

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

PRINTED: 12/02/2016
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345155 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 10/20/2016 |
| NAME OF PROVIDER OR SUPPLIER RANDOLPH HEALTH AND REHABILITATION CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 230 EAST PRESNELL STREET ASHEBORO, NC 27203 | | |
| (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 interviews the facility failed to code the Minimum Data Set to reflect the resident 's swallowing disorder for 1 of 3 residents reviewed for Minimum Data Set accuracy (Resident # 1). Findings included:</p> | F 278 | 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 conclusion set forth in the statement of deficiencies. | 11/16/16 | |

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

TITLE

(X6) DATE

Electronically Signed

11/11/2016

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 resident was readmitted from the hospital on 9/29/16 with the diagnoses of hypertension, aspiration pneumonia and respiratory failure. Resident #1 ' s quarterly Minimum Data Set (MDS) dated 10/6/16 revealed the resident was severely cognitively impaired. The resident had impairments on one side of his lower extremities and both sides of his upper extremities. The resident had a diagnosis of dysphagia under active diagnosis. The MDS revealed the resident did not have a swallowing disorder and was on a mechanically altered and therapeutic diet. Coughing or choking during meals or when swallowing medication and complaints of difficulty or pain with swallowing was not checked on the MDS.</p> <p>The resident had a care plan in place last revised 10/19/16 for aspiration secondary to impaired swallowing.</p> <p>A speech therapy note dated 10/4/16 revealed the resident was referred to speech therapy due to exacerbation of coughing/choking during oral intake and a decline in oral/pharyngeal function. Resident ' s nutrition assessment dated 10/19/16 revealed the resident had biting and chewing difficulty and self-feeding difficulty. The note also stated the resident had self-feeding difficulty and mastication difficulty related to recent aspiration pneumonia and left sided paralysis.</p> <p>A Nurse Practitioners note dated 10/6/16 revealed the resident had a diagnosis of dysphagia and was seen for a follow up visit after a hospitalization for aspiration pneumonia. The note stated the resident had ongoing dysphagia, which placed him at risk for aspiration. Swallowing precautions were in place.</p> <p>The MDS nurse was interviewed on 10/20/16 at 3:25 PM. She stated the resident was getting Speech Therapy. A nutrition note dated 10/5/16</p> | F 278 | <p>This plan of correction is prepared and/or executed solely because the provision of federal and state laws require it.</p> <p>F278 Medical record for Resident #1 was reviewed by MDS Supervisor, related to swallowing disorders and MDS assessment was modified to reflect accurate coding of Section K0100 and transmitted on November 4, 2016.</p> <p>MDS Supervisor has completed an audit of current resident MDS assessment and cross referenced their medical record to ensure MDS coding is accurate related to Section K0100. Any modifications noted have been made and accurate coding of Section K0100.</p> <p>District Division MDS Director completed re-training with the MDS Supervisor and MDS Nurses regarding accurate completion of MDS regarding assessment of K0100 Swallowing Disorder. The facility MDS Supervisor completed re-training with the Registered Dietician regarding MDS coding related to Section K0100 on November 4, 2016.</p> <p>Speech therapist will be using Section K worksheet to indicate correct coding for section K0100 Swallowing disorders. This worksheet will then be given to Registered Dietician to complete section</p> | | |

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| F 278 | Continued From page 2 stated the resident had issues with feeding difficulty, muscular, chewing and biting difficulty when eating. The resident also had aspiration pneumonia and a recent hospitalization. She stated she would look for the type of meals the resident was receiving, speech therapy notes, active diagnoses, physician order and notes, and the dietary assessment. She would also ask staff and look at the resident ' s activities of daily living (ADL ' s). She would also verify these with the nursing assistant. She stated the Speech Therapy note stated the resident had moderate to severe dysphagia on the note dated 10/4/16 to 10/7/16. She stated that she signed section Z. She stated it was signed when the MDS was complete. She stated the registered Dietitian completed the swallowing/nutritional status (section K) of the MDS. The registered dietitian was interviewed via phone on 10/20/16 at 4:09 PM. She stated the resident went to the hospital for aspiration pneumonia. She stated she coded section K of the MDS. The resident did have dysphagia. The MDS was coded in error for swallowing disorder. She stated that the MDS coordinator had to sign off after she completed the assessment. The Director of Nursing was interviewed on 10/20/16 at 5:51 PM. She stated from there last survey, they did a 100% audit for residents on hospice and on oxygen. There were more MDS assessments that needed to be coded correctly. There were six MDSs that needed to be changed when they did the audit. She audits five MDS ' s per week and reports the MDS to her regional staff. These audits are also talked about in Quality Assurance and Assessment meetings. Her expectation was for the MDS to be correct. | F 278 | K0100 documentation. MDS Nurses will review section K coding of MDS assessment prior to completion of MDS assessment for any resident with a diagnosis of dysphasia. MDS Supervisor will complete random audit of 5-7 completed MDS assessments weekly to ensure accurate coding of Swallowing Disorders for 12 weeks to ensure accurate coding of MDS assessments. MDS Supervisor will report the results of all monitoring efforts and present findings at the monthly QAPI meeting for 3 months than quarterly thereafter. The Quality Assurance Performance Improvement committee will review monitoring outcomes and make recommendations to ensure continued compliance is sustained ongoing and determine the need if any changes are necessary to ensure continued compliance. | | |
| F 520 | 483.75(o)(1) QAA | F 520 | | 11/16/16 | |

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| F 520 SS=D | <p>Continued From page 3</p> <p>COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS</p> <p>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.</p> <p>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.</p> <p>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.</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 observations and staff interviews, the facility ' s Quality Assessment and Assurance Committee failed to maintain procedures and monitor the interventions that the committee put into place on August, 2016. This was for one recited deficiency, which was originally cited in August, 2016 on a complaint survey and was recited on the current follow up and complaint survey. The deficiency was in the area of MDS</p> | F 520 | <p>F520 MDS assessment for resident #1 was corrected as indicated in plan of correction for F278. Audit has been completed for MDS Accuracy per Plan of Correction for F278</p> <p>Facility Administrator has completed a re-training with the facility QAPI</p> | | |

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| F 520 | Continued From page 4 accuracy. The continued failure of the facility during two surveys showed a pattern of the facility ' s inability to sustain an effective Quality Assurance (QA) Program. Finding Included: This tag is cross referenced to F278: Based on record review and staff interviews, the facility failed to code the Minimum Data Set to reflect the resident ' s swallowing disorder for 1 of 3 residents reviewed during the complaint survey of 10/20/16. F 278 was originally cited in August, 2016 during a complaint survey when the facility failed to code the Minimum Data Set for residents on oxygen and hospice. The Administrator and Director of Nursing (DON) were interviewed on 10/20/16 at 5:51 PM. The administrator stated the quality assurance committee met monthly usually on Wednesdays and all department heads attend the QA meetings. The facility did 100% audit for residents on oxygen and hospice care. There were six MDS assessments that needed to be changed when the audit was complete. The audits were talked about in QA and the areas continued to be monitored. The DON stated her expectation for QA was if there was a repeated problem that it was identified and the problem would be addressed. | F 520 | Committee on the facility process and intent of the Quality Assurance Performance Improvement (QAPI), which included the responsibilities of the QAPI committee to ensure sustainability with identified areas of opportunity, with the members of the QA committee, which included MDS Supervisor/nurses, Director of Nursing , Maintenance, Dietary, Social Services, and Medical Director. Facility Administrator met with the facility Medical Director to review the current survey outcome and reviewed plan of correction for this survey on 11/9/2016. MDS Supervisor will complete random audit of 5-7 completed MDS assessments weekly to ensure accurate coding of Swallowing Disorders for 12 weeks to ensure accurate coding of MDS assessments. MDS Supervisor will report the results of all monitoring efforts and present findings at the monthly QAPI meeting for 3 months than quarterly thereafter. The Quality Assurance Performance Improvement committee will review monitoring outcomes and make recommendations to ensure continued compliance is sustained ongoing and determine the need if any changes are necessary to ensure continued compliance. | | |