

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

PRINTED: 07/07/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345177	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/29/2015
NAME OF PROVIDER OR SUPPLIER MANOR CARE HEALTH SVCS PINEHURST			STREET ADDRESS, CITY, STATE, ZIP CODE 205 RATTLESNAKE TRAIL PINEHURST, NC 28374		
(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=D	<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 medical record review and staff interviews, the facility failed to accurately code level II Preadmission Screening and Resident Review (PASRR) on the annual Minimum Data Set (MDS) for three of three residents reviewed for PASRR (Resident #5, #29 and #95) and failed</p>	F 278	<p>The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations, the facility has</p>	6/18/15	

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

TITLE

(X6) DATE

Electronically Signed

06/18/2015

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>to accurately code the pressure ulcer for two of three sampled residents reviewed for pressure ulcers (Res #182, #187). The findings included:</p> <p>1. Resident #29 was admitted to the facility 2/21/13. Cumulative diagnoses included: mood disorder, bipolar disorder and depression.</p> <p>Medical record review revealed a PASRR level 2 dated 3/07/2013 with number _____ B with no expiration date.</p> <p>An Annual MDS for Resident #29 dated 8/21/14 was reviewed and indicated "No" to preadmission screening and resident review (PASRR).</p> <p>On 05/28/2015 at 10:20AM, Administrative staff #2 stated the MDS coordinator completed section A of the MDS. She stated, if a resident was a level 2 PASRR and had a limited PASRR (30, 60, 90 day), she would put the information on the board in the conference room as well as in her file folder. She stated the clinical personnel knew who the PASRR people were. Administrative staff #2 stated she and the Director of Nursing kept a list of the people who were PASRR level 2 with no expiration date. Administrative staff #2 stated all of the PASRR level 2 information was also kept in each individual record and was available for review for all staff.</p> <p>On 05/28/2015 at 10:44 AM, Administrative staff #1 stated she did not know that Resident #29 was a level 2 PASRR and should have been indicated on the MDS. She stated she did not have a hard copy list of PASRR level 2 residents and relied on the information that was given during the daily staff meetings. Administrative staff #1 stated residents that were in the facility as long term</p>	F 278	<p>taken or will take the actions set forth in this plan of correction. The following plan of correction constitutes the facility's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date indicated.</p> <p>F-279: Assessment Accuracy It is the practice of this facility to complete assessments accurately ensuring accurate coding of PASRRs and pressure ulcers for each resident to accurately reflect the resident's status. Criteria 1: Residents #5, #29, and #95 all currently reside in the facility and all PASRRs were accurately modified on the MDS immediately upon identification on 5/28/2015. Resident #182 currently resides in facility and #187 has discharged. Both residents (#187 and #182) wounds were accurately modified on the MDS immediately upon notification on 5/28/2015. Criteria 2: MDS Coordinator conducted an audit of all residents in the facility to ensure accurate PASRR coding on the MDS on 6/19/15 and all were accurate. MDS Coordinator conducted an audit of all residents with pressure ulcers in the facility to ensure accurate coding on the MDS on 6/19/15 and all were accurate. Criteria 3: Case Mix Specialist educated the Administrator, Administrative Director of Nursing, Social Worker, MDS Coordinator, and Admissions Director on 5/28/2015 in regards to accurate coding of</p>		

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F 278	<p>Continued From page 2</p> <p>residents were only discussed if there was a new order or a change in their condition.</p> <p>2. Resident #5 was admitted to the facility on 5/1/2001. Cumulative diagnoses included: Downs Syndrome.</p> <p>Medical record review revealed a PASRR level 2 dated 2/08/2008 with number _____ B with no expiration date.</p> <p>An Annual Minimum Data Set (MDS) dated 7/20/14 for Resident #5 stated "No" to PASRR.</p> <p>On 05/28/2015 at 10:20AM, Administrative staff #2 stated the MDS coordinator completed section A of the MDS. She stated, if a resident was a level 2 PASRR and had a limited PASRR (30, 60, 90 day), she would put the information on the board in the conference room as well as in her file folder. She stated the clinical personnel knew who the PASRR people were. Administrative staff #2 stated she and the Director of Nursing kept a list of the people who were PASRR level 2 with no expiration date. Administrative staff #2 stated all of the PASRR level 2 information was also kept in each individual record and was available for review for all staff.</p> <p>On 05/28/2015 at 10:44 AM, Administrative staff #1 stated she knew Resident #5 was a level 2 PASRR and did not know how she missed coding it correctly.</p> <p>3. Resident #95 was admitted to the facility 10/24/13 and readmitted 5/11/15. Cumulative diagnoses included paranoid schizophrenia and bipolar disorder.</p>	F 278	<p>MDS assessments with PASRRs and wounds. Specific education on Section A of the MDS was provided on 5/28/2015 by Case Mix Specialist.</p> <p>Criteria 4: The Administrator and/or Administrative Director Of Nursing will conduct audits of accurate coding of the resident assessments to ensure compliance with PASRR and pressure ulcer coding for 5 residents per week for 4 weeks and 5 residents monthly for 3 months or until deemed compliant by QA committee. Results will be taken to QA by the Administrator and/or Administrative Director of Nursing. The QA committee is comprised of the Administrator, Administrative Director of Nursing, Assistant Director of Nursing, Medical Director, Director of Social Services, Director of Maintenance, Director of Housekeeping, MDS Coordinator, and Registered Dietician.</p>		

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F 278	<p>Continued From page 3</p> <p>Medical record review revealed a PASRR level 2 dated 5/25/2011 and 4/21/2015 with number _____ B with no expiration date.</p> <p>An Annual MDS dated 6/5/14 for Resident #95 stated "No" to PASRR level 2.</p> <p>On 05/28/2015 at 10:20AM, Administrative staff #2 stated the MDS coordinator completed section A of the MDS. She stated, if a resident was a level 2 PASRR and had a limited PASRR (30, 60, 90 day), she would put the information on the board in the conference room as well as in her file folder. She stated the clinical personnel knew who the PASRR people were. Administrative staff #2 stated she and the Director of Nursing kept a list of the people who were PASRR level 2 with no expiration date. Administrative staff #2 stated all of the PASRR level 2 information was also kept in each individual record and was available for review for all staff.</p> <p>On 05/28/2015 at 10:42 AM, Administrative staff #1 stated she did not know that Resident #95 was a level 2 PASRR and the PASRR level 2 status should have been noted on the MDS.</p> <p>4. Resident # 187 was admitted to the facility on 5/8/15 with multiple diagnoses including multiple sclerosis and unstageable pressure ulcers.</p> <p>The admission Minimum Data Set (MDS) assessment dated 5/15/15 indicated that Resident #187 had one unstageable pressure ulcer that was present on admission.</p> <p>The nurse's progress notes were reviewed. The notes dated 5/10/15 indicated that Resident #187 was admitted with unstageable pressure ulcer on</p>	F 278			

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F 278	<p>Continued From page 4</p> <p>the sacrum. The notes dated 5/12/15 indicated that Resident #187 was admitted with unstageable pressure ulcer on the right heel.</p> <p>On 5/28/15 at 10:55 AM, administrative staff #1 (MDS Nurse) was interviewed. She stated that she missed to address the pressure ulcer on the right heel on the care area assessment (CAA) and therefore it was not coded on the MDS.</p> <p>On 5/29/15 at 10:25 AM, interview Nurse #1 (treatment nurse) was conducted. Nurse #1 indicated that Resident #187 was admitted with two unstageable pressure ulcers, on the sacrum and right heel.</p> <p>5. Resident #182 was admitted to the facility on 4/7/15 with multiple diagnoses including dementia and pressure ulcers.</p> <p>The admission MDS assessment dated 4/14/15 indicated that Resident #182 had four unstageable pressure ulcers and two stage II pressure ulcers that were present on admission.</p> <p>The nurse's progress notes were reviewed. The notes dated 4/8/15 indicated that Resident #182 was admitted with five unstageable pressure ulcers (right trochanter, left trochanter, sacrum, left heel and right heel) and two stage II pressure ulcers (right and left shoulder).</p> <p>On 5/28/15 at 9:57 AM, Nurse #1 was interviewed. She stated that Resident #182 was admitted with seven pressure ulcers, five unstageable and two stage II.</p>	F 278			

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F 278	Continued From page 5 On 5/28/15 at 10:55 AM, administrative staff #1 was interviewed. She stated that she miscounted the number of the unstageable pressure ulcers on Resident #182.	F 278			