

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #  <b>345054</b>	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE:  <b>9/17/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WOODHAVEN NURS &amp; ALZHEIMER'S C</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1150 PINE RUN DRIVE LUMBERTON, NC</b>
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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<b>F 279</b>	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interview, the facility failed to initiate a care plan for psychotropic drug use for one of five residents reviewed for unnecessary medications (Resident 126). Findings included:</p> <p>Resident #126 was admitted 7/10/2015 with diagnoses of idiopathic colitis (inflammation of the colon by an unknown cause), dementia and chronic back pain.</p> <p>The admission Minimum Data Set (MDS) dated 7/17/2015 noted Resident #126 to be severely impaired for cognition and needed extensive to total assistance for all Activities of Daily Living (ADLs) with the physical assistance of one to two persons. The Care Area Assessment (CAA) indicated the resident was receiving a psychotropic drug on a regular basis and this was noted to be care planned.</p> <p>No care plan was found for psychotropic drug use for Resident #126.</p> <p>On 9/16/2015 at 1:46 PM, in an interview, the MDS coordinator stated Resident #126 had received an antidepressant during the seven day look back period and that caused the CAA to indicate a need for the care plan. The MDS coordinator stated that she missed care planning for it.</p> <p>On 9/16/2015 at 2:00 PM, in an interview, the Director of Nursing stated that the expectation was that if a resident was on a psychotropic medication, it would be care planned.</p>
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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