

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

PRINTED: 07/28/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345548	(X2) MULTIPLE CONSTRUCTION A. BUILDING AUG 05 2011 B. WING _____	(X3) DATE SURVEY COMPLETED C 07/07/2011
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ASHTON PLACE HEALTH AND REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 5533 BURLINGTON ROAD MC LEANSVILLE, NC 27301
---	--

(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
F 273 SS=B	<p>483.20(b)(2)(i) COMPREHENSIVE ASSESSMENT 14 DAYS AFTER ADMIT</p> <p>A facility must conduct a comprehensive assessment of a resident within 14 calendar days after admission, excluding readmissions in which there is no significant change in the resident's physical or mental condition. (For purposes of this section, "readmission" means a return to the facility following a temporary absence for hospitalization or for therapeutic leave.)</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to complete an initial comprehensive assessment within fourteen days of admission for 4 of 4 newly admitted residents reviewed in the survey sample, (Residents #7, 8, 9 and 10) Findings included:</p> <p>1. Resident#7 was admitted on 6/13/11 with cumulative diagnoses which included a fracture neck of femur (hip bone).</p> <p>Review of the medical record reviewed there was no Minimum Data Set (MDS) 14 day initial comprehensive assessment. Interview on 7/6/11 at 3:10 p.m. with the MDS coordinator revealed " I am working on it (referring to the 14 day assessment). We had a " slew of admissions " .</p> <p>A request was made on 7/6/11 at 4:45 p.m. to view the MDS from the computer. The MDS coordinator indicated she was still working on the 14 day MDS initial assessment. Additionally, the MDS coordinator indicated that her focus has been working on the plan of correction for the last</p>	F 273	<p>Submission of the response to the statement of deficiency by the undersigned does not constitute an admission that the deficiencies existed and/or correctly cited and/or require correction.</p> <p>F 273</p> <p>1. Resident #7, #8, #9, and #10's 14-day initial comprehensive assessment was completed on 7/14/2011.</p> <p>2. Any resident who requires a 14-day initial comprehensive assessment has the potential to be affected by this practice therefore an audit of residents requiring a 14-day initial comprehensive assessment was completed by the MDS Coordinator and any issues noted were updated as appropriate.</p> <p>3. The MDS Coordinator will monitor daily calendar and schedule in computer for any</p>	7/31/2011

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE Executive Director (X6) DATE 8/03/2011

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.

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

PRINTED: 07/28/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345548	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/07/2011
NAME OF PROVIDER OR SUPPLIER ASHTON PLACE HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 5533 BURLINGTON ROAD MG LEANSVILLE, NC 27301		
(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	
F 273	<p>Continued From page 1</p> <p>surveys conducted (referring to the complaint surveys dated 5/18/11 and 6/14/11).</p> <p>On 7/7/11 at 9:30 a.m. an interview with the director of nurses revealed she was unaware of the incomplete 14 day MDS assessments. Her expectation was that the staff makes her aware so that additional assistance would be provided.</p> <p>On 7/7/11 at 9:53 a.m. the MDS coordinator provided the 14 day MDS initial assessment.</p> <p>2. Resident#8 was admitted to the facility on 6/16/11 with cumulative diagnoses which included Prostate cancer with mitosis top the pubic bone and lung.</p> <p>Review of the medical record reviewed there was no Minimum Data Set (MDS) 14 day initial comprehensive assessment. Interview on 7/6/11 at 3:10 p.m. with the MDS coordinator revealed " I am working on it (referring to the 14 day assessment). We had a " slew of admissions " .</p> <p>A request was made on 7/6/11 at 4:45 p.m. to view the MDS from the computer. The MDS coordinator indicated she was still working on the 14 day MDS initial assessment. Additionally, the MDS coordinator indicated that her focus has been working on the plan of correction for the last surveys conducted (referring to the complaint surveys dated 5/18/11 and 6/14/11).</p> <p>On 7/7/11 at 9:30 a.m. an interview with the director of nurses revealed she was unaware of the incomplete 14 day MDS assessments. Her expectation was that the staff makes her aware so that additional assistance would be provided.</p>	F 273	<p>admission assessments that are opened and needs to be completed by day 14 daily.</p> <p>4. The DON and/or ADON will audit 14-day initial comprehensive assessment weekly for 8 weeks and then monthly for 2 months. DON will report monthly findings to the Monthly QA&A meeting for 4 months.</p>		

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

PRINTED: 07/28/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345548	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/07/2011
NAME OF PROVIDER OR SUPPLIER ASHTON PLACE HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 5533 BURLINGTON ROAD MC LEANSVILLE, NC 27301		
(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	
F 273	<p>Continued From page 2</p> <p>3. Resident #9 was admitted on 6/15/11 with cumulative diagnoses which included a left fractured hip, anemia and glaucoma.</p> <p>Review of the medical record reviewed there was no Minimum Data Set (MDS) 14 day initial comprehensive assessment. Interview on 7/6/11 at 3:10 p.m. with the MDS coordinator revealed " I am working on it (referring to the 14 day assessment). We had a " slew of admissions " .</p> <p>A request was made on 7/6/11 at 4:45 p.m. to view the MDS from the computer. The MDS coordinator indicated she was still working on the 14 day MDS initial assessment. Additionally, the MDS coordinator indicated that her focus has been working on the plan of correction for the last surveys conducted (referring to the complaint surveys dated 5/18/11 and 6/14/11).</p> <p>On 7/7/11 at 9:30 a.m. an interview with the director of nurses revealed she was unaware of the incomplete 14 day MDS assessments. Her expectation was that the staff makes her aware so that additional assistance would be provided.</p> <p>4. Resident#10 was admitted to the facility on 6/17/11 with cumulative diagnoses which included Diabetes mellitus and altered mental status change.</p> <p>Review of the medical record reviewed there was no Minimum Data Set (MDS) 14 day initial comprehensive assessment. Interview on 7/6/11 at 3:10 p.m. with the MDS coordinator revealed " I am working on it (referring to the 14 day assessment). We had a " slew of admissions " .</p>	F 273			

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

PRINTED: 07/28/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345548	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/07/2011
NAME OF PROVIDER OR SUPPLIER ASHTON PLACE HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 5533 BURLINGTON ROAD MC LEANSVILLE, NC 27301		
(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	
F 273	Continued From page 3 A request was made on 7/6/11 at 4:45 p.m. to view the MDS from the computer. The MDS coordinator indicated she was still working on the 14 day MDS initial assessment. Additionally, the MDS coordinator indicated that her focus has been working on the plan of correction for the last surveys conducted (referring to the complaint surveys dated 5/18/11 and 6/14/11). On 7/7/11 at 9:30 a.m. an interview with the director of nurses revealed she was unaware of the incomplete 14 day MDS assessments. Her expectation was that the staff makes her aware so that additional assistance would be provided.	F 273			