

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

PRINTED: 02/07/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345380	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/19/2024
NAME OF PROVIDER OR SUPPLIER VILLAGE GREEN HEALTH AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 1601 PURDUE DRIVE FAYETTEVILLE, NC 28304	
(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	E 000		
F 000	An unannounced recertification and complaint investigation survey was conducted on 1/16/24 through 1/19/24. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #3M8211. INITIAL COMMENTS	F 000		
F 655	An unannounced recertification and complaint investigation survey was conducted from 1/16/24 through 1/19/24. Event ID# 3M8211. The following intakes were investigated NC00210748 and NC00212004. 6 of the 6 complaint allegations did not result in deficiency.	F 655		
SS=B	Baseline Care Plan CFR(s): 483.21(a)(1)-(3) §483.21 Comprehensive Person-Centered Care Planning §483.21(a) Baseline Care Plans §483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must- (i) Be developed within 48 hours of a resident's admission. (ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to- (A) Initial goals based on admission orders. (B) Physician orders. (C) Dietary orders. (D) Therapy services.			2/1/24

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

TITLE

(X6) DATE

Electronically Signed

01/31/2024

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 655	<p>Continued From page 1</p> <p>(E) Social services. (F) PASARR recommendation, if applicable.</p> <p>§483.21(a)(2) The facility may develop a comprehensive care plan in place of the baseline care plan if the comprehensive care plan-</p> <p>(i) Is developed within 48 hours of the resident's admission. (ii) Meets the requirements set forth in paragraph (b) of this section (excepting paragraph (b)(2)(i) of this section).</p> <p>§483.21(a)(3) The facility must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to:</p> <p>(i) The initial goals of the resident. (ii) A summary of the resident's medications and dietary instructions. (iii) Any services and treatments to be administered by the facility and personnel acting on behalf of the facility. (iv) Any updated information based on the details of the comprehensive care plan, as necessary. This REQUIREMENT is not met as evidenced by: Based on record review, staff and family interviews the facility failed to provide a written summary of the baseline care plan to the resident or resident representative in 3 out of 3 sampled residents (Resident # 6, Resident # 75, and Resident #84).</p> <p>Findings included:</p> <p>A. Resident #6 was admitted to the facility on 12/14/23 with diagnoses including: multiple sclerosis, and vascular dementia.</p>	F 655	<p>The facility failed to provide a written summary of the baseline care plan to the Resident and Responsible Party (RP) for 3/3 residents. Resident #6 has since been discharged from the facility. Resident #75 and Responsible Party (RP) were offered a copy of the baseline care plan on 01/18/2024 by the Admission Nurse. Resident #84 and RP were offered a copy of the baseline care plan on 01/18/2024 by the Admission Nurse.</p> <p>All residents newly admitted to the facility</p>		

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F 655	<p>Continued From page 2</p> <p>A review of Resident 6's admission Minimum Data Set (MDS) dated 12/20/23 revealed the resident's cognition was intact.</p> <p>A review of Resident #6's medical record revealed that a 48- hour interim(baseline) care plan was completed on 12/15/2023 by Admission Nurse.</p> <p>A review of Resident # 6's medical records indicated a care plan meeting was held on 12/15/2023 and included Resident #6's resident representative, Discharge Planner, Assistant Director of Nursing, and Director of Rehabilitation Services.</p> <p>An interview conducted on 01/16/2024 at 11:25 AM with Resident#6's resident representative indicated she had not received a copy or a summary of the base line care plan.</p> <p>An interview conducted on 01/16/2024 at 11:27 AM with Resident #6 revealed she did not receive a copy of or a summary of the baseline care plan.</p> <p>An interview with the Admission Nurse on 01/17/24 at 1:52 PM revealed she reviewed with the resident representative and Resident#6's baseline care plan on 12/15/2023 and she indicated that she did not give a summary or a copy of the baseline care plan to the resident or resident's representative.</p> <p>An interview with the Director of Nursing conducted on 01/19/24 at 11:15 AM revealed the Admission Nurse went over the baseline care plan verbally with the resident and/or resident representative and she did not provide a copy or summary of the baseline care plan to the resident</p>	F 655	<p>have the potential to be affected. The Staff Development Coordinator and Admission Nurse reviewed baseline care plans with active residents that were admitted since 01/01/2024 and offered a copy of the baseline care plan summary to the Resident and RP by 01/31/2024. Moving forward the Admissions Nurse and/or Care Plan Team will be responsible for providing a copy of the baseline care plan summary to the Resident and RP.</p> <p>The Administrator educated the Admissions Nurse and Care Plan Team on the baseline care plan requirement to provide the Resident and RP a copy of the baseline care plan summary on 01/22/2024.</p> <p>The Administrator, Director of Nursing, or Designee will audit compliance on all new admission baseline care plans five times per week for three weeks, then three times per week for two weeks, then weekly for two weeks, then as determined by the Quality Assurance Committee. The Administrator will be responsible for bringing audits to the Quality Assurance Committee meetings. The Quality Assurance Committee will monitor ongoing compliance with this requirement.</p>		

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F 655	<p>Continued From page 3 representative and/or resident.</p> <p>An interview with the Administrator was conducted on 01/19/24 at 11: 16 AM and revealed she was aware that the Admission Nurse went over the baseline care plan verbally with the resident and/or resident representative. She further revealed the facility did not provide a copy or summary of the baseline care plan to the resident representative and/or resident. She indicated she was not aware that the copy or summary needed to be provided to the resident and/ or resident representative.</p> <p>Based on record review, resident, staff and resident representative interviews the facility failed to provide a written summary of the baseline care plan to the resident or family in 3 out of 3 residents (Resident # 6, Resident # 75, and Resident # 84).</p> <p>Findings included:</p> <p>B. Resident #75 was admitted to the facility on 11/3/23 with diagnoses including: diabetes and cancer.</p> <p>A review of Resident #75's admission Minimum Data Set dated 11/9/23 revealed the resident's cognition was intact.</p> <p>A review of Resident #75's medical record revealed that a 48-hour interim (baseline) care plan was completed on 11/3/23 by the Admission Nurse.</p> <p>A review of Resident # 75's facility records indicated a baseline care plan meeting was held on 11/6/2023 and included Resident #75,</p>	F 655			

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F 655	<p>Continued From page 4</p> <p>Resident #75's Representative, and facility staff consisting of the Discharge Planner, Social Services, Assistant Director of Nursing, Admission Nurse, and Director of Rehabilitation Services.</p> <p>An interview conducted on 1/16/24 at 1:30 PM with Resident #75 indicated that she had not received a copy or summary of the base line care plan.</p> <p>An interview was attempted with Resident #75's resident representative but she was unavailable.</p> <p>C. Resident #84 was admitted to the facility on 11/16/23 with diagnoses including: malnutrition and arthritis. A review of Resident 84's admission Minimum Data Set dated 11/22/23 revealed the resident's cognition was moderately impaired.</p> <p>A review of Resident 84's facility medical records indicated a baseline care plan meeting was held on 11/17/2023 and included Resident #84 and facility staff consisting of the Discharge Planner, Social Services, Assistant Director of Nursing, Admission Nurse, and Director of Rehabilitation Services</p> <p>A review of Resident #84's facility medical record revealed that a 48-hour interim (baseline) care plan was completed on 11/18/23 by the Admission Nurse.</p> <p>An interview conducted on 1/17/24 at 11:00 AM indicated that Resident #84 had not received a copy or a summary of the base line care plan.</p>	F 655			

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F 655	<p>Continued From page 5</p> <p>An interview with the Admission Nurse on 01/17/24 at 1:52 PM revealed she verbally goes over the resident's baseline care plan with the resident and/or family but she did not provide a summary or a copy of the baseline care plan.</p> <p>An interview with the Director of Nursing conducted on 01/19/24 at 11:15 AM revealed the Admission Nurse went over the baseline care plan verbally with the resident and/or family and they did not provide a copy or summary of the baseline care plan to the family and/or resident.</p> <p>An interview with the Administrator was conducted on 01/19/24 at 11: 16 AM and revealed she was aware that the Admission Nurse went over the baseline care plan verbally with the resident and/or their family. She further revealed they did not provide a copy or summary of the baseline care plan to the family and/or resident. The administrator stated she did not know that a written summary needed to be provided to the resident and/or family.</p>	F 655			

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345380	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 1/19/2024
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F 641	<p>Accuracy of Assessments CFR(s): 483.20(g)</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 code the Minimum Data Set (MDS) assessment accurately in the area of Preadmission Screening and Resident Review (PASRR) for 1 of 2 residents (Resident #48) reviewed for PASRR.</p> <p>Findings included:</p> <p>Resident #48 was admitted to the facility on 10/30/18 and most recently readmitted on 3/06/19 after hospitalization with multiple diagnoses that included dementia, schizoaffective disorder, unspecified psychosis, and major depressive disorder.</p> <p>Review of a PASRR Level II Determination Notification Letter for Resident #48 dated 4/21/21 revealed Resident #48 was assessed to be a level II PASRR and her PASRR number ended in the letter H. The H indicated the PASRR has halted. The resident's level II was halted due to a primary diagnosis of dementia. A halted PASRR had no end date unless there was a change in condition.</p> <p>Resident #48's most recent annual Minimum Data Set assessment dated 06/19/23 revealed Section A1500 Preadmission Screening and Resident Review (PASRR) has the resident been evaluated by Level II PASRR and determined to have a serious mental illness and/or mental retardation or a related condition was coded no.</p> <p>Resident #48's care plan dated 7/03/23 Resident #48's Level II PASRR with no expiration date related to diagnosis of major depressive, dementia, and schizoaffective disorder. The approaches included administering medications as ordered; encourage family/friends to communicate with staff as to what has been done in the past to dissuade behaviors/factors contributing to specific mood/behavior as applicable; if warranted request another PASRR review; maintain communication with Social Work of any changes in behavior or mood and cognition status related to level II PASRR diagnoses; and to monitor and document any changes in cognition, mood or behaviors related to level II PASRR diagnoses to include notify doctor as needed,</p> <p>An interview was conducted on 1/17/24 at 2:47 PM with the MDS Nurse regarding PASRR documentation for Resident #48. The MDS Nurse stated the PASRR II documentation should have been coded when the Level II PASRR had been confirmed.</p> <p>An interview was conducted on 1/19/24 at 2:00 PM with the Administrator. The Administrator stated the MDS coding was coded according to what the facility had been told to code for Halted PASRR Level II residents on their annual MDS assessments and the MDS should be coded accurately.</p>
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The above isolated deficiencies pose no actual harm to the residents

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