

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

PRINTED: 02/19/2016
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345227 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 02/04/2016 |
|---|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER AVANTE AT REIDSVILLE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 543 MAPLE AVENUE REIDSVILLE, NC 27320 | | |
| (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 record review and staff interview, the facility failed to accurately code the MDS (Minimum Data Set) to reflect the active diagnoses for 1 of 2 residents sampled for hydration (Resident #72).</p> | F 278 | Preparation and/or execution of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. This plan of correction is | 2/19/16 | |

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

TITLE

(X6) DATE

Electronically Signed

02/17/2016

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>Resident #72 was originally admitted to the facility on 10/23/13 with diagnoses including chronic kidney disease and hypertension.</p> <p>Review of the resident's annual MDS assessment dated for 1/8/16 had documentation of Resident #72 having an active diagnosis of volume depletion.</p> <p>Review of the resident ' s medical record indicated the diagnosis of volume depletion (dehydration) was a " historical " diagnosis and not an active diagnosis.</p> <p>During an interview with the MDS Coordinator at 9:17 AM on 2/3/16, she indicated the resident had an active diagnosis of volume depletion in 2013 when she was originally admitted to the facility and the diagnosis was just carried over with each new assessment. She further indicated the resident did not have a diagnosis of volume depletion for the most recent assessment period.</p> <p>During an interview with the Director of Nursing at 2:17 PM on 2/3/16, she stated the resident ' s diagnoses should have been reviewed and updated at least quarterly to accurately reflect a residents active diagnoses. She further stated the diagnosis of volume depletion for Resident #72 was incorrect and would have to be corrected.</p> | F 278 | <p>prepared and /or executed solely because required by the provisions of Health and Safety section 1280 and 42C.F.R.405.1907.</p> <p>Deficiency Corrected</p> <p>1)How Corrective action will be accomplished for those found to have been effected. Resident #72 was reassessed on 2/16/16 to remove the diagnosis of volume depletion from the MDS.</p> <p>2)How Corrective action will be accomplished for those having potential to be affected by the same practice. Current residents with a diagnosis of volume depletion have the potential to be affected. Current residents with an active volume depletion diagnosis their MDS was reviewed by the Director of Nursing to ensure documentation is present to support current active diagnosis of volume depletion.</p> <p>3) What measures will be put into place or systemic changes made to ensure that the deficient practice will not occur. A new MDS coordinator was hired and trained the week of February 7th 2015. Re education of Medical Records manager by the Director of Nursing to review list of diagnosis on MDS review date. The Director of nursing will audit resident's MDS that has a diagnosis of volume depletion weekly times four weeks and then monthly times three months.</p> | | |

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| F 278 | Continued From page 2 | F 278 | 4) How the facility plans to monitor its performance to make sure solutions are sustained. The Director of nursing will present the results of her audit monthly for three months to the QA&A committee. The QA&A committee will determine if continued monitoring is necessary. | | |