STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345150	A. BUILDING _____ B. WING _____	05/12/2016

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F 278 SS=E	483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED The assessment must accurately reflect the resident's status. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. A registered nurse must sign and certify that the assessment is completed. Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. 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. Clinical disagreement does not constitute a material and false statement. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to accurately assess section I on the Minimum Data Set (MDS) for 8 of 16 sampled residents (Residents #32, #11, #57, #44,# 138, #3, #40 and #106). The findings included:	F 278	Section I of Minimum Data Set (MDS)was reviewed and amended for residents #32, #11, #57, #44, #138, #3, #40, and #106. The modified MDS assessments were transmitted on 5/19/20.	6/8/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 05/23/2016

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F 278	Continued From page 1 Example 1 Resident # 32 was admitted on 3/29/16 with diagnoses of asthma, gastroesophageal reflux disease (GERD), and hyperlipidemia. A review of the most recent admission Minimum Data Set (MDS) dated 4/12/16 under Section I revealed for active diagnoses Resident #32 did not have asthma, GERD or hyperlipidemia listed. A review of her May 2016 medication administration record revealed Resident #32 received Spiriva 18 micro grams (mcg) every day prescribed on 3/29/16 and received Proair 90 mcg every day prescribed on 3/29/16 for asthma. Resident #32 received Protonix 40 mg every day for GERD prescribed on 3/29/16. She received Lipitor 10 milligrams (mg) at bed time prescribed on 3/29/16 for hyperlipidemia. On 5/12/16 10:20 AM the pharmacist stated Resident #32 was receiving medications for the active diagnoses of asthma, GERD and hyperlipidemia. On 5/12/16 at 10:35 AM the Director of Nursing (DON) stated the MDS Coordinator was out sick. The DON stated she did not complete the MDS and she was not aware that Resident #32 ' s active diagnoses were not under section I in the MDS. On 5/12/16 at 3:31 PM the Administrator stated that she had identified that the reason the active diagnoses were not under section I was because the MDS Coordinator only coded the diagnoses that were in the discharge summary. Any medications that needed a supporting diagnoses were not under section I. The MDS Coordinator was unavailable for interview during the survey process.	F 278	Section I of the most current MDS will be reviewed by the Director of Nursing and licensed RNs to ensure all active diagnosis are listed on MDS for all in-house residents. Any diagnosis not listed will be added by the Resident Care Management Director(RCMD). The MDS assessments will be modified and transmitted by 4/8/2016. On 5-19-2016 the Resident Care Management Director (RCMD) was in-serviced by the District Director of Case Management(DDCM) on coding active diagnosis in Section I. The Resident Care Management Director (RCMD) will in-service Director of Nursing and licensed RNs on coding active diagnosis in Section I by 5/23/16. 5 MDS will be randomly selected for section I review weekly times 4 weeks, then biweekly times 4 weeks, then monthly times 2 months. The Director of Nursing will report findings of reviews to Quality Assurance & Performance Improvement (QAPI) committee monthly times 4 months. The QAPI committee will evaluate results and develop additional interventions as needed to ensure continued compliance	

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F 278	Continued From page 2 Example 2 Resident #11 was admitted on 4/7/15 with diagnoses of hypertension, benign prostatic hyperplasia (BPH) and gastroesophageal reflux disease (GERD). A review of the most recent annual Minimum Data Set (MDS) dated 2/24/16 under Section I revealed for active diagnoses Resident #11 did not have hypertension, BPH or GERD listed. A review of Resident #11's May 2016 medication administration record revealed he received Lasix 40 milligrams (mg) by mouth every day prescribed on 4/7/15 for hypertension. He received Flomax .4 mg extended release by mouth daily prescribed on 4/7/15 for BPH. Resident #11 received Omeprazole 20 mg 1 capsule by mouth twice a day prescribed on 8/5/15 for GERD. On 5/12/16 at 10:35 AM the Director of Nursing (DON) stated the MDS Coordinator was out sick. The DON stated she did not complete the MDS and she was not aware that Resident #11 ' s active diagnoses were not under section I in the MDS. On 5/12/16 at 3:31 PM the Administrator stated that she had identified that the reason the active diagnoses were not under section I was because the MDS Coordinator only coded the diagnoses that were in the discharge summary. Any medications that needed a supporting diagnoses were not under section I. The MDS Coordinator was unavailable for interview during the survey process. Example 3 Resident # 57 was admitted to the facility on 4/8/16 with a diagnosis of seizures.	F 278		

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F 278	Continued From page 3 Review of the Admission Minimum Data Set (MDS) dated 4/16/16 Section I (Active Diagnoses) did not document Resident #57 had an active diagnosis of seizures. Review of the Medication Administration Record for the month of April 2016 documented that Resident #57 received Phenytoin (Dilantin) 100 milligram extended release capsule prescribed on 4/8/16 for seizures. During an interview on 5/12/16 at 3:31 PM the Administrator stated that the problem was that the MDS Coordinator only coded the diagnoses that were in the discharge summary. The MDS Coordinator was unavailable for interview during the survey process. Example 4 Resident #44 was admitted to the facility on 11/3/15 with a diagnosis of Hyperlipidemia. Review of the Admission Minimum Data Set (MDS) Assessment dated 11/20/15 and the most recent Quarterly MDS dated 4/20/16 Section I (Active Diagnosis) did not document Resident #44 had an active diagnosis of Hyperlipidemia. Review of the Medication Administration Record for the month of May 2016 documented Resident #44 received Atorvastatin Calcium 20 milligrams taking one tablet by mouth every night at bedtime for Hyperlipidemia. During an interview with the Director of Nursing on 05/12/2016 10:32 AM she stated that she was understanding that any medication or treatment a resident was receiving needed to be listed under	F 278		

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the Active Diagnosis Section I. She stated she did not realize this was not being done as she did not participate in the MDS process.
During an interview on 5/12/16 at 3:31 PM the Administrator stated that the problem was that the MDS Coordinator only coded the diagnoses that were in the discharge summary.
The MDS Coordinator was unavailable for interview during the survey process.

Example #5

Resident #138 was admitted to the facility on 3/18/16 with diagnoses including Gastroesophageal Reflux (GERD), Hypokalemia and Hypercholesterolemia.

Review of the Admission Minimum Data Set (MDS) Assessment dated 3/25/16 and the 30-day MDS dated 4/15/16 under Section I (Active Diagnoses) did not include the diagnoses of GERD, Hypokalemia and Hypercholesterolemia.

Review of the Medication Administration Record for the month of March 2016, April 2016 and May 2016 documented the following medications were given: Prilosec 20milligrams by mouth everyday for GERD and Lovastatin 40milligrams by mouth at bedtime for hypercholesterolemia and Klor-Con 10millequivalents by mouth every morning for Hypokalemia.

During an interview with the Director of Nursing on 5/12/2016 10:32 AM she stated that she was understanding that any medication or treatment a resident was receiving needed to be listed under the Active Diagnosis Section I. She stated she did not realize this was not being done as she did not

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F 278	Continued From page 5 participate in the MDS process. During an interview on 5/12/16 at 3:31 PM the Administrator stated that the problem was that the MDS Coordinator only coded the diagnoses that were in the discharge summary. The MDS Coordinator was unavailable for interview during the survey process. Example #6 Resident #3 was originally admitted to the facility on 3/16/10 and was readmitted on 1/4/12, with diagnoses including End Stage Renal Disease, and Gastroesophageal Reflux. Review of the Quarterly Minimum Data Set (MDS) dated 3/9/16 under Section I, (Active Diagnoses) did not include the diagnoses of Gastroesophageal Reflux Disease (GERD) and End Stage Renal Disease. In addition the Annual Minimum Data Set (MDS) dated 12/16/15 under Section I, (Active Diagnoses) did not include diagnoses of Gastroesophageal Reflux Disease (GERD). Review of the Medication Administration Records for April, 2016 and May, 2016, documented the following medications were given: Renvela 800 mgs. for End Stage Renal Disease, prescribed on 3/8/13 and Omeprazole 20mg capsule for Gastroesophageal Reflux Disease , presribed on 8/4/14 and Sensipar 30mgs. for Gastroesophageal Reflux Disease, prescribed on 5/22/14. During an interview on 5/12/16 at 3:31 PM the Administrator stated the problem was that the MDS Coordinator only coded the diagnoses that	F 278		

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were in the discharge summary. Any medications that needed a supporting diagnoses were not under section I.

The Minimum Data Set (MDS) Coordinator was not available for interview during the survey process.

Example #7

Resident #40 was originally admitted to the facility on 3/29/16, with diagnoses including Gastroesophageal Disease (GERD), Anemia, Hypertension and Depression.
Review of the 5 day Quarterly Minimum Data Set (MDS) dated 5/1/16 under Section I, (Active Diagnoses) did not include the diagnoses of Gastroesophageal Reflux Disease (GERD), Anemia, Hypertension and Depression. In addition the Admission Minimum Data Set (MDS) dated 4/5/16 under Section I (Active Diagnoses) did not include Gastroesophageal reflux disease (GERD), Anemia, and Hypertension.

Review of the Medication Administration Records (MAR) for April, 2016 and May, 2016, documented the following medications were given: Omeprazole 20mgs.,daily for Gastroesophageal Reflux Disease, prescribed on 4/25/16, Ferrous Sulfate 325 (65) mg tablet for Feosol 325 mgs., twice daily, for Anemia, prescribed on 4/25/16, Atenolol 25mg tablet for Tenormin, 0.5 tablet (12.5mg) daily, used for Hypertension, prescribed on 4/25/16, Amlopidine Besylate 5mg. tablet for Norvasc, daily, used for Hypertension, prescribed on 4/25/16 and Aripiprazole 5mg tablet for Abilify, daily for depression, prescribed on 4/25/16.

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During an interview on 5/12/16 at 3:31 PM the Administrator stated the problem was that the MDS Coordinator only coded the diagnoses that were in the discharge summary. Any medications that needed a supporting diagnoses were not under section I.

The Minimum Data Set (MDS) Coordinator was not available for interview during the survey process.

Example #8

Resident #106 was originally admitted to the facility on 3/24/16 with diagnoses including Hypertension, Gastroesophageal Reflux Disease (GERD), Hypokelemia and Insomnia.

Review of the Admission Minimum Data Set (MDS) dated 3/31/16 and the thirty day Minimal Data Set (MDS) dated 4/23/16 under Section I (Active Diagnoses) did not include the diagnoses of Hypertension, Gastroesophageal Reflux Disease (GERD), Hypokelemia and Insomnia.

Review of the Medication Administration Records (MAR) for April, 2016 and May, 2016, documented the following medications were given: Potassium Chloride 10 meq tablets for K-dur, twice daily for Hypokalemia, prescribed on 3/24/16, Mirtazapine 15mg. tablet for Remeron coated, at bedtime for insomnia, prescribed on 3/24/16, Omeprazole 20mg. capsule for Prilosec, daily for Gastroesophageal Reflux Disease, prescribed on 3/24/16, Amlodipine Besylate 5mg. tablet for Norvasc, daily for hypertension prescribed on 3/24/16 and Lisinopril 20mg. tablet for Prinivil 25mgs., daily for hypertension, prescribed on 3/24/16.

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F 278	Continued From page 8 During an interview on 5/12/16 at 3:31 PM the Administrator stated the problem was that the MDS coordinator only coded the diagnoses that were in the discharge summary. Any medications that needed a supporting diagnoses were not under section I. The Minimium Data Set (MDS) Coordinator was not available for interview during the survey process.	F 278		