

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

PRINTED: 05/21/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345457	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/09/2024
NAME OF PROVIDER OR SUPPLIER BELAIRE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2065 LYON STREET GASTONIA, NC 28052		
(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			
	An unannounced recertification survey was conducted on 05/06/2024 through 05/09/2024. The facility was found in compliance with the requirement CFR 483.73. Emergency Preparedness. Event ID: JATG11.				
F 000	INITIAL COMMENTS	F 000			
	An unannounced recertification and complaint investigation survey was conducted from 05/06/2024 through 05/09/2024. Event ID: JATG11. The following intakes were investigated NC00216004 and NC00213284. 4 of 4 complaint allegations did not result in a deficiency.				
F 644 SS=D	Coordination of PASARR and Assessments CFR(s): 483.20(e)(1)(2)	F 644		5/24/24	
	§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:				

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

TITLE

(X6) DATE

Electronically Signed

05/20/2024

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 644	<p>Continued From page 1</p> <p>Based on record reviews and staff interviews the facility failed to ensure a Preadmission Screening and Resident Review (PASRR) application was completed for a resident admitted with mental health diagnoses for 2 of 2 residents (Resident #12 and #55) reviewed for PASRR.</p> <p>The findings included:</p> <ol style="list-style-type: none"> Resident #12 was admitted to the facility on 10/05/23 with a diagnosis that included, in part, schizoaffective disorder. <p>Review of Resident #12's medical record revealed the resident had a PASRR level I completed prior to her admission to the facility. The resident had a history of schizoaffective disorder and major depressive disorder as part of her admission. No PASRR level II had been completed per review of Resident #12's medical record.</p> <p>Review of the Minimum Data Set (MDS) dated 02/17/2024 revealed Resident #12 was severely cognitively impaired, and she had no mood or behaviors. The MDS was not coded for a level II PASRR.</p> <p>Resident #12's care plan dated 10/05/2023 revealed she was care planned for psychotropic medications, behavior related to schizoaffective disorder, anxiety disorders, and psychiatric services. Interventions included to administer medications as ordered, assure the resident that they were safe if they became distressed, continue psychiatric services as ordered, redirect resident to subjects that matter to her if behaviors occurred, and to take the resident to a quiet place if she became overstimulated.</p>	F 644	<p>The facility sets forth the following plan of correction to remain in compliance with all federal and state regulations. The facility has taken or will take the actions set forth in the plan of correction. The following plan of correction constitutes the facility's allegation of compliance. All deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>F644</p> <ol style="list-style-type: none"> Resident #12 and #55 had level II Preadmission Screening and Resident Review (PASRR) submitted on 05/09/2024 by Regional Discharge Planning Specialist. Current residents with mental health diagnosis are at risk. Discharge Planner was educated by Regional Discharge Planning Specialist on when to submit for a PASRR screening. Education includes to review all residents on admission and all residents that receive mental health diagnosis while a patient in the center. Education completed on 05/22/2024. Any new discharge planners will be educated by the Regional Discharge Planning Specialist or designee during the orientation process. An audit will be conducted by Regional Discharge Planning Specialist or designee to ensure residents with mental illness have had a PASRR screening by 05/24/2024. Audits will be conducted weekly x 12 weeks to ensure residents with mental illness have had a PASRR screening. The results of this audit will be forwarded 		

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F 644	<p>Continued From page 2</p> <p>Review of Resident #12 medical record revealed she was followed by psychiatric services for medication management.</p> <p>During an interview on 05/08/2024 at 6:30 PM with the Admission Director, she revealed she received the resident's hospital information which included the PASRR number. She stated that the PASRR number was entered into the resident's chart and the Social Worker handled the PASRR process after that.</p> <p>An interview was conducted on 05/09/2024 at 10:38 AM with the Regional Discharge Planning Specialist. The Regional Discharge Planning Specialist stated that the facility had recently hired a Social Worker, but the position had been vacant for about one month. The Regional Discharge Planning Specialist further stated that a PASRR application should be completed upon a resident's admission with a serious mental health diagnosis, when there was a change in condition or behavior, and when a resident had received a new mental health diagnosis. She also revealed that based on Resident #12's admission diagnoses of schizoaffective disorder and major depression, paperwork for a PASRR level II referral should have been completed.</p> <p>Unsuccessful attempts were made to contact the previous Social Worker.</p> <p>An interview was conducted on 05/09/24 at 11:00 AM with the Administrator. The Administrator revealed a PASRR application should be completed for any resident with a serious mental health diagnosis or anytime a resident has had a change of condition or a newly added mental</p>	F 644	<p>to the Quality Assurance Committee for monthly review for three months and then the frequency of review will be determined by the QAPI committee.</p> <p>5. Date of Completion 05/24/2024</p> <p>Administrator is responsible.</p>		

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F 644	<p>Continued From page 3</p> <p>health diagnosis. He stated that based on Resident #12's diagnoses of schizoaffective disorder and major depressive disorder, a PASRR level II referral should have been completed.</p> <p>2. Resident #55 was admitted on 01/26/24 with diagnoses that included, in part, post-traumatic stress disorder (PTSD), major depressive disorder (MDD), anxiety disorder, and suicidal ideations.</p> <p>Review of Resident #55's medical record revealed the resident had a PASRR level I completed prior to his admission to the facility. The resident had a history of post-traumatic stress disorder (PTSD), major depressive disorder, anxiety disorder, and suicidal ideations upon admission to the facility. No PASRR level II had been completed per review of Resident #55's medical record.</p> <p>Review of the quarterly Minimum Data Set (MDS) dated 05/01/2024 reveal Resident #55 had intact cognition. The MDS also revealed Resident #55 had no mood or behaviors for the 7-day look back period. The MDS was not coded for a level II PASRR.</p> <p>Review of Resident 55's care plan dated 01/26/2024 revealed he had a risk for behaviors related to depressive disorder, anxiety, and use of psychotropic medications. Interventions included to administer medications as ordered, assure the resident that they were safe if they became distressed, continue psychiatric services as ordered, redirect resident to subjects that matter to him if behaviors occurred, and to take the resident to a quiet place if he became overstimulated.</p>	F 644			

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F 644	<p>Continued From page 4</p> <p>Resident #55 received psychiatric services for medication management beginning 01/29/2024 and continued on psychiatric service case load during his stay at the facility.</p> <p>An interview was conducted with Resident #55 on 05/06/2024 at 2:34 PM. Resident #55 stated that he had mental health issues for quite a long while. He also revealed that he served in the military and most of his mental health issue resulted from his military service. He stated that he had been doing much better since being admitted to the facility and seeing the psychiatrist.</p> <p>During an interview on 05/08/2024 at 6:30 PM with the Admission Director, she revealed she received the resident's hospital information which included the PASRR number. She stated that the PASRR number was entered into the resident's chart and the Social Worker handled the PASRR process after that.</p> <p>An interview was conducted on 05/09/2024 at 10:38 AM with the Regional Discharge Planning Specialist. The Regional Discharge Planning Specialist stated that the facility had recently hired a Social Worker, but the position had been vacant for about one month. The Regional Discharge Planning Specialist further stated that a PASRR application should be completed upon a resident's admission with a serious mental health diagnosis, when there was a change in condition or behavior, and when a resident had received a new mental health diagnosis. She also revealed that based on Resident #55's admission diagnoses of PTSD, MDD, anxiety disorder and suicidal ideations, paperwork for a PASRR level II referral should have been completed.</p>	F 644			

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F 644	Continued From page 5 Unsuccessful attempts to contact the previous Social Worker were made. An interview was conducted on 05/09/24 at 11:00 AM with the Administrator. The Administrator revealed a PASRR application should be completed for any resident with a serious mental health diagnosis or anytime a resident had a change of condition or a newly added mental health diagnosis. He stated that based on Resident #55's diagnoses of PTSD, MDD, anxiety disorder and suicidal ideations, a PASRR level II referral should have been completed.	F 644			