 out of 15 scheduled days on 04/01/21, 04/10/21, 04/15/21, 04/27/21, and 05/04/21. Further review revealed bathing activity did not occur for the scheduled dates of 04/03/21, 04/06/21, 04/08/21, 04/13/21, 04/17/21, 04/20/21, 04/22/21, 04/24/21, 04/29/21, and 05/01/21.</p> <p>During an interview on 05/06/21 at 8:50 AM, Nurse Aide (NA) #2 confirmed she was assigned to provide care to Resident #1 on 04/29/21 which included bathing assistance. NA #2 explained when there was only one NA assigned to the hall, it was difficult to get showers completed for the residents assigned and stated when she documented in the computer system bathing activity did not occur then he did not receive his scheduled shower.</p> <p>During an interview on 05/06/21 at 8:55 AM, NA #3 confirmed she was assigned to provide care, which included bathing assistance, to Resident #1 on 04/13/21. NA #3 explained when she had to float between two resident halls, she wasn't able to provide bathing assistance for the residents assigned. NA #3 added when she documented in the computer system that bathing activity did not occur then Resident #1 did not receive his scheduled shower.</p> <p>During a telephone interview on 05/06/21 at 1:00 PM, NA #4 confirmed she was assigned to provide care, which included bathing assistance,</p>	F 561	<p>documentation, shower preferences, and shower history of each resident 5 days a week x 4 weeks, then weekly x 4 months. The findings will be reviewed weekly by the Administrator and any additional education or monitoring will be implemented as necessary dependent on the findings of the audit.</p> <p>The Director of Nursing is responsible for implementing this Plan of Correction and reporting the findings to the Quality Assurance Performance Improvement (QAPI) Committee monthly. The QAPI committee consists of, but is not limited to, the Director of Nursing, Administrator, Quality Assurance nurse, MDS Director, Staff Development Coordinator, Social Worker, Activities Director, Dietary Manger, Maintenance Director, Medical Records, and Medical Director. The audits will be reviewed monthly and recommendations for changes to the plan of correction will occur if the facility is not maintaining compliance with regulatory requirements. The plan of correction can be changed to include additional education and monitoring to obtain and maintain substantial compliance.</p> <p>The facility will be in compliance as of 05/31/21.</p>		

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F 561	<p>Continued From page 3</p> <p>to Resident #1 on 04/03/21, 04/17/21, and 04/24/21. NA #4 explained she tried her best to get the scheduled showers completed for residents but when there was only one NA on the hall, resident care had to be prioritized as they could not leave the hall unattended to give showers. NA #3 could not recall the specific events on 04/03/21, 04/17/21 or 04/24/21 but stated when she documented in the computer system bathing activity did not occur then Resident #1 was not provided bathing assistance.</p> <p>During an interview on 05/06/21 at 2:24 PM, NA #5 confirmed she was assigned to provide care to Resident #1 on 04/08/21 and 05/01/21 but could not recall why he was not provided his scheduled showers. NA #5 explained when unable to provide a resident with their scheduled shower, she reported to the oncoming shift for them to provide if able. NA #5 verified when she documented in the computer system that bathing activity did not occur then she did not provide Resident #1 with bathing assistance.</p> <p>Telephone attempts on 05/06/21 at 9:32 AM and 3:31 PM to speak with NA #6, who provided care to Resident #1, were unsuccessful.</p> <p>During a joint interview 05/06/21 at 3:57 PM, the Director of Nursing (DON) and Administrator reported they were aware of the issue with residents not receiving bathing assistance as scheduled, audits were conducted and staff education was provided related to documenting when showers were given on non-scheduled days. The DON and Administrator both added they would expect for residents to receive bathing assistance as scheduled or the NA to communicate when they were unable to provide</p>	F 561			

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F 561	<p>Continued From page 4 residents with showers so that a make-up day could be arranged.</p> <p>2. Resident #12 was admitted to the facility 03/22/19 with diagnoses including Parkinson's disease, arthritis, and diabetes.</p> <p>Review of the annual Minimum Data Set (MDS) dated 02/08/21 revealed Resident #12 was cognitively intact and required assistance of 2 staff members for bathing.</p> <p>The care plan for activities of daily living (ADL) last updated 02/08/21 revealed Resident #12 required extensive staff assistance with showering 2 to 3 times weekly and as necessary.</p> <p>An interview with Resident #12 on 05/03/21 at 04:03 PM revealed he was supposed to receive a shower three times a week and had not had a shower in a week. Resident #12 stated he wanted three showers a week.</p> <p>An observation of Resident #12 on 05/03/21 at 04:03 PM revealed he had debris in his beard and his hair appeared greasy.</p> <p>Review of the bathing schedule for Resident #12 revealed he was scheduled for showers Tuesday, Thursday, and Saturday on the 06:00 AM to 06:00 PM shift.</p> <p>The bathing documentation for April 2021 and May 2021 revealed Resident #12 received bathing assistance 04/06/21, 04/13/21, 04/15/21, 04/17/21, and 05/04/21. Further review revealed bathing activity did not occur for the scheduled dates of 04/01/21, 04/03/21, 04/08/21, 04/10/21, 04/20/21, 04/22/21, 04/24/21, 04/27/21, and</p>	F 561			

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F 561	<p>Continued From page 5 04/29/21.</p> <p>An interview with Nurse Aide (NA) #3 on 05/06/21 at 11:07 AM revealed she was assigned to provide care for Resident #12, including providing bathing assistance, on 04/01/21 and 04/20/21. She explained on 04/01/21 she was by herself after 02:00 PM and did not have enough time to provide showers. NA #3 stated on 04/20/21 she was the only NA on the floor and did not have time to provide Resident #12's shower.</p> <p>An interview with NA #7 on 05/06/21 at 11:29 AM revealed she was assigned to provide care for Resident #12, including bathing assistance, on 04/01/21, 04/08/21, 04/22/21, and 04/29/21. NA #7 stated she did not recall specific events on 04/01/21, 04/06/21, 04/08/21, 04/13/21, 04/15/21, 04/22/21, and 04/29/21 but if stated if she did not document a shower being given then she did not provide assistance with a shower. NA #7 stated she worked the 06:00 AM to 02:00 PM shift and often did not have time to complete showers on her shift. She explained she notified her partner if she was unable to provide showers on her shift so her partner could possibly provide the shower later in their shift.</p> <p>An interview with NA #9 on 05/06/21 at 01:16 PM revealed she was assigned to provide care for Resident #12, including bathing assistance, on 04/27/21 and 04/29/21. NA #9 explained Resident #12 did not receive his shower on 04/27/21 because there was not enough staff. She stated on 04/29/21 she asked Resident #12 if he was ready for his shower but he did not want his shower at that time and asked her to come back at a later time. NA #9 stated she did not have time to go back later in the shift to provide</p>	F 561			

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F 561	<p>Continued From page 6</p> <p>Resident #12's shower.</p> <p>An interview with NA #10 on 05/06/21 at 02:07 PM revealed she was assigned to provide care for Resident #12, including bathing assistance, on 04/03/21 and 04/10/21. She stated while she did not specifically remember 04/03/21 and 04/10/21 but if she did not document Resident #12 received his shower then he did not receive his shower. NA #10 stated Resident #12 did not receives his showers on those days because there was not enough staff to provide all the showers.</p> <p>An interview with NA #8 on 05/06/21 at 02:11 PM revealed she was assigned to provide care for Resident #12, including bathing assistance, on 04/03/21 and 04/24/21. NA #8 stated she did not specifically recall providing a shower to Resident #12 on 04/03/21 and 04/24/21 but she usually gave Resident #12 his showers on his scheduled shower days. She stated she may have forgotten to document providing the showers in the computer.</p> <p>A joint interview with the Director of Nursing (DON) and Administrator on 05/06/21 at 03:57 PM revealed they were aware of issues with residents not receiving bathing assistance as scheduled. They stated bathing audits were being conducted and staff received education related to documenting showers if they provided showers on non-shower days. Both the DON and Administrator stated they would expect residents to receive bathing assistance as scheduled or the NA to communicate when they were unable to provide residents with a shower so a make-up day could be scheduled.</p>	F 561			

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F 582	Continued From page 7	F 582			
F 582 SS=B	<p>Medicaid/Medicare Coverage/Liability Notice CFR(s): 483.10(g)(17)(18)(i)-(v)</p> <p>§483.10(g)(17) The facility must-- (i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of- (A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; (B) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and (ii) Inform each Medicaid-eligible resident when changes are made to the items and services specified in §483.10(g)(17)(i)(A) and (B) of this section.</p> <p>§483.10(g)(18) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/ Medicaid or by the facility's per diem rate. (i) Where changes in coverage are made to items and services covered by Medicare and/or by the Medicaid State plan, the facility must provide notice to residents of the change as soon as is reasonably possible. (ii) Where changes are made to charges for other items and services that the facility offers, the facility must inform the resident in writing at least 60 days prior to implementation of the change. (iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the</p>	F 582 F 582		5/31/21	

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F 582	<p>Continued From page 8</p> <p>facility must refund to the resident, resident representative, or estate, as applicable, any deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements.</p> <p>(iv) The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility.</p> <p>(v) The terms of an admission contract by or on behalf of an individual seeking admission to the facility must not conflict with the requirements of these regulations.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews, the facility failed to provide a CMS-10055 SNF ABN (Centers for Medicare and Medicaid Services Skilled Nursing Facility Advanced Beneficiary Notice) prior to discharge from Medicare Part A skilled services to 3 of 3 residents reviewed for beneficiary protection notification review (Residents #12, #31 and #71).</p> <p>Findings included:</p> <p>1. Resident #12 was admitted to the facility on 03/22/19.</p> <p>A review of the medical record revealed a CMS-10123 Notice of Medicare Non-Coverage letter (NOMNC) was discussed with Resident #12's Responsible Party (RP) on 08/26/20 which indicated Medicare Part A coverage for skilled services would end on 08/27/20. Resident #12 remained in the facility.</p>	F 582	<p>The facility failed to provide a CMS-10055 SNF ABN prior to discharge from Medicare Part A skilled services to 3 of 3 residents reviewed for beneficiary protection notification review. On 05/06/21 the Business Office Manager initiated provision of CMS-10055 SNF ABN forms to all Medicare and Managed Medicare recipients prior to discharge from skilled services.</p> <p>All residents receiving Medicare Part A services or who undergo a payor source change have the potential to be affected. On 05/06/21, the Business Office Manager reviewed payor source changes for 30 days prior on any residents remaining in house and initiated paperwork with the residents or guardians.</p> <p>Education was provided by the Administrator on 05/25/21 to the Business Office Manager, Social Services Director,</p>		

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F 582	<p>Continued From page 9</p> <p>A review of the medical record revealed a CMS-10055 SNF ABN was not provided to Resident #12 or his RP.</p> <p>An interview was conducted with the Social Services Director (SSD) on 05/04/21 at 3:33 PM. The SSD explained either she or the Social Services Assistant issued the NOMNC prior to Medicare Part A services ending and then gave the copy of the NOMNC to the Receptionist/Accounts Payable (RAP) staff member to issue a SNF ABN if needed.</p> <p>An interview was conducted with the RAP staff member on 05/05/21 at 3:17 PM who confirmed she issued the CMS-10055 SNF ABN when Medicare Part A services were ending only for residents who also had Medicaid insurance. She confirmed Resident #12's RP was not issued a CMS-10055 SNF ABN prior to Medicare Part A services ending on 08/26/20.</p> <p>An interview was completed with the Administrator on 05/05/21 at 4:45 PM. The Administrator explained she had misinterpreted the corporate policy for providing SNF ABNs and residents were only issued a SNF ABN if they received Medicare Part B services. The Administrator did not realize a SNF ABN should also be provided when a NOMNC was issued due to Medicare Part A services ending.</p> <p>2. Resident #31 was admitted to the facility on 03/02/21.</p> <p>A review of the medical record revealed a CMS-10123 Notice of Medicare Non-Coverage letter (NOMNC) was signed by Resident #31 on 04/26/21 which indicated Medicare Part A</p>	F 582	<p>Social Services Assistant, Admissions Coordinator, and Accounts Payable Representative on the appropriate usage of CMS-10055 SNF ABN forms. The Business Office Manager will audit all residents with payor changes or who admitted under Medicare Part A services for completion of the CMS-10055 SNF ABN form weekly x 8 weeks then monthly x 4 months. The findings will be reviewed weekly by the Administrator and any additional education or monitoring will be implemented as necessary dependent on the findings of the audit.</p> <p>The Administrator is responsible for implementing this Plan of Correction and reporting the findings to the Quality Assurance Performance Improvement (QAPI) Committee monthly. The QAPI committee consists of, but is not limited to, the Director of Nursing, Administrator, Quality Assurance nurse, MDS Director, Staff Development Coordinator, Social Worker, Activities Director, Dietary Manger, Maintenance Director, Medical Records, and Medical Director. The audits will be reviewed monthly and recommendations for changes to the plan of correction will occur if the facility is not maintaining compliance with regulatory requirements. The plan of correction can be changed to include additional education and monitoring to obtain and maintain substantial compliance.</p> <p>The facility will be in compliance as of 05/31/21.</p>		

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F 582	<p>Continued From page 10 coverage for skilled services would end on 04/30/21. Resident #31 remained in the facility.</p> <p>A review of the medical record revealed a CMS-10055 SNF ABN was not provided to Resident #31.</p> <p>An interview was conducted with the Social Services Director (SSD) on 05/04/21 at 3:33 PM. The SSD explained either she or the Social Services Assistant issued the NOMNC prior to Medicare Part A services ending and then gave the copy of the NOMNC to the Receptionist/Accounts Payable (RAP) staff member to issue a SNF ABN if needed.</p> <p>An interview was conducted with the RAP staff member on 05/05/21 at 3:17 PM who confirmed she issued the CMS-10055 SNF ABN when Medicare Part A services were ending only for residents who also had Medicaid insurance. She confirmed Resident #31 was not issued a CMS-10055 SNF ABN prior to Medicare Part A services ending on 04/30/21.</p> <p>An interview was completed with the Administrator on 05/05/21 at 4:45 PM. The Administrator explained she had misinterpreted the corporate policy for providing SNF ABNs and residents were only issued a SNF ABN if they received Medicare Part B services. The Administrator did not realize a SNF ABN should also be provided when a NOMNC was issued due to Medicare Part A services ending.</p> <p>3. Resident #71 was admitted to the facility on 01/06/21.</p> <p>A review of the medical record revealed a CMS-10123 Notice of Medicare Non-Coverage</p>	F 582			

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345048	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/06/2021
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F 582	Continued From page 11 letter (NOMNC) was discussed with Resident #71's Responsible Party (RP) on 01/22/21 which indicated Medicare Part A coverage for skilled services would end on 01/24/21. Resident #71 remained in the facility. A review of the medical record revealed a CMS-10055 SNF ABN was not provided to Resident #71's RP. An interview was conducted with the Social Services Director (SSD) on 05/04/21 at 3:33 PM. The SSD explained either she or the Social Services Assistant issued the NOMNC prior to Medicare Part A services ending and then gave the copy of the NOMNC to the Receptionist/Accounts Payable (RAP) staff member to issue a SNF ABN if needed. An interview was conducted with the RAP staff member on 05/05/21 at 3:17 PM who confirmed she issued the CMS-10055 SNF ABN when Medicare Part A services were ending only for residents who also had Medicaid insurance. She confirmed Resident #71's RP was not issued a CMS-10055 SNF ABN prior to Medicare Part A services ending on 01/24/21. An interview was completed with the Administrator on 05/05/21 at 4:45 PM. The Administrator explained she had misinterpreted the corporate policy for providing SNF ABNs and residents were only issued a SNF ABN if they received Medicare Part B services. The Administrator did not realize a SNF ABN should also be provided when a NOMNC was issued due to Medicare Part A services ending.	F 582			
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g)	F 641		5/31/21	

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F 641	<p>Continued From page 12</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 accurately code Minimum Data Sets (MDS) in the areas of Preadmission Screening and Resident Review (PASRR) and prognosis for 2 of 20 residents reviewed for MDS accuracy (Residents #1 and #19).</p> <p>Findings included:</p> <p>1. Resident #1 was admitted to the facility on 12/04/20 with multiple diagnoses that included bipolar disorder.</p> <p>The North Carolina Medicaid Uniform Screening Tool (NC MUST) inquiry dated 12/04/20 revealed Resident #1 had a Level II PASRR effective 11/30/20 with an expiration date of 12/30/20.</p> <p>A care plan initiated on 12/04/20 noted Resident #1 had a diagnosis of bipolar disorder with the goal his symptoms would be managed with no undesirable outcomes. Interventions included: consult with behavioral health services as needed, review the PASRR evaluation and implement recommendations as applicable.</p> <p>The admission MDS assessment dated 12/11/20 noted under Section A1500 for PASRR that Resident #1 had not been evaluated by Level II PASRR and determined to have a serious mental illness and/or intellectual disability.</p> <p>During an interview on 05/06/21 at 1:00 PM, the</p>	F 641	<p>The facility failed to accurately code Minimum Data Sets (MDS) in the area of Preadmission Screening and Resident Review (PASRR) and prognosis for 2 of 20 residents reviewed for MDS accuracy (Residents #1 and #19). The completed MDS assessment for Resident #1 was corrected and modified to represent a level II PASRR and the completed MDS assessment for Resident #19 was corrected and modified to represent their accurate prognosis. The modified assessments were submitted on 05/06/21.</p> <p>The MDS Coordinator conducted an audit of section 1500 for all residents with a Level II PASRR and an audit of section J1400 for all residents receiving Hospice services to ensure accurate documentation. Audit was completed on 05/05/21 with no additional assessments identified as needing correction.</p> <p>Education was provided by the Regional Director of Clinical Reimbursement on 05/11/21 to the MDS Coordinator, Social Services Director, Social Services Assistant, Administrator, Director of Nursing, and Quality Assurance Nurse on the accurate completion of Sections A1500 and J1400. The Director of Nursing will audit 100% of completed MDS</p>		

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F 641	<p>Continued From page 13</p> <p>MDS Nurse reported she had only been in the position since March 2021. The MDS Nurse confirmed Resident #1 had a Level II PASRR that was effective at the time of his MDS assessment dated 12/11/20 and Section A of the MDS was coded incorrectly. She stated a modification would be submitted to accurately reflect Resident #1's Level II PASRR status.</p> <p>During a joint interview with the Administrator and Director of Nursing (DON) on 05/06/21 at 3:54 PM, the Administrator explained the facility had a transition in the MDS Nurse position in December 2020 and again 2 months ago. The Administrator stated it was her expectation MDS assessments would be accurately coded.</p> <p>2. Resident #19 was admitted to the facility 02/26/21 with multiple diagnoses that included Alzheimer's disease.</p> <p>The Hospice financial agreement, with an effective date of 02/16/21, indicated Resident #19 elected to receive Hospice services for end of life care.</p> <p>The admission MDS assessment dated 02/23/21 indicated under Section O for Special Treatments and Programs that Resident #19 received hospice care; however, under Section J1400 for Prognosis, Resident #19 was not coded as having a condition or chronic disease that might result in a life expectancy of less than 6 months.</p> <p>During an interview on 05/06/21 at 1:00 PM, the MDS Nurse reported she had only been in the position since March 2021. The MDS Nurse confirmed Resident #19 was admitted under hospice care on 02/16/21 and stated it was likely</p>	F 641	<p>assessments for four weeks, 50% of completed MDS assessments for four weeks, 25% of completed MDS assessments for four weeks, and 10% of completed assessments monthly for three months. The findings will be reviewed weekly by the Administrator and any additional education or monitoring will be implemented as necessary dependent on the findings of the audit.</p> <p>The Administrator is responsible for implementing this Plan of Correction and reporting the findings to the Quality Assurance Performance Improvement (QAPI) Committee monthly. The QAPI committee consists of, but is not limited to, the Director of Nursing, Administrator, Quality Assurance nurse, MDS Director, Staff Development Coordinator, Social Worker, Activities Director, Dietary Manger, Maintenance Director, Medical Records, and Medical Director. The audits will be reviewed monthly and recommendations for changes to the plan of correction will occur if the facility is not maintaining compliance with regulatory requirements. The plan of correction can be changed to include additional education and monitoring to obtain and maintain substantial compliance.</p> <p>The facility will be in compliance as of 05/31/21.</p>		

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F 641	Continued From page 14 the previous MDS Nurse had been confused with the interpretation of the Resident Assessment Instrument (RAI) manual on how to code prognosis under Section J for MDS assessments. She confirmed the MDS assessment dated 02/23/21 should have been coded to reflect Resident #19 had a life expectancy of less than 6 months and verified a modification would be submitted to accurately reflect Resident #19's prognosis. During a joint interview with the Administrator and Director of Nursing (DON) on 05/06/21 at 3:54 PM, the Administrator explained the facility had a transition in the MDS Nurse position in December 2020 and again 2 months ago. The Administrator stated it was her expectation MDS assessments would be accurately coded.	F 641			
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on record review, observations, resident, and staff interviews the facility failed to provide nail care to 3 of 7 sampled residents who were dependent on staff for assistance with activities of daily living (Resident #25, #26, #53). The findings included: 1. Resident #25 was admitted to the facility on 11/2/18 with diagnoses including cerebrovascular accident (CVA), dementia, and	F 677	The facility failed to provide adequate nail care to 3 of 7 sampled residents who were dependent on staff for assistance with activities of daily living (Residents #25, #26, and #53). The fingernails for Resident #25 were cleaned by the Nurse Aide on 05/03/21. The fingernails for resident #26 were cleaned by the Nurse Aide on 05/06/21. The fingernails for residents #25 and #53 were trimmed by the Medication Aide on 05/06/21.	6/4/21	

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F 677	<p>Continued From page 15</p> <p>hemiplegia/hemiparesis affecting the right dominate side.</p> <p>A review of the quarterly Minimum Data Set (MDS) dated 3/1/21 assessed Resident #25's cognition as being moderately impaired. Resident #25 required extensive assistance from staff for the Activities of Daily (ADL) task including personal hygiene and total assistance with bathing.</p> <p>The facility review of the care plan on 3/1/21 identified Resident #25 had a self-care deficit related to hemiplegia, CVA, and weakness with the goal to maintain the current level of functioning in dressing, eating, and bed mobility. Interventions included bathing and/or showering 2 to 3 times a week and as necessary and provide limited to extensive assistance with personal hygiene.</p> <p>A review of the bathing records for Resident #25 revealed a shower had been provided on 5/2/21 and 5/5/21.</p> <p>An observation of Resident #25 on 5/3/21 at 4:26 PM revealed the fingernails on the right hand were long with brown colored debris underneath the nail.</p> <p>A second observation with Nurse Aide (NA) #1 present was made on 5/6/21 at 1:50 PM and revealed the fingernails on the right hand remained long with brown colored debris underneath the nails.</p> <p>During an interview on 5/6/21 at 1:50 PM Resident #25 revealed the nails on the right hand were long and needed to be cut.</p>	F 677	<p>An audit of all residents' nails was conducted on 05/10/21 by the Infection Control Nurse with any findings immediately addressed by the Infection Control Nurse.</p> <p>Education was provided to Certified Nurse Aides and Nurses by the Staff Development Nurse and Director of Nursing beginning on 05/07/21 and ending on 06/03/21 during staff huddles and by individual education on the facility procedure and expectation for the following topics: maintaining the proper length of dependent resident fingernails, ensuring nails are cleaned and trimmed on shower days and as needed, and education that any diabetic residents must have their nails trimmed by a nurse. The Infection Control Nurse will audit five residents daily five times per week for four weeks, 5 residents 2 times weekly for a period of 4 weeks, 5 residents 1 time weekly for 4 weeks, 5 residents biweekly for 4 weeks, and 5 residents monthly for 3 months to ensure proper nail length. The findings will be reviewed weekly by the Administrator and any additional education or monitoring will be implemented as necessary dependent on the findings of the audit.</p> <p>The Director of Nursing is responsible for implementing this Plan of Correction and reporting the findings to the Quality Assurance Performance Improvement (QAPI) Committee monthly. The QAPI committee consists of, but is not limited</p>		

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F 677	<p>Continued From page 16</p> <p>An interview was conducted on 5/6/21 at 1:50 PM with NA #1. NA #1 revealed Resident #25 was dependent on staff to clean and clip her fingernails. NA #1 explained nail care was typically provided during the shower but could done anytime it was needed. NA #1 revealed she hadn't noticed the fingernails were long with debris underneath and stated she would now clip and clean Resident #25's nails.</p> <p>An interview was conducted on 5/6/21 at 1:57 PM with Nurse #1. Nurse #1 explained Resident #25 was dependent on NA staff for ADL care. Nurse #1 was not aware Resident #25's fingernails were long and dirty underneath and explained nail care was provide by NA staff during showers.</p> <p>An interview was conducted with Director of Nursing (DON) on 5/6/21 at 3:55 PM. The DON explained resident nail care was provided during a shower or a bed bath on scheduled bathing days. The DON revealed Resident #25 was dependent on nursing staff for nail care that should have been provided during the shower or anytime it was needed. The DON expected Resident #25's fingernails were clipped and clean underneath the nail.</p> <p>2. Resident #26 was admitted to the facility on 1/21/20 with diagnoses including adult failure to thrive and debility.</p> <p>A review of the quarterly MDS dated 2/26/21 assessed Resident #26's cognition as being severely impaired. Resident #26 required extensive assistance from staff for the ADL task of personal hygiene and total assistance with bathing.</p>	F 677	<p>to, the Director of Nursing, Administrator, Quality Assurance nurse, MDS Director, Staff Development Coordinator, Social Worker, Activities Director, Dietary Manger, Maintenance Director, Medical Records, Medical Director, and Pharmacy Consultant. The audits will be reviewed monthly and recommendations for changes to the plan of correction will occur if the facility is not maintaining compliance with regulatory requirements. The plan of correction can be changed to include additional education and monitoring to obtain and maintain substantial compliance.</p> <p>The facility will be in compliance as of 06/04/21.</p>		

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F 677	Continued From page 17 The facility review of the care plan on 3/2/21 identified Resident #26 had an ADL self-care performance deficit related to deconditioning. The goal was for staff to anticipate and meet the needs of Resident #26 as evidence by appearing clean and appropriately groomed through the next review. Interventions for bathing and personal hygiene included extensive to total assistance be provided 2 to 3 times a week and as needed. A review of the bathing records for Resident #26 revealed a shower was provided on 5/3/21 and bed bath on 5/6/21. An observation was made on 5/5/21 at 11:52 AM. Resident #26 was observed to have long fingernails on both hands with brown and black colored debris underneath the nails. A second observation with NA #1 present was made on 5/6/21 at 1:50 PM and revealed Resident #26's nails remained long with black and brown colored debris underneath the nails. An interview was conducted on 5/6/21 at 1:50 PM with NA #1. NA #1 explained Resident #26 was dependent on nursing staff who anticipated the resident's care needs. NA #1 explained nail care was typically provided during the shower but could be done anytime it was needed. NA #1 explained Resident #26's Responsible Party (RP) liked the fingernails kept long and painted. NA #1 revealed she hadn't noticed the black/brown debris underneath the nails and stated she would now clean Resident #26's fingernails. An interview was conducted on 5/6/21 at 1:57 PM	F 677			

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F 677	<p>Continued From page 18</p> <p>with Nurse #1. Nurse #1 explained the RP preferred Resident #26's fingernails were kept long and painted knowing that was how the resident liked her nails. Nurse #1 explained Resident #26 was dependent on nursing staff for ADL care and fingernails should not be dirty underneath. Nurse #1 was aware Resident #26's fingernails were long but not that they were dirty underneath the nails.</p> <p>An interview was conducted with Director of Nursing (DON) on 5/6/21 at 3:55 PM. The DON explained resident nail care was provided during a shower or a bed bath on scheduled bathing days. The DON revealed Resident #26 was dependent on nursing staff who had to anticipate the resident's care needs. The DON expected Resident #26's nail care be provided during a shower or bed bath or anytime it was needed.</p> <p>3. Resident #53 was admitted to the facility on 12/07/17. Current diagnoses included right-sided hemiplegia (paralysis on one side of the body), diabetes, right elbow and hand contractures and vascular dementia.</p> <p>The quarterly MDS dated 08/15/19 indicated Resident #53 had moderate impairment in cognition and required extensive staff assistance with personal hygiene and total staff assistance with bathing. The MDS noted Resident #53 had an impairment on one side of both the upper and lower extremities.</p> <p>An observation of Resident #53 on 05/03/21 at 3:15 PM revealed his fingernails on the left hand were long and extended approximately one-quarter of an inch beyond his fingertips.</p>	F 677			

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F 677	<p>Continued From page 19</p> <p>Subsequent observations conducted on 05/04/21 at 8:27 AM, 05/05/21 at 11:58 AM and 05/06/21 at 1:01 PM revealed the fingernails on Resident #53's left hand remained untrimmed.</p> <p>During an interview on 05/06/21 at 1:01 PM, Resident #53's voiced his nails were too long and needed to be trimmed.</p> <p>During interview on 05/06/21 at 8:50 AM, Nurse Aide (NA) #2 revealed she provided nail care to residents during their showers and as needed unless the resident had a diagnosis of diabetes in which case she informed the Nurse the resident's fingernails needed to be trimmed. NA #2 added she noticed Resident #53's fingernails were long on his left hand and notified Nurse #2 this morning.</p> <p>During an observation and interview on 05/06/21 at 10:30 AM Nurse #2 confirmed nurses were responsible for trimming the fingernails of residents who had a diagnosis of diabetes. Nurse #2 stated she was informed by NA #2 this morning Resident #53's fingernails needed to be trimmed. Nurse #2 observed Resident #53's nails and agreed they needed to be trimmed. Nurse #2 asked Resident #53 if he would like his fingernails trimmed and he replied "yes."</p> <p>During a telephone interview, Nurse #3 confirmed she was assigned to provide care to Resident #53 on 05/03/21 to 05/05/21. Nurse #3 stated nurses were responsible for trimming the fingernails of residents who had a diagnosis of diabetes. Nurse #3 explained she trimmed a resident's fingernails when she noticed their nails were long or was informed by the NA. Nurse #3 added she did not notice the fingernails on</p>	F 677			

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F 677	Continued From page 20 Resident #53's left hand were long and needed trimmed and stated he would usually let someone know when he wanted his fingernails trimmed. During an interview on 05/06/21 at 3:57 PM, the Director of Nursing (DON) explained if a resident was a diabetic, nurses were responsible for checking and cutting the resident's fingernails. The DON explained Resident #53 was dependent on nursing staff and was not someone who would directly ask for nail care. The DON stated she would expect nursing staff to provide Resident #53 with nail care as needed.	F 677			