

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

PRINTED: 06/17/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345535</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/26/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ADAMS FARM LIVING &amp; REHABILITATION</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5100 MACKAY ROAD JAMESTOWN, NC 27282</b>
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F 278 SS=D	<p><b>483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED</b></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, observation and staff interviews, the facility failed to code the Minimum Data Set (MDS) assessment to accurately reflect the level of activities of daily living (ADL) for 1 of 4 residents reviewed for ADL ( Resident #87).</p>	F 278	<p>For resident cited: All MDS ADLs will be coded correctly.</p> <p>For all other residents: All MDS completed in the prior three</p>	6/21/16
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE <b>06/13/2016</b>
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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 correction is requisite to continued program participation.

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F 278	Continued From page 1  Findings included:  Resident #87 was readmitted to the facility on 1/3/16 with diagnoses in part, dementia, arthritis and chronic obstructive pulmonary disease.  Review of the MDS assessment, dated 10/11/15, revealed Resident #87 was coded as total dependence on staff for bed mobility, transfer, eating and dressing.  Review of the quarterly MDS assessment, dated 1/3/16, revealed Resident #87 was coded as extensive assistance for bed mobility, transfer, eating and dressing.  Review of the most recent MDS assessment, dated 3/27/16, revealed Resident #87 was coded as total dependence on staff for bed mobility, transfer, eating and dressing.  Record review of the nurse ' s notes, dated 12/23/15, 12/28/15, 3/12/16 and 3/25/16, revealed Resident #87 required total assistance with all ADLs.  Record review of the ADLs assistance and support report from 12/27/15 to 1/3/16 revealed that Resident #87 received assistance with bed mobility a total of 64 times, limited 4 times and supervision 2 times. She received assistance with transfer a total of 38 times, limited 10 times and supervision 2 times. She received assistance with eating as total assist 37 times, limited- 8 times and no assistance needed (Independent) 2 times. Assistance with dressing was required a total 17 times and limited 3 times.	F 278	months will be audited for ADL coding accuracy to determine if a trend exists.  System changes: Assessment Nurses will be re-educated on the review process for the ADL logs, verification of ADLs input, correction of ADLs found to be in error, the timeframe in which ADLs may be corrected and the documentation required to support the ADL coding correction.  All certified nursing assistants (CNAs) and charge nurses will be re-educated on ADL coding parameters as well as understanding of importance of and need for accuracy.  The resident ADL logs recording input from each CNA will be audited by nursing leadership twice weekly for 4 weeks to ensure education has been effective. If questionable coding is found, the specific CNA will be counselled, re-educated and monitoring will continue for an additional two weeks. If coding continues to be inaccurate, appropriate action will be taken.  Monitoring: All MDSs, once completed and prior to submission, will be reviewed for accuracy for a period of 6 months by the Director of Nursing (DON), the Assistant DON and the Clinical Care Coordinator (CCC). Trends for random and systemic errors for individual residents, and / or for the facility		

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F 278	<p>Continued From page 2</p> <p>The continued observation during the four days of the survey revealed Resident #87 was totally dependent on staff for all ADLs, including bed mobility, transfer, eating and dressing.</p> <p>On 5/25/16 at 11:20 AM, Nurse Aide #1 stated that Resident #87 required total assistance with all ADLs and resident ' s condition had not changed for the last year.</p> <p>On 5/25/16 at 11:30 AM, Nurse #1 stated that Resident #87 required total assistance with all ADLs, including feeding, dressing, bed mobility and transfer. She had been a totally assisted for the last year.</p> <p>On 5/25/16 at 1:30 PM, during an interview, Nurse #2, MDS nurse, stated that he performed the MDS assessment on 1/3/16 and marked the bed mobility, transfer, eating and dressing as ADLs, required extensive assistance. He based this decision on the nurse aide ' s ADL report for the week prior to assessment.</p> <p>The nurse confirmed that the aides were not always accurate in documentation of ADL assistance provided, and he had failed to clarify the accuracy of the resident ' s status with other staff at the time of 1/3/16 MDS assessment.</p> <p>On 5/25/16 at 1:40 PM, during an interview, Nurse #3, nurse manager, stated that Resident #87 required total assistance with all ADLs and her condition had not changed for the last year. She was not aware that the MDS assessment on 1/3/16 was coded to reflect the resident required extensive assistance with bed mobility, transfer, eating and dressing. The nurse manager confirmed that computer was the only place, where the nurse aides documented all the tasks performed.</p> <p>On 5/26/16 at 9:40 AM, during an interview, DON stated that her expectation the MDS assessment</p>	F 278	<p>in general, will be identified, root cause analysis will be conducted, and action plans for random errors will be developed and implemented to correct the potential for accidents / hazards. A full PIP, using FOCUS PDCA which includes root cause analysis, will be undertaken if the concern is a system concern rather than a random error.</p> <p>The coding accuracy will then be tracked monthly for 6 months to identify unfavorable trends and system errors / concerns. The Quality Management (QM) with QAPI Team will review the tracking reports monthly and the plan will be modified if the QM with QAPI Team identifies system concerns, and/or if unfavorable trends or continued non-compliance is identified.</p>		

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F 278	Continued From page 3 be coded correctly.	F 278			
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS  The services provided or arranged by the facility must meet professional standards of quality.  This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews and record reviews the facility failed to clarify an order written by the physician for 1 of 1 residents (Resident #216).  Findings Included:  Resident #216 was admitted to the facility on 3/8/11. The diagnoses included diabetes, Alzheimer's, dementia, and depression. The Minimum Data Set (MDS) quarterly assessment dated 4/3/16 revealed the resident was severely cognitively impaired and was coded to receive insulin injections.  A record review of the resident care plans revealed an updated plan of care on 4/3/16 for diabetes with interventions to administer hypoglycemic agents as ordered, monitor for signs or symptoms of hypoglycemia (low blood sugar) and hyperglycemia (high blood sugar), and monitor chemical blood glucoses (CBGs) as ordered and to report abnormal lab results and blood sugars to the physician and assure monthly pharmacy reviews are conducted.  A record review of the physician ' s orders was conducted on Resident #216. A physician ' s	F 281	For the resident cited: The order was reviewed by the physician and an order to discontinue "hold" portion of Lantus order was received and activated immediately (5/25/16).  For all other resident: The diabetic medication orders, specifically insulin orders, for all current residents will be audited by the Director of Nursing and the consultant pharmacy to assure order in the Electronic Medication Administration Record (EMAR) and actual order as written match, are logical and appropriate for the resident and medication. Any order not meeting this criteria will be reviewed with the physician immediately for clarification (5/25/16).  System Changes 1) Currently a nurse inputs a specific physician order from a telephone order into the computer physician order system. This will continue. This nurse (charge or nurse manager) will going forward be excluded from the audit process for checking the orders which she/he input. A nurse manager audit is done of the	6/21/16	

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F 281	<p>Continued From page 4</p> <p>order was written on 4/13/15 to administer Lantus (a long acting medication given via an injection to treat diabetes) 30 units subcutaneously (under skin) at night and to hold if the blood sugar reading was greater than (&gt;) 120 mg/DL.</p> <p>A record review of the Medication Administration Record (MAR) revealed the order was written by the physician on 4/13/15. It was noted in the MAR that the blood sugars were taken three times per day and at night consistently as ordered. The blood sugar results ranged from 91mg/DL to 256mg/DL. During the review of the MAR, it was noted that for every blood sugar 120mg/DL or over, the nurses were administering the insulin. It was also noted that for every blood sugar with a reading of less than 120mg/DL, the insulin was held. The (MAR) for the month of May 2016, revealed the order remained a current order since April 2015.</p> <p>An interview was conducted with the facility Pharmacist on 5/25/16 at 3:10 pm. The Pharmacist reviewed the MAR and revealed that the order should have been written to hold the Lantus if the blood sugar was less than 120mg/DL not greater than 120mg/DL. He reported that he would not hold Lantus for a blood sugar greater than 120mg/DL.</p> <p>An interview was conducted with the Nurse Manager on 5/25/16 at 3:19 pm. The order was reviewed with the nurse. The Nurse Manager stated that the order should have been written as Lantus 30 units subcutaneously at night and to hold if the blood sugar is less (&lt;) than 120mg/DL. The nurse reported the order was written wrong on 4/13/15. The Nurse Manager reported that</p>	F 281	<p>telephone order against the electronic order input to verify the accuracy and clarity of input. When order input is completed and 'sent' the pharmacy compares the electronically input order to the faxed order for accuracy and clarify. The order is then returned to the facility via the system called ELink with clarification, or request for clarification, as needed and/or a request for the nurse to accept or reject. To assure a fresh reading of each of the orders, and any clarifications, the nurse manager who does this final review will, going forward, not be the original nurse receiving and/or inputting the order.</p> <p>2) The use of symbols ( &lt; and &gt; ) representing "less than" or "greater than" will not be allowed. The words "less than" or "greater than" must be written on the telephone order which is faxed to the pharmacy, and entered into the electronic medication administration record (EMAR).</p> <p>3) Inservices for nurses will be conducted covering the topics of obtaining clarifications for orders as needed, accurate transcription of physician verbal orders onto a paper telephone order, accurate transcription of the order into the electronic medical record, and use of descriptive words rather than symbols. Inservices for nurse managers will include the above, and will also focus on the auditing process used to ensure a physician order is clarified as needed / transcribed / recorded by the pharmacy correctly.</p>		

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F 281	<p>Continued From page 5</p> <p>none of the staff nurses questioned the order to have it clarified. The Nurse Manager reported that she remembered taking the order from the Medical Director but she was unable to find the original order. She revealed the process for taking orders from the physician was to first put the order in the computer, the order is then faxed to the dispensing pharmacy. The Pharmacist would review the order in their computer system called E-Link. Once the pharmacist had reviewed the order, it would appear on the computer with any necessary revisions or concerns. The system required the nurses to review the orders. The Nurse Manager reported once the nurse reviewed the order, they would accept it in the system and that was how the order was noted. The Nurse Manager reported that any nurse can note a physician order including the nurse who took the order.</p> <p>An interview with the Director of Nursing (DON) on 5/25/16 at 3:30 pm revealed that the DON was not aware that the order was written incorrectly and was unable to find the original order from 4/13/15. The DON further reported that she was not aware of any of the staff nurse ' s questioning the order.</p> <p>An interview with the Medical Director (MD) was conducted on 5/25/16 at 4:10 pm via phone. The MD reported that " this does not feel like an order I would have written. " He had never written an order in the past to hold Lantus. He reported that Lantus was a long acting medication and he would never write an order to hold it based on the blood sugar levels. He reported he would either discontinue the medication or decrease the dose. The MD added that the order did not make sense because you would not hold the insulin for a</p>	F 281	<p>Monitoring A QA monitoring tool will be developed and utilized to track the following audits. The first nurse manager (DON, ADON and CCC (Clinical Care Coordinator)) audit of all orders will track the number of orders clarified and transcribed correctly (daily for 3 months). Each order identified as being clarified / transcribed incorrectly will be corrected when it is identified, and the results of the audit / tracking will be reviewed by the Quality Management Team monthly. The Quality Management team will initiate modifications to the plan if clarification / transcription errors continue.</p> <p>The second nurse manager audit (DON, ADON, CCC) of all orders will track the number of orders reviewed by the pharmacist and returned via Elink correctly (daily for 3 months). Each order identified as being returned by Elink with clarification for approval will be reviewed and corrected as needed prior to acceptance. These orders will be tracked against the total number of orders.</p> <p>The results of the audit / tracking will be reviewed by the Quality Management Team monthly. The Quality Management team will initiate modifications to the plan if transcription errors continue.</p>		

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F 281	<p>Continued From page 6</p> <p>blood sugar greater than 120mg/DL. He further added, " If you were to hold this medication, it would be for a blood sugar level less than (&lt;) 120mg/DL. " Again, the MD reiterated that writing parameters for a Lantus order was something he would not do. The MD reported that his expectation of the nurse ' s would have been to call the physician to get the ordered clarified.</p> <p>An interview was conducted with the facility physician on 5/25/16 at 4:30 pm. The physician reported that she did not understand why the order was written and that this type of insulin was not a medication that would be held based on the blood sugars due to the long lasting basal effect of the medication. She further added she was surprised that the nurses and the Pharmacist did not catch the error of the order since 4/13/15. The physician reported that her expectation of the staff nurses would be that they would have questioned such an order and would have called to have the order clarified.</p> <p>During an interview with the DON at 12:21 pm on 5/26/16 she revealed the process of what the nurses do when an order is written. She explained the process was that when the nurse obtained an order from the physician it was written on a telephone order, it was then entered into the computer. At this time, the computer prompted the user to send the order to the pharmacy with a yes or no response. The white copy of the telephone order was also faxed to the dispensing pharmacy. The white, yellow and green copies are then placed in files. The white copy was for the doctor to review, the yellow and green copies of the telephone order were for the nurse to review. The yellow copy was given to</p>	F 281			

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F 281	Continued From page 7 one nurse to read the order while the other nurse was responsible for confirming the order was accurate in the computer. The computer system was connected to a projector that both nurses could visualize. All the orders would appear on the screen. If there were any questions, they would consult with the doctor. This process was done daily Monday through Friday. The DON could not understand how the Insulin order for Resident #216 was overlooked with the system they had in place. The DON revealed that her expectation of the nursing staff was that the nurses would have called the physician to clarify this order when it was written or when it was on the resident 's MAR.	F 281			
F 428 SS=D	483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON  The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.  The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon.  This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews and record reviews the facility Pharmacist failed to identify an error in an order written by the physician on 1 of 1 resident (Resident #216). Findings Included:	F 428	For resident cited:  The order was reviewed by the physician and an order to discontinue hold portion of Lantus order was received and activated immediately. 5/25/16). Order was verified	6/21/16	



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F 428	<p>Continued From page 8</p> <p>Resident #216 was admitted to the facility on 3/8/11. The diagnoses included diabetes, Alzheimer's, dementia, and depression. The Minimum Data Set (MDS) quarterly assessment dated 4/3/16 revealed the resident was severely cognitively impaired and was coded to receive insulin injections.</p> <p>A record review of the physician ' s orders was conducted on Resident #216. A physician ' s order was written on 4/13/15 to administer Lantus (a long acting medication given via an injection to treat diabetes) 30 units subcutaneously (under skin) at night and to hold if the blood sugar reading was greater than (&gt;) 120 mg/DL. A record review of the Medication Administration Record (MAR) for the month of May 2016, revealed the order remained a current order since April 2015.</p> <p>A review of the monthly pharmacy records revealed the pharmacist reviewed the resident ' s blood sugar readings, labs, vital signs, behaviors and medications each month since admission. The incorrect order for the Lantus written on 4/13/15 was not addressed in any of the monthly reviews by the pharmacist.</p> <p>A record review of the April 2015, physician ' s orders including the order for the Lantus 30 units subcutaneously at night and to hold if the blood sugar reading was greater than (&gt;)120 mg/DL were signed by the Medical Director (MD) on 5/14/15.</p> <p>A record review of the Medication Administration Record (MAR) revealed the order was written by the physician on 4/13/15. It was noted in the MAR that the blood sugars were taken three</p>	F 428	<p>and accepted via Elink.</p> <p>For all other residents:</p> <p>The diabetic medication orders, specifically insulin orders, for all current residents will be audited by the Director of Nursing and the consultant pharmacy to assure the order in the Electronic Medication Administration Record (EMAR) and hardcopy order match, are logical and appropriate for the resident and medication. Any order not meeting this criteria will be reviewed with the physician immediately and clarified/corrected (5/25/16). No other issues found during this audit.</p> <p>System Changes:</p> <p>Consultant pharmacists will be re-educated on the line by line drug review process, inclusive of review for transcription errors, appropriateness of the orders, the clarification process, the importance of proper documentation, and the need for thorough monitoring. A specific focus will be given to diabetic (and other high risk) orders to ensure all parameters for monitoring are appropriate and being adhered to. The clarification process education will include need for clarification of any symbol found with purpose of replacing symbol with words reflecting symbol.</p>		

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F 428	<p>Continued From page 9</p> <p>times per day and at night consistently as ordered. The blood sugar results ranged from 91mg/DL to 256mg/DL. During the review of the MAR, it was noted that for every blood sugar 120mg/DL or over, the nurses were administering the insulin. It was also noted that for every blood sugar with a reading of less than 120mg/DL, the insulin was held.</p> <p>An interview was conducted with the facility Pharmacist on 5/25/16 at 3:10 pm. The Pharmacist reviewed the MAR and revealed that the order should have been written to hold the Lantus if the blood sugar was less than 120mg/DL not greater than 120mg/DL. He reported that he would not hold Lantus for a blood sugar greater than 120mg/DL.</p> <p>An interview was conducted with the facility Physician on 5/25/16 at 4:30 pm. The Physician reported that she did not understand why the order was written and that this type of insulin was not a medication that would be held based on the blood sugars due to the long lasting basal effect of the medication. She further added she was surprised that the nurses and the Pharmacist did not catch the error of the order since 4/13/15. The Physician reported that her expectation of the staff nurses and pharmacist would be that they would have questioned such an order and would have called the Physician to have the order clarified.</p> <p>An interview was conducted with the facility Pharmacist, on 5/26/16 at 11:47 am. The Pharmacist revealed that his process for reviewing orders for accuracy included monthly reviews of the resident 's charts by checking for new orders from the previous month. The facility</p>	F 428	<p>Monitoring:</p> <p>Each month for 3 months, 10% of the medical records will be reviewed by a consulting pharmacist not normally assigned to Adams Farm Living &amp; Rehab to ensure clarifications were obtained as needed and transcribed orders are accurate. The results of these audits will be reviewed monthly by the pharmacy QA committee which will modify the plan if clarifications / transcription errors continue to occur and take other corrective action as appropriate.</p> <p>Additionally, each month for 3 months, the results of the above mentioned review audit will then be reviewed monthly by the Quality Management with QAPI Team, which will include the regular consulting pharmacist and the consulting pharmacist responsible for the audits. This team, will modify the plan if clarifications / transcription errors continue to occur.</p>		

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F 428	Continued From page 10 Pharmacist revealed he had access to the electronic charting. He reviewed the telephone orders and compared them to the electronic record to ensure accuracy with each new order. The review was done once per month during a monthly visit. He also reported that he felt that the dispensing pharmacy or the Pharmacist should have caught the error in this order. He reported the error should have been recognized on the original telephone order when it was faxed and entered into the computer system. The facility Pharmacist reported that although Resident #216 ' s blood sugars were stable, he took full responsibility for this error and it should have been clarified a year ago.	F 428			
F 520 SS=D	483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS  A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff.  The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies.  A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.	F 520		6/23/16	

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F 520	<p>Continued From page 11</p> <p>Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, observations, and staff interviews, the facility's Quality Assessment and Assurance (QAA) Committee failed to monitor the accuracy of Minimum Data Set (MDS) assessments to reflect the correct level of assistance, required for activity of daily living (ADL) following the 2/17/16 MDS survey. The deficiency was in the area of accuracy of assessment (F278). This deficiency was cited on 2/17/16 and 5/26/16 surveys. The continued failure of the facility during two federal surveys of record show a pattern of the facility's inability to sustain an effective QAA program. The findings included: This tag was cross referenced to: F278 Based on record review, observation and staff interviews, the facility failed to code the Minimum Data Set (MDS) assessment to accurately reflect the level of activities of daily living (ADL) for 1 of 4 residents reviewed for ADL ( Resident #87).</p> <p>During the MDS survey on 2/17/16, the facility was cited at F278 for failing to accurately code the MDS assessment for having a urinary tract infection for 1 of 10 sampled residents (Resident #1).</p> <p>During the recertification survey of 5/26/16 the facility was cited F278 for failing to accurately code the MDS assessment to reflect the level of</p>	F 520	<p>For the resident cited: No specific resident cited.</p> <p>For other residents at risk: All residents are affected by the system changes below.</p> <p>System changes:  The Quality Management (QM) with QAPI Team will be re-educated to ensure they function according to facility practice and are prompt at identifying unfavorable variances and trends, investigating issues, and initiating / revising plans of actions, PIPs and PoCs. The team includes:</p> <ol style="list-style-type: none"> <li>Administrator</li> <li>Director of Nursing</li> <li>Medical Director</li> <li>Assistant Director of Nursing</li> <li>Clinical Care Coordinator</li> <li>Quality Manager / Staff Development</li> <li>Wound Nurse Activity Director</li> <li>Therapy Director</li> <li>Maintenance Director</li> <li>Social Work</li> <li>Dietary Manager</li> </ol>		

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F 520	Continued From page 12 activities of daily living (ADL) for 1 of 4 residents ( Resident #87) reviewed for ADL accuracy of the MDS.  On 5/26/16 at 11:15 AM, during an interview, the Administrator indicated the QAA Committee consisted of the Medical Director, Director of Nursing, Assistant Director of Nursing, all the departments ' heads and Pharmacy Consultant. She stated the committee met monthly. The administrator, also stated that she expected to have all the MDS assessment coded correctly.	F 520	The training for the QM with QAPI Team will be conducted using the "Orientation for the Quality Manager" checklist, plus additional information on these items  a. Policies related to Quality Management and QAPI. b. Which indicators to track and trend and how to read the charts and graphs. c. How to determine if an action plan is needed due to unfavorable trends or exceeded thresholds. d. How to hold their Quality Management with QAPI Team meetings each month using the agenda that requires they review all action plans, indicators, incident trends etc. e. How to initiate and follow through on action plans, PIPs, and PoCs to ensure the plans are effective.  To eliminate repeat deficiencies related to accurate coding for ADLs on the MDS, all MDSs, once completed and prior to submission, will be reviewed for accuracy for a period of 6 months by the Director of Nursing (DON), the Assistant DON and the Clinical Care Coordinator (CCC). Trends for random and systemic errors for individual residents, and / or for the facility in general, will be identified, root cause analysis will be conducted, and action plans for random errors will be developed and implemented to correct the potential for accidents / hazards. A full PIP, using FOCUS PDCA which includes root cause analysis, will be undertaken if the concern is a system concern rather than a random		

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

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F 520	Continued From page 13	F 520	<p>error.</p> <p>How we will monitor for improvement:</p> <p>Coding accuracy on the MDS will be tracked monthly for 6 months to identify unfavorable trends and system errors / concerns. The Quality Management (QM) with QAPI Team will review the tracking reports monthly and the plan will be modified if the QM with QAPI Team identifies system concerns, and/or if unfavorable trends or continued non-compliance is identified.</p>		