

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # <b>345329</b>	MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	DATE SURVEY COMPLETE: <b>1/6/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>GATEWAY REHABILITATION AND HEALTHCARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2030 HARPER AVE NW LENOIR, NC</b>		
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		
<b>F 160</b>	<p><b>483.10(c)(6) CONVEYANCE OF PERSONAL FUNDS UPON DEATH</b></p> <p>Upon the death of a resident with a personal fund deposited with the facility, the facility must convey within 30 days the resident's funds, and a final accounting of those funds, to the individual or probate jurisdiction administering the resident's estate.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interviews and record reviews, the facility failed to send the balance of one (1) of one (1) sampled resident's personal fund account to her Estate after Resident #17 expired.</p> <p>The findings are:</p> <p>Review of Resident #17's personal fund account revealed she had a balance of \$30.44 in her account when she expired on 11/23/11. Review of the accounting ledger revealed the facility paid themselves \$30.45 ( one cent interest was added) following her death instead of sending it to Resident #17's estate.</p> <p>Interview on 1/6/12 at 2:50 PM with the business office manager revealed Resident #17's liability payment exceeded the social security check the facility received. She further explained the responsible party received Resident #17's additional income and would come into the facility and pay the facility various amounts of money at various times resulting in Resident #17 owing the facility money. Per the business office manager, because money was owed to the facility, the business office manager took the balance of Resident #17's personal fund account and applied it to the amount Resident #17 owed to the facility. The business office manager was not aware this was not allowed.</p>		
<b>F 274</b>	<p><b>483.20(b)(2)(ii) COMPREHENSIVE ASSESS AFTER SIGNIFICANT CHANGE</b></p> <p>A facility must conduct a comprehensive assessment of a resident within 14 days after the facility determines, or should have determined, that there has been a significant change in the resident's physical or mental condition. (For purpose of this section, a significant change means a major decline or improvement in the resident's status that will not normally resolve itself without further intervention by staff or by implementing standard disease-related clinical interventions, that has an impact on more than one area of the resident's health status, and requires interdisciplinary review or revision of the care plan, or both.)</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review the facility failed to complete a comprehensive assessment for one (1) of three (3) sampled residents who experienced a significant change. Resident #62.</p> <p>The findings are:</p>		

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

The above isolated deficiencies pose no actual harm to the residents

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<b>F 274</b>	<p>Continued From Page 1</p> <p>Resident #62 was admitted with diagnoses including pneumonia, difficulty walking, obstructive chronic bronchitis, mental disorder, renal disorder, chronic airway obstruction, hypertension, aortic aneurysm, and hypopotassemia.</p> <p>The most recent comprehensive Minimum Data Set (MDS), a significant change dated 4/4/11, coded Resident #62 as being cognitively intact, and requiring extensive assistance with bed mobility, transfers, dressing and toileting. The quarterly MDS dated 6/11/11 coded her with severely impaired cognition. The next quarterly MDS dated 9/1/11 coded her with severely impaired cognition and improving in her activities of daily living skills. She required limited assistance with bed mobility, transfers, dressing, and toileting. The next quarterly MDS dated 11/22/11 noted these changes were the same.</p> <p>Interview on 1/5/12 at 5:00 PM with the MDS coordinator who completed the MDS's for 4/4/11, 6/11/11 and 9/1/11 revealed the social worker completed her part about the cognition and should have informed the MDS staff of the change in cognition. The MDS coordinator stated a significant change should have been completed since Resident #62's cognition declined and her activity of daily living skills improved. She stated the changes were not caught and a significant change should have been completed.</p> <p>Interview on 1/6/12 at 9:30 AM with the social worker who completed the 6/11/11 and 9/1/11 MDS's revealed she was unaware until yesterday that she was to inform the MDS staff of any changes in resident cognition.</p>
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