

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

PRINTED: 09/12/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345322	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/25/2016
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF HENDERSONVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 290 CLEAR CREEK ROAD HENDERSONVILLE, NC 28792		
(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>No deficiencies were cited as a result of the complaint investigation Event ID: PHD211.</p> <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 interviews, the</p>	F 278		9/20/16	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE
Electronically Signed			The Laurels of Hendersonville wishes to		09/09/2016

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>facility failed to accurately code the Minimum Data Set (MDS) to reflect the Level II Preadmission Screening and Resident Review (PASRR) determination for 1 of 1 resident (Resident #88) identified as a Level II PASRR resident.</p> <p>Findings included:</p> <p>1 a. Resident #88 was admitted to the facility on 04/11/16 and diagnoses included depression. A review of the admission MDS dated 04/18/16 indicated Resident #88 was not considered by the state Level II Preadmission Screening and Resident Review (PASRR) process to have a serious mental illness and/or intellectual disability. The results of this screening and review are used for formulating a determination of need, determination of an appropriate care setting, and a set of recommendations for services to help develop an individual's plan of care. The MDS Coordinator was interviewed on 08/24/16 at 8:02 AM regarding the accuracy of Resident #88's admission MDS dated 04/18/16. The admission MDS did not reflect the Level II PASRR determination for Resident #88 and the MDS Coordinator stated the MDS should have been coded to reflect Resident #88 was Level II PASRR and was missed for coding. The MDS Coordinator stated the admission MDS would require a correction to reflect Resident #88 was determined as Level II PASRR. On 08/24/16 at 9:31 AM an interview was conducted with the Director of Nursing (DON). The DON stated it was her expectation that the admission MDS dated 4/18/16 would have been coded accurately to reflect Resident #88 was determined as Level II PASRR. The DON stated her expectation was that the MDS Coordinator</p>	F 278	<p>have this submitted plan of correction stand as its allegation of compliance. Our alleged compliance date is 9/20/2016.</p> <p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of Federal and State law.</p> <p>Resident #88's MDS was immediately corrected at the time of survey to reflect Level II PASRR and submitted to the National Repository.</p> <p>Admissions and MDS identify other guest potentially at risk. All guest admitted in 2016 have been audited and if needed corrected and submitted to the National Repository by MDS and/or Clinical Resource Specialist.</p> <p>Admission Director/Designee will pull the PASRR information from the NC Most information. Three copies will be printed. One for the medical record, one for the financial chart, and one for the MDS office. The PASRR information</p>		

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F 278	<p>Continued From page 2</p> <p>would correct Resident #88's admission MDS to reflect Level II PASRR.</p> <p>On 08/24/16 at 9:31 AM an interview was conducted with the Clinical Resource Specialist (CRS) who stated Resident #88's admission MDS dated 04/18/16 was missed for coding and did not reflect Resident #88 was determined as Level II PASRR. The CRS stated Resident #88's admission MDS was immediately corrected and submitted to the National Repository.</p> <p>On 08/24/16 at 10:24 AM an interview was conducted with the Administrator. The Administrator stated it was her expectation that the Level II PASRR determination would have been accurately coded on Resident #88's admission MDS dated 04/18/16.</p> <p>1 b. Resident #88 was readmitted to the facility on 6/30/16 and diagnoses included depression, anxiety, and end stage renal disease. A review of the admission Minimum Data Set (MDS) dated 07/07/16 indicated the Resident #88 was not considered by the state Level II Preadmission Screening and Resident Review (PASRR) process to have a serious mental illness and/or intellectual disability. The results of this screening and review are used for formulating a determination of need, determination of an appropriate care setting, and a set of recommendations for services to help develop an individual's plan of care.</p> <p>A review of the facility's list of Level II PASRR residents revealed that Resident #88 was included among the residents named on the list. The MDS Coordinator was interviewed on 08/24/16 at 8:02 AM regarding the accuracy of Resident #88's admission MDS dated 07/07/16.</p>	F 278	<p>will go on the face sheet.</p> <p>MDS will check the Face Sheet, and printed PASRR for the current level, and then code the MDS accordingly. Any guest with a letter other than an A will be written on the board in the MDS office to track the PASRR status.</p> <p>Staff responsible for admission process and coding of MDS will be reeducated on identifying and correct coding of Level II PASRR on the MDS by the Clinical Resource Specialist/Designee.</p> <p>DON/Designee will do a random audit of 2 new admissions a week for 4 weeks to check on PASRR level and coding of the MDS. Any errors will be corrected and the MDS modified and sent to the National Repository.</p> <p>The Clinical Resource Specialist will review 5 new admissions a month for 3 months for correct PASRR level coding. Any errors identified will be corrected and sent to the National Repository.</p> <p>Findings will be reviewed with the Quality Assurance Committee monthly x3 months with further training to be provided if indicated. Continued compliance will be Monitored by Medical Records/ Designee with a 5 and 14 day Chart audit tool to designate Level I or Level II for all new Admissions. Additional education and monitoring will</p>		

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F 278	<p>Continued From page 3</p> <p>The MDS did not reflect the Level II PASRR determination for Resident #88 and the MDS Coordinator stated the MDS should have been coded to reflect Resident #88 was Level II PASRR and was missed for coding. The MDS Coordinator stated the admission MDS would require a correction to reflect Resident #88 was Level II PASRR.</p> <p>On 08/24/16 at 9:31 AM an interview was conducted with the Director of Nursing (DON). The DON stated it was her expectation that the admission MDS dated 07/07/16 would have been coded accurately to reflect Resident #88 was determined as Level II PASRR. The DON stated her expectation was that the MDS Coordinator would correct Resident #88's admission MDS to reflect Level II PASRR.</p> <p>On 08/24/16 at 9:31 AM an interview was conducted with the Clinical Resource Specialist (CRS) who stated Resident #88's admission MDS dated 07/07/16 was missed for coding and did not reflect Resident #88 was determined as Level II PASRR. The CRS stated Resident #88's admission MDS was immediately corrected and submitted to the National Repository.</p> <p>On 08/24/16 at 10:24 AM an interview was conducted with the Administrator. The Administrator stated it was her expectation that the Level II PASRR determination would have been accurately coded on Resident #88's admission MDS dated 07/07/16.</p>	F 278	be initiated for any identified concerns.		