

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

PRINTED: 12/02/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345143	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/30/2014
NAME OF PROVIDER OR SUPPLIER SILER CITY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 900 W DOLPHIN STREET SILER CITY, NC 27344		
(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 278 SS=B	<p>483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED</p> <p>The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to accurately code the Minimum Data Set to reflect the Level II Preadmission Screening and Resident Review determination for 6 of 7 residents (Resident #4, #9, #10, #12, #18 and #164) identified as Level II PASRR residents.</p>	F 278	<p>F278 1. The facility's Clinical Reimbursement Coordinator and MDS Coordinator reviewed the Minimum Data Sets for Resident #4, #9, #10, #12, #18 and #164, who are identified as Level II PASRR</p>	11/18/14	

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

TITLE

(X6) DATE

Electronically Signed

11/17/2014

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 278	<p>Continued From page 1</p> <p>The findings included:</p> <p>1) Resident #4 was initially admitted to the facility on 06/08/2004 and had diagnoses including anxiety, depression, manic depression, psychotic disorder, delusional disorder and schizophrenia.</p> <p>A review of Resident #4's annual Minimum Data Set (MDS) dated 10/03/2014 indicated the resident was not considered by the state Level II Preadmission Screening and Resident Review (PASRR) process to have a serious mental illness and/or intellectual disability. The results of this screening and review are used for formulating a determination of need, determination of an appropriate care setting and a set of recommendations for services to help develop an individual's plan of care.</p> <p>A review of the facility's list of Level II PASRR residents revealed that Resident #4 was included among the residents named on the list.</p> <p>During an interview on 10/30/2014 at 11:40 AM, Social Worker (SW) #1 confirmed Resident #4 did indeed have a Level II PASRR status. The SW said, "we document in the social history that a person has Level II status."</p> <p>The MDS Coordinator was interviewed on 10/30/2014 at 12:37 PM, regarding the accuracy of Resident #4's annual MDS. When it was revealed the MDS did not reflect the Level II PASRR determination for this resident, the MDS Coordinator said, "I guess I read the information wrong, or there was a lack of communication."</p> <p>On 10/30/2014 at 1:42 PM, the Director of</p>	F 278	<p>residents, and coded the Minimum Data Set to reflect the Level II Preadmission Screening and Resident Review Determination for each of the 6 Residents; Residents #12,#18 and #164 completed on 10/30/14; Residents #4 and #10 completed on 10/31/14; and Resident #9 completed on 11/11/14.</p> <p>The facility's Clinical Reimbursement Coordinator, MDS Coordinator, Social Workers and Admission staff received education on 11/18/14, provided by the facility's Director of Nursing Services, on the Minimum Data Set process as it relates to coding procedure/practice for residents identified as Level II PASRR.</p> <p>2. The facility's Clinical Reimbursement Coordinator and MDS Coordinator completed an audit on 10/30/14 of all facility residents to ensure that, if they were identified as Level II PASRR residents, their individual Minimum Data Sets are coded correctly. All residents were found to be coded correctly.</p> <p>3. The facility's Social Workers will monitor all new admissions for Level II PASRR status and report any new admission identified as a Level II PASRR resident to the facility's Clinical Reimbursement Coordinator and MDS Coordinator. Newly identified residents that have a Level II PASRR will be reviewed in the facility's Morning Standup Meeting by the Social Workers. The facility's Social Workers will audit all facility residents monthly for three months and then quarterly thereafter for Level II PASRR status and report any changes to the Clinical Reimbursement Coordinator</p>		

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F 278	<p>Continued From page 2</p> <p>Nursing indicated it was her expectation that the Level II PASRR determination would be coded accurately on each resident's MDS.</p> <p>2) Resident #9 was initially admitted to the facility on 08/26/2014 with diagnoses including anxiety, mood disorder, and depression.</p> <p>A review of Resident #9's admission Minimum Data Set (MDS) dated 09/02/2014 indicated the resident was not considered by the state Level II Preadmission Screening and Resident Review (PASRR) process to have a serious mental illness and/or intellectual disability. The results of this screening and review are used for formulating a determination of need, determination of an appropriate care setting and a set of recommendations for services to help develop an individual's plan of care.</p> <p>A review of the facility's list of Level II PASRR residents revealed that Resident #9 was included among the residents named on the list.</p> <p>During an interview on 10/30/2014 at 11:40 AM, Social Worker (SW) #1 confirmed Resident #9 did indeed have a Level II PASRR status. The SW said, "we document in the social history that a person has Level II status."</p> <p>The MDS Coordinator was interviewed on 10/30/2014 at 12:37 PM, regarding the accuracy of Resident #9's admission assessment. When it was revealed the MDS did not reflect the Level II PASRR determination for this resident, the MDS Coordinator said, "I guess I read the information wrong, or there was a lack of communication."</p>	F 278	<p>and MDS Coordinator. The facility's Clinical reimbursement Coordinator and MDS Coordinator will review the audit results monthly for three months and quarterly thereafter and compare with the Minimum Data Set for each resident, identified in the audit as a Level II PASRR resident.</p> <p>4. The facility's Clinical Reimbursement Coordinator or MDS Coordinator will present the results of all audits, reviews and staff education to the facility's Performance Improvement Committee for review and recommendations as appropriate for three months and quarterly thereafter.</p>		

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F 278	<p>Continued From page 3</p> <p>On 10/30/2014 at 1:42 PM, the Director of Nursing indicated it was her expectation that the Level II PASRR determination would be coded accurately on each resident's MDS.</p> <p>3) Resident #10 was initially admitted to the facility on 03/05/2013 and had diagnoses including schizophrenia and a pervasive developmental disorder.</p> <p>A review of Resident #10's annual Minimum Data Set (MDS) dated 06/02/2014 indicated the resident was not considered by the state Level II Preadmission Screening and Resident Review (PASRR) process to have a serious mental illness and/or intellectual disability. The results of this screening and review are used for formulating a determination of need, determination of an appropriate care setting and a set of recommendations for services to help develop an individual's plan of care.</p> <p>A review of the facility's list of Level II PASRR residents revealed that Resident #10 was included among the residents named on the list.</p> <p>During an interview on 10/30/14 11:40 AM, Social Worker (SW) #1 confirmed Resident #10 did indeed have a Level II PASRR status. The SW said, "we document in the social history that a person has Level II status."</p> <p>The MDS Coordinator was interviewed on 10/30/2014 at 12:37 PM, regarding the accuracy of Resident #10's annual MDS. When it was revealed the MDS did not reflect the Level II PASRR determination for this resident, the MDS Coordinator indicated she must have read the</p>	F 278			

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F 278	<p>Continued From page 4 information incorrectly.</p> <p>On 10/30/2014 at 1:42 PM, the Director of Nursing indicated it was her expectation that the Level II PASRR determination would be coded accurately on each resident's MDS.</p> <p>4) Resident #12 was initially admitted to the facility on 06/02/2000 and re-admitted on 07/01/2008 with diagnoses including dementia, depression, schizophrenia, and anxiety disorder.</p> <p>A review of Resident #12's annual Minimum Data Set (MDS) dated 07/01/2014 indicated the resident was not considered by the state Level II Preadmission Screening and Resident Review (PASRR) process to have a serious mental illness and/or intellectual disability. The results of this screening and review are used for formulating a determination of need, determination of an appropriate care setting and a set of recommendations for services to help develop an individual's plan of care.</p> <p>A review of the facility's list of Level II PASRR residents revealed that Resident #12 was included among the residents named on the list.</p> <p>During an interview on 10/30/2014 11:40 AM, Social Worker (SW) #1 confirmed Resident #12 did indeed have a Level II PASRR status. The SW said, "we document in the social history that a person has Level II status."</p> <p>The MDS Coordinator was interviewed on 10/30/14 at 12:37 PM, regarding the accuracy of Resident #12's annual MDS. When it was revealed the MDS did not reflect the Level II</p>	F 278			

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F 278	<p>Continued From page 5</p> <p>PASRR determination for this resident, the MDS Coordinator said, "I guess I read the information wrong, or there was a lack of communication."</p> <p>On 10/30/2014 at 1:42 PM, the Director of Nursing indicated it was her expectation that the Level II PASRR determination would be coded accurately on each resident's MDS.</p> <p>5) Resident #18 was initially admitted to the facility on 01/11/2005 with diagnoses including depression, and an unspecified intellectual disability.</p> <p>A review of Resident #18's annual Minimum Data Set (MDS) dated 10/01/2014 indicated the resident was not considered by the state Level II Preadmission Screening and Resident Review (PASRR) process to have a serious mental illness and/or intellectual disability. The results of this screening and review are used for formulating a determination of need, determination of an appropriate care setting and a set of recommendations for services to help develop an individual's plan of care.</p> <p>A review of the facility's list of Level II PASRR residents revealed that Resident #18 was included among the residents named on the list.</p> <p>During an interview on 10/30/2014 at 11:40 AM, Social Worker (SW) #1 confirmed Resident #18 did indeed have a Level II PASRR status. The SW said, "we document in the social history that a person has Level II status."</p> <p>The MDS Coordinator was interviewed on 10/30/14 at 12:37 PM, regarding the accuracy of</p>	F 278			

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F 278	<p>Continued From page 6</p> <p>Resident #18's annual MDS. When it was revealed the MDS did not reflect the Level II PASRR determination for this resident, the MDS Coordinator indicated she must have read the information incorrectly, or there was a lack of communication.</p> <p>On 10/30/2014 at 1:42 PM, the Director of Nursing indicated it was her expectation that the Level II PASRR determination would be coded accurately on each resident's MDS.</p> <p>6) Resident #164 was initially admitted to the facility on 10/03/2014 with diagnoses including manic depression.</p> <p>A review of Resident #164's admission Minimum Data Set (MDS) dated 10/09/2014 indicated the resident was not considered by the state Level II Preadmission Screening and Resident Review (PASRR) process to have a serious mental illness and/or intellectual disability. The results of this screening and review are used for formulating a determination of need, determination of an appropriate care setting and a set of recommendations for services to help develop an individual's plan of care.</p> <p>A review of the facility's list of Level II PASRR residents revealed that Resident #164 was included among the residents named on the list.</p> <p>During an interview on 10/30/2014 at 11:40 AM, Social Worker (SW) #1 confirmed Resident #164 did indeed have a Level II PASRR status. The SW said, "we document in the social history that a person has Level II status."</p>	F 278			

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F 278	Continued From page 7 The MDS Coordinator was interviewed on 10/30/2014 at 12:37 PM, regarding the accuracy of Resident #164's admission assessment. When it was revealed the MDS did not reflect the Level II PASRR determination for this resident, the MDS Coordinator said, "I guess I read the information wrong." On 10/30/2014 at 1:42 PM, the Director of Nursing indicated it was her expectation that the Level II PASRR determination would be coded accurately on each resident's MDS.	F 278			
F 323 SS=E	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the facility failed to identify potentially hazardous conditions of pipe access portals for 6 of 8 access portals on 4 of 5 hallways where residents resided. The findings included: During the initial tour on 10/27/2014 at 9:35 PM, one or two pipe access portals were noted on each of the 5 hallways where residents resided. One of the two drain portals on the 200 hall was covered with duct tape but was still indented approximately 1/8 inch when compared to the	F 323	F323 1. The pipe access portals for 6 of 8 access portals on 4 of 5 hallways were repaired by a plumbing contractor. The pipe access portals are now at the same level as the surrounding hallway flooring. Completed 11/25/14. 2. The pipe access portals on all 5 hallways were checked by the facility's Maintenance Director to ensure that they were all at the same level as the surrounding flooring and did not pose a	11/25/14	

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F 323	Continued From page 8 surrounding floor tiles. On 300 hall there were two pipe portals, one of which was approximately 7 inches in diameter and covered with duct tape. The tiles around some of the drains appeared to have worn or chipped away creating areas in the middle of the hallways that were larger and deeper than the original drain portal. During an interview on 10/27/2014 at 9:58 PM, the Director of Maintenance indicated the facility was an older building and the drain portals were not all used regularly but access was required. He stated that a couple of the drain portals had covers to make them level with the surrounding tiles but most of them did not have covers anymore or did not come with covers. A tour was conducted with the Director of Maintenance on 10/29/2014 to review and measure the drain access portals on each hallway. 200 Hall - On 10/29/14 at 10:20 AM, the drain access in the hallway between resident rooms 203 and 204 was covered with duct tape. The Director of Maintenance removed the duct tape and measured the drain access itself to be 3 inches in diameter. Surrounding tile had broken away to the point that the current diameter measured 4.5 inches and was 1/4 inch deeper than the surrounding floor tiles. A second drain access between resident rooms 207 and 208 had no cover, was not covered with duct tape and was approximately 3½ inches in diameter. 300 Hall - On 10/29/14 at 10:27 AM, the drain access in the hallway between resident rooms 307 and 308 was covered with duct tape. The Director of Maintenance requested not to have to remove the tape but did measure the diameter at 8 inches wide and 1/8 inch raised above the level of the surrounding floor tiles. A second drain access between resident rooms 314 and 315 did	F 323	hazard for residents, as well as employees and visitors. Completed 11/25/14 All pipe access portals, located in the facility's flooring, were checked by the facility's Maintenance Director to ensure that they were all at the same level as the surrounding flooring and did not pose a hazard for residents, as well as employees and visitors. Completed 11/25/14 3. Facility floor level pipe access portals have been added to the facility's Facility Rounds Checklist. All floor level pipe access portals will be checked weekly during the formal facility rounds conducted by the Administrator, Maintenance Director and Housekeeping Supervisor to ensure that all access portals are at the same level as the surrounding flooring and do not pose a hazard for residents, as well as employees and visitors. All noted issues will be addressed promptly. Completed 11/14/14 and ongoing 4. The results of the facility's Weekly Rounds Checklist will be reported to the facility's monthly Performance Improvement Committee for review and recommendations will be made as appropriate. Completed 11/18/14 and ongoing.		

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F 323	<p>Continued From page 9</p> <p>not have a cover and was not covered with duct tape.</p> <p>500 Hall - On 10/29/14 at 10:31 AM, the drain access in the hallway between resident rooms 508 and 510, did have a cover and was approximately 3½ inches in diameter because the surrounding tile had broken away. The Director of Maintenance measured this drain access portal as 1/4 inch deeper than the surrounding floor tiles. The Director of Maintenance also indicated that he was not aware of any resident falls that had been attributed to the drain portals in the middle of the resident hallways.</p> <p>400 Hall - On 10/29/14 at 10:37 AM, the drain access in the hallway between resident rooms 413 and 414, did not have a cover and was approximately 3½ inches in diameter because the surrounding tile had broken away. The Director of Maintenance measured this drain access portal to be 1/4 inch deeper than the surrounding floor tiles.</p> <p>During an interview on 10/30/14 at 2:11PM the Administrator stated, "I expect the floor to be in as good repair as it has been for the last 35 yrs. If repairs are needed it will be accomplished."</p>	F 323			