

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345377	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 3/19/2015
--	---------------------------------	--	--

NAME OF PROVIDER OR SUPPLIER GREENFIELD PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 2575 W 5TH STREET GREENVILLE, NC
---	--

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
---------------------	-----------------------------------

F 285	<p>483.20(m), 483.20(e) PASRR REQUIREMENTS FOR MI & MR</p> <p>A facility must coordinate assessments with the pre-admission screening and resident review program under Medicaid in part 483, subpart C to the maximum extent practicable to avoid duplicative testing and effort.</p> <p>A nursing facility must not admit, on or after January 1, 1989, any new residents with:</p> <ul style="list-style-type: none"> (i) Mental illness as defined in paragraph (m)(2)(i) of this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission; <ul style="list-style-type: none"> (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and (B) If the individual requires such level of services, whether the individual requires specialized services for mental retardation. (ii) Mental retardation, as defined in paragraph (m)(2)(ii) of this section, unless the State mental retardation or developmental disability authority has determined prior to admission-- <ul style="list-style-type: none"> (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and (B) If the individual requires such level of services, whether the individual requires specialized services for mental retardation. <p>For purposes of this section:</p> <ul style="list-style-type: none"> (i) An individual is considered to have "mental illness" if the individual has a serious mental illness defined at §483.102(b)(1). (ii) An individual is considered to be "mentally retarded" if the individual is mentally retarded as defined in §483.102(b)(3) or is a person with a related condition as described in 42 CFR 1009. <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the facility failed to request re-evaluation of PASSR (Preadmission Screening Resident Review) status for 1 of 1 sampled residents (Resident #89) who experienced a significant change in condition including the emergence of behaviors and threats of self-harm. Findings included:</p> <p>Resident #89 was admitted to the facility on 04/03/14 and readmitted on 12/17/14 and 01/06/15. The resident's current documented diagnoses included subdural hematoma, craniotomy, tracheostomy, gastrostomy, and unspecified psychosis.</p> <p>Record review revealed Resident #89 had a level I PASSR in his medical record (effective 07/12/12).</p> <p>The resident's 04/10/14 admission minimum data set (MDS) documented his cognition was intact, he had no behaviors, he was occasionally incontinent of bowel and bladder, he received nutrition by mouth, and he had</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

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345377	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 3/19/2015
NAME OF PROVIDER OR SUPPLIER GREENFIELD PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 2575 W 5TH STREET GREENVILLE, NC		
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		
F 285	<p>Continued From Page 1</p> <p>no tracheostomy.</p> <p>10/08/14 progress notes documented Resident #89 was agitated, refusing to elevate swollen legs, and sitting on the side of the bed. Later the resident was discovered face down on the floor of his room.</p> <p>A hospital discharge summary documented Resident #89 was hospitalized from 10/08/14 until 12/17/14. The resident had a craniotomy due to a subdural hematoma on the right side. The summary documented the resident was returning to the facility with a tracheostomy and gastrostomy.</p> <p>A 12/19/14 physician progress note documented, "Per nursing staff he (Resident #89) is not the same mentally, he is violent and combative with staff", requiring as needed Ativan IM (intramuscularly injected anti-anxiety medication) one milligram (mg) every eight hours.</p> <p>Record review revealed the facility provided Resident #89 with on-going psychiatric counseling.</p> <p>A 01/12/15 progress note documented Resident #89 was crying, swinging his arms, and threatening to pull the shunt out of his head. He was sent to the emergency room for evaluation.</p> <p>The resident's 01/13/15 admission MDS documented his cognition was intact, but he exhibited verbal behaviors and other behaviors which significantly intruded upon the privacy and interrupted the care of others. It was also documented the resident received at least 51% of his nutrition from tube feeding, had a tracheostomy, resisted care, and was always incontinent of bowel and bladder.</p> <p>At 5:18 PM on 03/19/15 the facility's social worker (SW) stated she was not aware that when residents experienced a significant change in condition their PASSR status needed to be re-evaluated. She agreed that Resident #89 had experienced a significant change since his admission into the facility in 2014.</p> <p>At 5:27 PM on 03/19/15 the MDS Coordinator stated she did not deal with the PASSR status of residents. She reported Resident #89 had definitely experienced a significant change in his condition after his fall on 10/08/14, including the emergence of severe depression, anxiety, and anger.</p> <p>At 5:38 PM on 03/19/15 the Admissions Coordinator (former SW in the facility) stated the only time she was aware that resident PASSR status was re-evaluated was when the initial PASSR was only good for a specified period of time and that time was about to elapse.</p>		