

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

PRINTED: 09/15/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345508	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/12/2021
NAME OF PROVIDER OR SUPPLIER UNC REX REHAB & NURSING CARE CENTER OF APEX			STREET ADDRESS, CITY, STATE, ZIP CODE 911 SOUTH HUGHES STREET APEX, NC 27502	
(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 was conducted on 08/09/2021 through 08/12/2021. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #T8E511.	E 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 staff and family interviews, and record review the facility failed to accurately complete the Brief Interview for Mental Status (BIMS) on a Minimum Data Set (MDS) assessment for 1 of 1 resident reviewed for communication (Resident #43). Findings included: Resident #43 was admitted to the facility on 4/9/2020. Her active diagnoses included dementia, anemia, hypertension, and hip fracture. Resident #43's minimum data set assessment dated 7/5/21 revealed Resident #43 needed or wanted an interpreter to communicate with a doctor or health care staff. The BIMS assessment was not completed as the resident was checked as rarely/never understood. Resident #43's care plan dated 11/5/20 revealed she was care planned for hearing deficit and English as a second language. The interventions included to provide an interpreter as needed and	F 641	The facility failed to accurately complete the Brief Interview for Mental Status on a Minimum Data Set assessment for 1 of 1 residents reviewed for communication (Resident #43). MDS nurse provided education to Social Workers on the appropriate coding of Minimum Data Set Section C0100 on 8/16/21. Director of Care Management provided education to Social Workers on the policy and procedures for requesting an interpreter on 8/18/21. Social Workers will attend Minimum Data Set Coding Training offered by the Nursing Home Licensure and Certification Section on Thursday 9/09/2021 which will include a review of Minimum Data Set sections C, D, E, and Q. A weekly audit of open Minimum Data Set	9/9/21

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

TITLE

(X6) DATE

Electronically Signed

08/19/2021

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>involve family to facilitate communication.</p> <p>During an interview on 8/10/21 at 11:13 AM MDS Nurse #1 stated the social worker (SW) performed the BIMS interview and then populated the results into her MDS system. She further stated when a BIMS score was performed, and the resident needed or wanted a translator, then the BIMS interview should be done with a translator.</p> <p>During an interview on 8/10/21 at 11:23 AM the SW stated when she did the BIMS score for Resident #43 for the 7/5/2021 MDS she did not attempt to use a translator. She further stated she did not have a reason she did not try to use a translator. She concluded she should have attempted to get a translator to complete Resident #43's BIMS score.</p> <p>During an interview on 8/10/21 at 11:37 AM the Administrator stated he would agree with what the SW had said as BIMS scores were not his area of expertise, and if she indicated she should have attempted to get a translator for the BIMS score assessment then he would agree.</p> <p>During an interview on 8/10/21 at 12:30 PM a family member of Resident #43 stated the resident did have dementia however Resident #43 was able to speak to the family member in her native language about who the president was when watching the television and could speak about current news. She stated her mental status was different on different days but believed it was appropriate to attempt to provide a translator during mental assessments.</p>	F 641	<p>assessments to identify residents who speak English as a second language will be conducted 8/23/21-11/22/21.</p> <p>Ongoing monitoring of identified English as a second language residents will be completed by reviewing English as a second language residents during the Interdisciplinary Team meeting in the 7 days prior to the resident's assessment reference date. Social Workers will audit Quarterly, Annual, and Discharge Assessments of English as a second language residents for attempts to complete Brief Interview for Mental Status using interpreter services or a translator on a monthly basis times 3 months, completing on 11/22/21.</p> <p>A process change whereby new admissions will be reviewed in weekly PDPM meetings to identify patients who speak English as a second language will begin 8/23/21. Social Workers will audit Initial, Quarterly, and Discharge Assessments of English as a second language patients for attempts to complete Brief Interview for Mental Status using interpreter services of a translator on a monthly basis times 3 months, completing on 11/22/21.</p>		