

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

PRINTED: 07/17/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345254</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/30/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>MONROE REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1212 EAST SUNSET DRIVE</b> <b>MONROE, NC 28112</b>		
(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 000	INITIAL COMMENTS	F 000			
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>	F 278		7/1/15	

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

TITLE

(X6) DATE

Electronically Signed

07/14/2015

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>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 (MDS) to reflect an antibiotic received during the observation period for 1 of 10 residents (Residents #8) reviewed for accuracy of the Minimum Data Set.</p> <p>The findings included:</p> <p>Resident #8 was readmitted to the facility on 4/28/2015, with a diagnosis of urinary tract infection. The Minimum Data Set (MDS) dated 5/5/2015 indicated the resident was severely cognitively impaired. The MDS also indicated the resident had a urinary tract infection, but it did not indicate the resident received an antibiotic during the MDS assessment review period from 4/29/2015 through 5/5/2015.</p> <p>Clinical record review revealed a physician order dated 4/28/2015, for Levaquin 750 milligrams, one tablet daily for seven days for a urinary tract infection. Review of the April and May 2015 Medication Administration Records (MARs) indicated the resident received the antibiotic Levaquin every day from 4/29/2015 through 5/4/2015.</p> <p>During an interview on 6/30/2015 at 3:18 PM, the MDS Coordinator was asked why the MDS dated 5/5/2015 did not include the antibiotic the resident received during 6 of the 7 days of the assessment review period. The MDS Coordinator indicated she had the antibiotic in her notes for Resident #8 and it was an over-site that it had not been coded on the MDS.</p>	F 278	<p>The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated. Interventions for affected resident:</p> <p>Resident # 8 - Minimum Data Set (MDS) assessment dated 05/05/2015 was corrected by the facility MDS Nurse to reflect that Resident #8 was on an antibiotic from assessment review period 4/29/15-5/5/15</p> <p>Interventions for residents identified as having the potential to be affected: An audit was performed by the facility MDS Nurse(s) on current resident's most recent completed MDS assessment to ensure coding accuracy of antibiotics</p> <p>Systematic Change: Director of Nursing (DON) has in-serviced the MDS Nurse(s) on accurately documenting antibiotics on the MDS</p> <p>Monitoring of the change to sustain</p>		

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F 278	Continued From page 2  During an interview on 6/30/2015 at 3:36 PM, the Director of Nursing indicated the assessment of the resident needs to be accurate and the MDS should have included the antibiotic.	F 278	system compliance ongoing: The DON will audit five antibiotic coding of the MDS, monthly for six months and report the following audits to the Quality Assurance and Performance Improvement Committee  The Quality Assurance and Performance Improvement Committee will review the audits to make recommendations to ensure compliance is sustained ongoing; and determine the need for further auditing beyond the six (6) months.		