

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

PRINTED: 03/15/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345559	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/10/2023
NAME OF PROVIDER OR SUPPLIER HOMESTEAD HILLS			STREET ADDRESS, CITY, STATE, ZIP CODE 2101 HOMESTEAD HILLS DRIVE WINSTON SALEM, NC 27103		
(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 and Complaint survey was conducted on 02/06/23 through 02/10/23. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID# V84R11.	E 000			
F 000	INITIAL COMMENTS A recertification and complaint investigation survey was conducted from 02/06/23 through 02/10/23. Event ID# V84R11. The following intakes were investigated: NCOO190375 and NCOO197765. 3 of the 3 complaint allegations did not result in deficiencies.	F 000			
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established	F 609		3/10/23	

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

TITLE

(X6) DATE

Electronically Signed

03/01/2023

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 609	<p>Continued From page 1 procedures.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews the facility failed to report an injury of unknown origin to the state agency for 1 of 4 residents (Resident #10) reviewed for accident prevention.</p> <p>The findings included:</p> <p>Resident #10 was admitted on 3/9/2022 with diagnoses of dementia, osteopenia, and major depressive disorder with psychotic symptoms.</p> <p>A review of Resident #10's significant change Minimum Data Set (MDS) dated 1/12/2023 revealed she had severe cognitive impairment, required extensive assistance of two staff members with bed mobility, transfers, locomotion on the unit, toilet use, and dressing and total assistance of two staff members with personal hygiene.</p> <p>A review of the progress notes for Resident #10 documented on 10/20/2022 the Resident was discovered lying on her left side in the floor. The assessment reported no injuries and no pain.</p> <p>A review of the incident report for Resident #10 for the unwitnessed fall on 10/20/2022 documented the Resident was observed lying on her left side in the floor when a nurse walked past</p>	F 609	<p>This plan of correction constitutes the written allegation of compliance for the deficiencies cited. However, submission of the plan of correction is not an admission that a deficiency exists or that one is cited correctly. This plan of correction is submitted to meet the requirements established by State and Federal law.</p> <p>1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>DON or designee will audit 3 months back to current date, resident charts/clinical notes to identify reportables and report to state agency as late submissions.</p> <p>2. How will the facility identify other residents having the potential to be affected by the same deficient practice?</p> <p>Facility will audit all notes and incident reports 3 months back to current date to ensure that no other events are unreported.</p>		

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F 609	<p>Continued From page 2</p> <p>the room. A full body assessment was conducted, and vital signs preformed, with no apparent signs of injury observed. The Resident reported she was trying to transfer to the bed from the wheelchair and forgot to lock the brakes. The Resident was educated to call staff for assistance.</p> <p>A review of the nurse progress note dated 10/27/2022 documented the Resident was sent to the hospital due to a right-side lean, facial drooping, and weakness on the left lower extremity. She was unable to feed herself without staff assistance.</p> <p>A review of the Hospital emergency room records for 10/27/2022 revealed Resident #10 had a computed tomography (CT) scan of the head that was negative and a urine culture that was positive with an order for the same antibiotic previously ordered at the skilled nursing facility. No signs of an acute injury. She was not admitted and was transported back to the skilled nursing facility. A progress note dated 10/30/2022 documented the OT and the nursing assistant (NA) observed yellow bruising to the left thigh, left knee, and extended down the left leg. Range of motion (ROM) was preformed and no grimacing or pain was observed but the NA reported the Resident told her it hurt while doing ROM. A call was placed to the NP and an order to x ray the left leg was received.</p> <p>A progress note dated 10/31/2022 documented the x ray results were received and the Resident had a left hip comminuted fracture with moderate osteo arthritis at the left knee.</p> <p>On 11/1/2022 the Resident was transferred to the hospital for a surgical repair of the left hip. She</p>	F 609	<p>3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.</p> <p>All resident injuries require an incident report by the clinician discovering the injury. A follow up incident investigation will be completed by the DON or designee. If the origin of injury can t be determined, a report of an injury of unknown origin will be filed within 2 hrs of discovery of the injury to State reporting agency and ombudsman. The results of the investigation will be reviewed at the next IDT meeting for further completion and any further action. Education for clinical staff entitled "Identification of Reportables" was initiated on 3/1/23 that included Injury of Unknown origin and this education will be provided for all new staff during general orientation by DON or designee on what is reportable to state reporting agency. The facility will complete education on "Identification of Reportables" including Injury of Unknown Origin by 3/10/23.</p> <p>4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained and include dates when corrective action will be completed.</p> <p>DON or designee will audit clinical notes and incident reports weekly for four weeks or longer, and then monthly for 3 months or until 100% compliant. This will be reviewed in QAPI to ensure compliance. All negative findings will be corrected</p>		

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F 609	Continued From page 3 was readmitted to the skilled nursing facility on 11/07/2022. An interview was conducted with the Administrator on 2/07/2023 at 2:18 p.m. and he revealed the facility had no reportable incidents for the last week of October and the month of November 2022. An interview was conducted with the DON on 2/7/2023 at 2:42 p.m. and she reviewed the incident report for the fall dated 10/20/2022 and all of the progress notes until the Resident's discharge on 11/1/2022. She stated an investigation into this injury did not occur because she had made the decision the bruising and fractured hip had occurred during the 10/20/2022 unwitnessed fall. When asked if multiple staff members had observed the Residents extremities from 10/20/2022 through 10/30/2022 she reported yes. When asked if they reported or documented observing bruising to the left lower extremity prior to 10/30/2022, she replied no. She added that when looking at the documentation, laid out all together, she felt an investigation should have been conducted for an injury of unknown origin. A follow up interview was conducted with the facility Administrator on 2/8/2023 at 11:53 a.m. and the Administrator stated an investigation was conducted for the bruising and injury, but the facility failed to thoroughly investigate all aspects of how the injury could have happened and did not report the incident to the state.	F 609	immediately. The facility will be in compliance by 3/10/23.		
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g)	F 641		3/10/23	

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F 641	<p>Continued From page 4</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 the Minimum Data Set (MDS) assessment for 1 of 8 residents (Resident #26) whose MDS assessments were reviewed.</p> <p>The findings included:</p> <p>Resident #26 was admitted to the facility on 12/16/2022.</p> <p>A review of the discharge return not anticipated MDS dated 12/27/2022, indicated Resident #26 was discharged to an acute care hospital.</p> <p>A progress note dated 12/27/2022 documented Resident #26 was discharged to their home.</p> <p>An interview was conducted with the MDS coordinator on 2/10/2022 at 6:48 p.m. She revealed Resident #26 discharged home and she had entered the discharged to the hospital in error.</p>	F 641	<p>This plan of correction constitutes the written allegation of compliance for the deficiencies cited. However, submission of the plan of correction is not an admission that a deficiency exists or that one is cited correctly. This plan of correction is submitted to meet the requirements established by State and Federal law.</p> <p>1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>MDS Coordinator corrected the MDS as soon as the error was identified for the affected resident.</p> <p>2. How will the facility identify other residents having the potential to be affected by the same deficient practice?</p> <p>The facility has determined that all residents can be affected by the deficient practice.</p> <p>3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.</p> <p>The administrator or designee will audit all discharged MDS assessments to ensure</p>		

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F 641	Continued From page 5	F 641	that discharge status on A2100 is coded correctly. Administrator or designee will verify, and if any MDS is coded incorrectly, a modification will be completed immediately. MDS Coordinator was educated on MDS accuracy for section A2100 by CSA and Reimbursement Specialist 2/28/23. 4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained and include dates when corrective action will be completed. Administrator or designee will audit discharge MDS from 1/1/23 to current date weekly for four weeks, and then monthly for 3 months to ensure discharge status is coded accurately until 100% compliant. All audits will be reviewed by IDT team and tracked via audit tracker. Findings to be reviewed in QAPI to ensure compliance. All negative findings will be corrected immediately. The facility will be compliant by March 10, 2023.		
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 observations, record reviews, and staff interview, the facility failed to ensure 1 of 4 sampled dependent residents (Resident #13) reviewed for activities of daily living (ADL),	F 677	This plan of correction constitutes the written allegation of compliance for the deficiencies cited. However, submission of the plan of correction is not an	3/10/23	

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F 677	<p>Continued From page 6 received nail care.</p> <p>Findings included:</p> <p>Resident #13 was admitted to the facility on 5/28/21 with diagnoses which included: Alzheimer's disease, atrial fibrillation, venous insufficiency, and abnormalities of gait and mobility.</p> <p>The care plan dated 9/16/22 revealed Resident #13 had a self-care deficit requiring extensive to total assistance with bathing and hygiene. Interventions included: staff to assist with ADLs (bathing, grooming, toileting, feeding, ambulating); and nursing assistants were to clean and manicure the resident's fingernails, as needed.</p> <p>The quarterly minimum data set dated 12/14/22 indicated Resident #13 had moderately, impaired cognition requiring limited assistance with his hygiene and total assistance with his baths. The resident also had no behaviors of rejecting care.</p> <p>During an observation and interview on 2/8/23 at 10:13 a.m., Resident #13 was sitting in a motorized wheelchair in the front, living room area of the facility. The resident was dressed in day clothes but his fingernails on both hands were uneven/jagged and dirty with dark brown/black debris beneath the nails. When asked about receiving nail care, Resident #13 revealed the staff had never cleaned or trimmed his fingernails. The resident stated that he would prefer the staff trim and clean his fingernails, rather than attempting the task, himself.</p>	F 677	<p>admission that a deficiency exists or that one is cited correctly. This plan of correction is submitted to meet the requirements established by State and Federal law.</p> <p>1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>DON cleaned and trimmed Resident #13 nails when made aware on 2/10/23. During encounter, DON ensured that Resident #13 fingernails were free of dark brown debris underneath nail tips. Nail care was provided to Resident #13 to ensure that nails were even and not jagged.</p> <p>2. How will the facility identify other residents having the potential to be affected by the same deficient practice?</p> <p>The facility has determined that all residents have the potential to be affected.</p> <p>3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.</p> <p>DON began education 2/21/23 with all direct care staff on proper nail care and location of supplies. DON or designee will provide education on proper nail care to all new direct care staff during initial clinical orientation. DON or designee to</p>		

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F 677	<p>Continued From page 7</p> <p>On 2/9/23 at 12:15 p.m., Resident #13 was observed in the dining room feeding himself lunch. The resident's nails were uneven/jagged and dirty with dark brown/black debris beneath nails.</p> <p>During an observation on 2/10/23 at 11:20 a.m., Resident #13 was sitting in his motorized wheelchair in the front, living room area of the facility. The resident's fingernails were jagged/uneven and dirty with dark brown/black debris beneath the nail tips.</p> <p>During an interview on 2/10/23 at 11:55 a.m., Nursing Assistant (NA#1) stated Resident #13 required assistance with ADL care (bathing, washing hands and face, grooming). She revealed that earlier that morning, she provided the resident with a bedbath which included washing his face and hands. NA#1 stated she did not clean or trim the resident's fingernails because she did not have the correct nail supplies and she did not know if the resident was diabetic. NA#1 stated that she was not a permanent employee at the facility but acknowledged she should have asked the nurse about the location of the supplies to clean Resident #13's fingernails.</p> <p>On 2/10/23 at 1:00 p.m., the Director of Nursing stated that nail cleaning and trimming supplies were available for use by nursing staff to clean and trim residents' nails. She confirmed NA#1 should have requested assistance in obtaining supplies needed to provide ADL care to Resident #13.</p>	F 677	<p>audit residents fingernails for proper nail care via audit tool.</p> <p>4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained and include dates when corrective action will be completed.</p> <p>DON or designee to implement audit tool to monitor resident nail hygiene. Audit tool to be utilized weekly for four (4) weeks, and then monthly for three (3) months, or until 100% compliant. This will be reviewed in QAPI monthly for at least three (3) months or until 100% compliant. All negative findings will be corrected immediately. The facility will be compliant by March 10, 2023.</p>		
F 847 SS=E	Entering into Binding Arbitration Agreements CFR(s): 483.70(n)(2)(i)(ii)(3)-(5)	F 847		3/10/23	

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F 847	Continued From page 8 §483.70(n) Binding Arbitration Agreements If a facility chooses to ask a resident or his or her representative to enter into an agreement for binding arbitration, the facility must comply with all of the requirements in this section. §483.70(n)(1) The facility must not require any resident or his or her representative to sign an agreement for binding arbitration as a condition of admission to, or as a requirement to continue to receive care at, the facility and must explicitly inform the resident or his or her representative of his or her right not to sign the agreement as a condition of admission to, or as a requirement to continue to receive care at, the facility. §483.70(n)(2) The facility must ensure that: (i) The agreement is explained to the resident and his or her representative in a form and manner that he or she understands, including in a language the resident and his or her representative understands; (ii) The resident or his or her representative acknowledges that he or she understands the agreement; §483.70(n)(3) The agreement must explicitly grant the resident or his or her representative the right to rescind the agreement within 30 calendar days of signing it. §483.70(n) (4) The agreement must explicitly state that neither the resident nor his or her representative is required to sign an agreement for binding arbitration as a condition of admission to, or as a requirement to continue to receive care at, the facility.	F 847			

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F 847	<p>Continued From page 9</p> <p>§483.70(n) (5) The agreement may not contain any language that prohibits or discourages the resident or anyone else from communicating with federal, state, or local officials, including but not limited to, federal and state surveyors, other federal or state health department employees, and representative of the Office of the State Long-Term Care Ombudsman, in accordance with §483.10(k).</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on a review of the facility arbitration agreement and administrative staff interviews, the facility failed to provide an arbitration agreement that 1) explicitly granted the resident or their representative the right to rescind the agreement within 30 days of signing it and 2) explicitly stated that neither the resident nor their representative were required to sign an agreement as a condition of admission to the facility. This agreement was provided in the admission packet and signed during the admission process for all residents residing in the facility.</p> <p>The findings included:</p> <p>A review of the facility arbitration agreement titled, "Arbitration Agreement," was conducted. The Arbitration agreement stated to please read this agreement carefully, it waives certain rights that you may have, including your right to have a jury trial on any claims that you may have against the community or its affiliates. The remainder of the arbitration agreement did not include verbiage that stated the resident or representative had the right to rescind the agreement in 30 days and that they were not required to sign the agreement as a condition of admission to the facility.</p>	F 847	<p>This plan of correction constitutes the written allegation of compliance for the deficiencies cited. However, submission of the plan of correction is not an admission that a deficiency exists or that one is cited correctly. This plan of correction is submitted to meet the requirements established by State and Federal law.</p> <p>1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>The facility determined that the arbitration agreement needed to be updated to reflect language to reflect 1) granting the resident or representative the right to rescind the agreement within 30 days of signing it and 2) explicitly stating that neither the resident nor representative are required to sign an agreement as a condition of admission to the facility. Upon review, arbitration agreements were updated to include the language 1) granting the resident or representative the</p>		

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F 847	Continued From page 10 An interview was conducted with the Administrator on 2/7/2022 at 10:01 a.m. He revealed that both he and the Executive Director reviewed the arbitration agreement, and it did not include the verbiage that the agreement was not required for admission or that the resident or representative had the right to rescind the agreement in 30 days. When the Administrator was asked if he had been aware of the regulatory requirements, he had stated he thought the admission agreement had covered the arbitration agreement as well.	F 847	right to rescind the agreement within 30 days of signing it and 2) explicitly stating that neither the resident nor representative are required to sign an agreement as a condition of admission to the facility. All updated arbitration agreements have been given to active residents and/or responsible parties for review/signatures. 2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice; The facility has determined all residents have the potential to be affected by the same deficient practice. 3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur; All current arbitration agreements have been updated to reflect the language 1) granting the resident or representative the right to rescind the agreement within 30 days of signing it and 2) explicitly stating that neither the resident nor representative are required to sign an agreement as a condition of admission to the facility. All future admissions will be informed that they have the ability to rescind agreement in 30 days and a signature is not required for admission into the facility. Education provided from clinical coach on arbitration agreement changes to leadership members.	

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NAME OF PROVIDER OR SUPPLIER HOMESTEAD HILLS			STREET ADDRESS, CITY, STATE, ZIP CODE 2101 HOMESTEAD HILLS DRIVE WINSTON SALEM, NC 27103		
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F 847	Continued From page 11	F 847	4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained All current admission packets have the current arbitration agreement that reflects language 1) granting the resident or representative the right to rescind the agreement within 30 days of signing it and 2) explicitly stating that neither the resident nor representative are required to sign an agreement as a condition of admission to the facility. Admission Coordinator or designee will ensure that all future residents and/or resident representatives are provided the updated admission packet with current arbitration agreement for review prior to admission. All admission packets will be audited by Admissions Coordinator or designee starting 3/1/23 once a week for four weeks, and monthly for 3 months, and tracked via audit tool until 100% compliant. The facility will be compliant by 3/10/23.		
F 848 SS=E	Binding Arbitration Agreements CFR(s): 483.70(n)(2)(iii)(iv)(6) §483.70(n)(2) The facility must ensure that: (iii) The agreement provides for the selection of a neutral arbitrator agreed upon by both parties; and (iv) The agreement provides for the selection of a venue that is convenient to both parties. §483.70(n)(6) When the facility and a resident resolve a dispute through arbitration, a copy of the signed agreement for binding arbitration and	F 848		3/10/23	

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F 848	<p>Continued From page 12</p> <p>the arbitrator's final decision must be retained by the facility for 5 years after the resolution of that dispute on and be available for inspection upon request by CMS or its designee.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on a review of the facility arbitration agreement and administrative staff interviews, the facility failed to provide an arbitration agreement that provided for 1) a selection of a neutral arbitrator agreed upon by both parties and 2) the selection of a venue that was convenient to both parties. This agreement was provided in the admission packet and signed during the admission process for all residents residing in the facility.</p> <p>The findings included:</p> <p>A review of the facility arbitration agreement titled, "Arbitration Agreement," was conducted. The Arbitration agreement stated to please read this agreement carefully, it waives certain rights that you may have, including your right to have a jury trial on any claims that you may have against the community or its affiliates. The agreement under section A) bullet point c) stated any dispute involving a resident's stay in the community shall be settled exclusively by binding arbitration conducted in accordance with the consumer rules of the American health law association. Any disputes concerning the scope, validity, or enforceability of this arbitration agreement shall be decided by an arbitrator, not a court. Any award of the arbitrator may be entered as a judgement in any court having jurisdiction. The remainder of the arbitration agreement did not include verbiage that stated a neutral arbitrator would be agreed upon by both parties (the facility</p>	F 848	<p>This plan of correction constitutes the written allegation of compliance for the deficiencies cited. However, submission of the plan of correction is not an admission that a deficiency exists or that one is cited correctly. This plan of correction is submitted to meet the requirements established by State and Federal law.</p> <p>1.Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>The facility determined that the arbitration agreement needed to be updated to reflect language 1) explicitly granted the resident or their representative the right to rescind the agreement within 30 days of signing it and 2)explicitly stated that neither the resident nor the representative were required to sign an agreement as a condition of admission to the facility. Upon review, arbitration agreements were updated to include the language 1) explicitly granted the resident or their representative the right to rescind the agreement within 30 days of signing it and 2) explicitly stated that neither the resident nor the representative were required to sign an agreement as a condition of admission to the facility. All revised</p>		

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F 848	Continued From page 13 representative and the resident or their representative) and did not state a venue would be selected that was convenient to both parties. An interview was conducted with the Administrator on 2/7/2022 at 10:01 a.m. He revealed that both he and the Executive Director reviewed the arbitration agreement, and it did not include the verbiage that an arbitrator would be selected by both parties and a venue convenient to both parties would be selected. When the Administrator was asked if he had been aware of the regulatory requirements, he had stated he thought the admission agreement had covered the arbitration agreement as well.	F 848	agreements have been dispersed to responsible parties for review/signatures. 2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice; The facility has determined all residents have the potential to be affected by the same deficient practice 3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur; All current arbitration agreements have been updated to reflect the language 1) granting the resident or representative the right to rescind the agreement within 30 days of signing it and 2) explicitly stating that neither the resident nor representative are required to sign an agreement as a condition of admission to the facility. Education provided from clinical coach on arbitration agreement changes to leadership staff. 4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained; All current admission packets have the current arbitration agreement that reflects language 1) granting the resident or representative the right to rescind the agreement within 30 days of signing it and 2) explicitly stating that neither the resident nor representative are required to		

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

PRINTED: 03/15/2023
FORM APPROVED
OMB NO. 0938-0391

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F 848	Continued From page 14	F 848	sign an agreement as a condition of admission to the facility. Admission Coordinator or designee will ensure that all future residents and/or resident representatives are provided the updated admission packet with current arbitration agreement for review prior to admission. All admission packets will be audited by Admissions Coordinator or designee starting 3/1/23 once a week for four weeks, and monthly for 3 months, and tracked via audit tool until 100% compliant. All findings will be submitted and reviewed in QAPI to ensure facility is compliant. The facility will be compliant by March 10, 2023.		