STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345446	A. BUILDING _____ B. WING _____	C 11/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLLEGE PINES HEALTH AND REHABILITATION	95 LOCUST STREET CONNELLY SPG, NC 28612

(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 investigation survey was conducted on 11/27/23 through 11/30/23. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #ZPV611.	E 000		
F 000	INITIAL COMMENTS A recertification and complaint investigation survey was conducted from 11/27/23 through 11/30/23. Event ID# ZPV611. The following intake was investigated NC00208393. 5 of the 5 complaint allegations did not result in deficiency.	F 000		
F 644 SS=D	Coordination of PASARR and Assessments CFR(s): 483.20(e)(1)(2) §483.20(e) Coordination. 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: §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. §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: Based on record review and staff interviews the	F 644	Resident #60 findings were corrected at	12/28/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 12/20/2023

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F 644	Continued From page 1 facility failed to ensure a Preadmission Screening and Resident Review (PASRR), level II was completed after new mental health diagnoses for 1 of 3 residents (Resident # 80) reviewed for PASRR. The findings include: Review of Resident #60's medical record revealed the resident was admitted to the facility on 8/18/21and a PASRR level I was completed. The resident was diagnosed with adjustment disorder with depressed mood on 05/30/23 and bipolar disorder on 06/19/23. No PASRR level II was completed. During an interview on 11/30/23 at 11:07 AM with the Social Worker (SW) she revealed a PASRR level II should be completed upon admission for residents with a mental health diagnosis and when a resident has had a change of condition or a newly added mental health diagnosis. She stated Resident #60 had been admitted to the facility from the hospital with a past diagnosis of bipolar disorder and assumed this diagnosis had been included in the preadmission Level I PASRR completed by the hospital. The SW revealed she was not aware the facility physician had made Resident #60 bipolar diagnosis active on 06/19/23 or her diagnosis of adjustment disorder with depressed mood on 05/30/23. She stated based on Resident #60's recent diagnosis of adjustment disorder and bipolar disorder a PASRR level II should have been completed. During an interview on 11/30/23 at 11:15 AM with the Administrator she revealed a PASRR level II should be completed in a timely manner upon admission for a resident with a mental health	F 644	the time of findings. A new PASRR was obtained with corrected assessments on 12/7/2023. A 100% audit was completed on 12/1/2023 by the Social Worker and Administrator to identify any residents with newly evident or potential serious mental disorders, intellectual disabilities, related conditions, or with a significant change in assessment for a Level II PASRR review. Any residents identified with needing a Level II PASRR were reviewed and new FL2s and Screening Tools will be completed and submitted to NCMUST for review by 12/28/2023. Admissions Coordinator, Social Worker and the MDS Coordinators were educated 11/30/2023 by the Administrator on resident assessments and the requirements for PASRR screenings prior to a resident's admission to a Skilled Nursing Facility. A three step identification process was implemented on 12/4/2023 to ensure all residents admitting will have a correct PASRR. The three step process includes the following: 1. Admissions Coordinator reviewing new admit PASRRs, 2. SW monitoring all residents receiving psych visits/services for new diagnosis and ensuring admit PASRRs have correct listed diagnosis, 3. MDS notifying SW of significant changes on resident assessment. Any significant changes in assessment, residents receiving visits from psych services, or diagnosis of mental disorders, intellectual disabilities, or related conditions will be	

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F 644	Continued From page 2 diagnosis or anytime a resident has had a change of condition or a newly added mental health diagnosis. She stated based on Resident #60's diagnosis of adjustment disorder and bipolar disorder a PASRR level II should have been completed.	F 644	audited and a new PASRR screening will be conducted. The Social Worker will conduct an audit of any residents receiving psych services and newly admitted residents and the Admissions Coordinator will review PASRR screenings prior to a new admission to the facility ensuring PASRR has been done and obtaining number. The audits will be completed as follows: weekly for 4 weeks, then every 2 weeks for 4 weeks, and then monthly for 1 month. The Administrator will bring findings of audits to the Quality Assurance Performance Improvement (QAPI) Committee monthly for 3 months. The QAPI Committee will evaluate effectiveness of training to determine if continued auditing is necessary to maintain compliance. Date of Compliance: 12/28/23	