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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                 |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>345298</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><br><b>01/28/2022</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>THE LAURELS OF PENDER</b> |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>311 S CAMPBELL STREET</b><br><b>BURGAW, NC 28425</b>  |   |
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| E 000  | Initial Comments<br><br>The survey team entered the facility on 01/25/22 to conduct a Recertification survey. The survey team was onsite 01/25/22, 01/26/22, and 01/27/22. Additional information was obtained offsite on 01/28/22. Therefore, the exit date was 01/28/22. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID# YPJZ11.  | E 000   |   |   |
| F 000  | INITIAL COMMENTS<br><br>The survey team entered the facility on 01/25/22 to conduct a recertification survey and complaint investigation. The survey team was onsite 01/25/22, 01/26/22, and 01/27/22. Additional information was obtained offsite on 01/28/22. Therefore, the exit date was 01/28/22. Event ID# YPJZ11. 12 of the 12 complaint allegations were not substantiated.   | F 000   |   |   |
| F 641<br>SS=D  | Accuracy of Assessments<br>CFR(s): 483.20(g)<br><br>§483.20(g) Accuracy of Assessments.<br>The assessment must accurately reflect the resident's status.<br>This REQUIREMENT is not met as evidenced by:<br>Based on record review and staff interviews the facility failed to code the Minimum Data Set (MDS) assessment accurately in the areas of level II Preadmission Screening and Resident Review (PASRR) for 1 of 1 resident (Resident # 78) identified as PASRR Level II.<br><br>Findings included:<br><br>Resident #78 was admitted to the facility on 11/29/18 and most recently readmitted on 1/18/21 | F 641   | 1.The facility will continue to complete assessments that accurately reflect the resident's status. Resident #78 had an MDS correction completed at the time of discovery. No negative outcome was identified relating to this observation.<br><br>2. Residents who have a Level II PASRR Determination have the potential to be affected. All current residents with a Level II PASRR Determination were reviewed to | 2/25/22   |

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

TITLE

(X6) DATE

Electronically Signed

02/14/2022

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>after hospitalization with multiple diagnoses that included anxiety disorder, bipolar disorder, and major depressive disorder.</p> <p>The significant change MDS assessment dated 8/28/21 was left blank to question A1500 which asked if Resident #78 had been evaluated by a level II PASRR and determined to have a serious mental illness and/or intellectual disability or a related condition.</p> <p>Record review indicated Resident #78 had a Preadmission Screening and Resident Review (PASRR) Level I Screen completed dated 9/14/21 for a change in condition review.</p> <p>Record review indicated Resident #78 had a Preadmission Screening and Resident Review (PASRR) Level II Determination Notification dated 9/16/21.</p> <p>An interview was conducted with the Social Worker (SW) on 1/27/22 at 10:40 AM. The SW explained Mr. Farrow had a completed Level II PASRR in file. The Social Worker was not aware it was not coded in the MDS data files. The Social Worker stated she usually sends an email when PASRR comes in and informs staff of the changes. She provided a copy of the updated Level II PASRR Determination Notification dated 9/16/21.</p> <p>An interview was conducted with the MDS Nurse on 1/27/22 at 11:35 AM. The MDS Nurse was not aware of the Level II PASRR for Resident #78 was not updated. The MDS Nurse stated she was aware of the PASRR Level II, and the care plan was updated, but it did not get updated in the MDS data. She stated she would immediately do</p> | F 641   | <p>ensure that assessments had been completed that accurately reflect each resident's status. No negative observations were identified.</p> <p>3. The MDS Coordinator was inserviced by the Clinical Resource Specialist on completing assessments that accurately reflect the resident's Level II PASRR Determination. All MDS Coordinators were inserviced by the Clinical Resource Specialist on completing assessments that accurately reflect the resident's Level II PASRR Determination.</p> <p>4. A QA monitoring tool will be utilized to ensure ongoing compliance by the Social Worker. The Social Worker will randomly audit residents with Level II PASRR MDS assessments monthly x 3 months to ensure that MDS assessments are being completed that accurately reflect the resident's Level II PASRR Determination. Variances will be corrected at the time of audit and additional education provided when indicated. Audit results will be reported to the Administrator monthly for the next 3 months and concerns will be reported to the Quality Assurance Committee during monthly meetings. Continued compliance will be monitored through random audits of MDS assessments and through the facility's Quality Assurance Program. Compliance will be monitored by the QAPI Committee for 3 months or until resolved and additional education/training will be provided for any issues identified.</p> |                      |   |

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| F 641  | Continued From page 2<br>a change in the MDS data file.<br><br>An interview was conducted on 1/27/22 at 12:00 PM with the Director of Nursing and the Facility Consultant regarding PASRR II documentation. The Director of Nursing explained the Social Worker sends in the PASRR changes and notifies staff via email after receiving the updates. Resident #78 was updated in the care plan but was not updated on his MDS documentation. The Director of Nursing stated Resident #78 was missed; but should have been coded with a significant change update in the MDS data.<br><br>During a telephone interview with the Administrator on 1/28/21 at 1:00 PM. He explained he had been informed about the Level II PASRR coding and it was being corrected. He stated it should have been coded with a significant change when the Level II PASRR Determination Notification was returned. | F 641   | 5. All corrective actions as stated above will be completed by 2/25/2022.                                       |                      |   |
| F 644<br>SS=D  | Coordination of PASARR and Assessments<br>CFR(s): 483.20(e)(1)(2)<br><br>§483.20(e) Coordination.<br>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:<br><br>§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.  | F 644   |   | 2/25/22              |   |

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| F 644  | <p>Continued From page 3</p> <p>§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:</p> <p>Based on record review and staff interviews the facility failed to refer a resident for screening for a level II Preadmission Screening and Resident Review (PASARR) after a new mental health diagnosis for 1 of 4 residents (Resident #80) reviewed for level II PASARR.</p> <p>Findings included:</p> <p>Resident #80 was admitted 11/10/2021 with diagnosis including dementia with behavioral disturbance 10/27/2021 and major depressive disorder 10/27/2021. The Minimum Data Set (MDS) dated 11/16/2021 had Resident #80 coded as severely cognitively impaired and needed extensive assistance for activities of daily living (ADL).</p> <p>The comprehensive care plan dated 12/31/2021 had focus' of risk for pain and/or has chronic pain related to (r/t) emotional distress hallucinations, depression, delusions, and decreased mobility, arthritis, is at risk for adverse reactions and side effects r/t receiving multiple psychotropic medications. Resident takes an antidepressant for depression and a antipsychotic (Seroquel) for dementia with behaviors.</p> <p>The diagnosis list revealed Resident #80 was diagnosed with delusional disorders 11/12/2021, hallucinations 11/12/2021, and anxiety disorder on 12/20/2021.</p> | F 644   | <p>1. A referral for a PASARR Level II for Resident #80 was completed at the time of discovery. If a Level II PASARR is determined, then a MDS Significant Change will be submitted within 14 days of the determination. The care plan will be updated to reflect the level change.</p> <p>2. An in-house audit of all current Residents with a Level I PASRR noted with a newly evident or possible serious mental disorder, intellectual disability, or a related condition for level II resident review assessment will be completed in accordance with 483.20(e) by. The current affected Residents will have a Level II review submitted to North Carolina PASRRMUST. In accordance with 483.20(e)(1) the recommendations from a PASARR level II determination and the PASARR evaluation report will be incorporated into the Residents assessment, care planning, and transitions of care. The IDT team (admissions/marketing, SS, MDS) will be in-serviced by the Administrator on the process for referring residents for screening for a Level II PASARR after a new mental health diagnosis.</p> <p>3. The Laurels of Pender will coordinate</p> |                      |   |

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| F 644  | <p>Continued From page 4</p> <p>The NC PASARR I screen dated 11/01/2021 had major depressive disorder as one of the mental health diagnoses.</p> <p>The January Medication Administration Record (MAR) revealed an order for Seroquel Tablet 25 MG (Quetiapine Fumarate) Give 2 tablet by mouth at bedtime related to delusional disorders, hallucinations, unspecified, 11/15/2021 Sertraline HCl Tablet 50 MG Give 1 tablet by mouth one time a day related to major depressive disorder, recurrent, unspecified 11/11/2021.</p> <p>An interview with the Social Worker (SW) was conducted on 01/27/2022 at 10:35 AM. The SW stated Resident #80 was diagnosed with hallucinations, and a delusional disorder on 11/12/2021. On 12/20/2021 a new diagnosis of anxiety 12/20/2021. There was supposed to be a new PASARR level II screening completed but the resident was there a short time and it was overlooked.</p> <p>An interview with the Administrator was conducted on 01/27/2022 at 10:07 AM. The Administrator stated the facility had been working on PASARR's and expects all new mental health diagnosis to be followed up with a PASARR level II screening.</p> | F 644   | <p>assessments with the pre-admission screening and resident review(PASARR) program. New admissions will be screened prior to admission for evidence of a possible serious mental disorder, intellectual disability, or a related condition for a level II review. Based on findings, a Level II review will be requested by The Laurels of Pender. During daily Clin-Ops meeting, any Resident noted with a newly evident or possible serious mental disorder, intellectual disability, or a related condition with a current Level I PASARR will be submitted for a Level II PASARR. All Residents will be assessed prior to their ARD for a newly evident or possible serious mental disorder, intellectual disability, or a related condition for a level 2 Resident review and upon a significant change in status assessment and will be completed in accordance with 483.20(e) (2) and will be submitted for a Level II PASARR.</p> <p>4. On 2/10/2022, the QAPI committee with the Medical Director present, reviewed the findings of the 2567 from the January 25 to January 28, 2022 recertification survey. Monitoring of the Level II process will be reviewed daily in Clin-Ops x 4weeks; then weekly x 4 weeks and followed up in the QAPI monthly meetings x 3 months and as needed thereafter.</p> <p>5. All corrective actions as stated above will be completed by 2/25/2022. Determinations by North Carolina PASRR MUST will be completed as appropriate based on reviews as received.</p> |                      |   |

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