STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345376	A. BUILDING _____ B. WING _____	10/06/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CUMBERLAND NURSING AND REHABILITATION CENTER	2461 LEGION ROAD FAYETTEVILLE, NC 28306

(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	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 interviews, the 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 residents (Residents #42) identified as a Level II PASRR	F 278	F278 Resident # 42 MDS was modified to reflect the level II PASSAR on 10/11/2016 by Minimum Data Set Nurse Coordinator. 100% audit of all current residents with	10/24/16

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

Electronically Signed | 10/19/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 278	Continued From page 1 resident. Findings included: 1. Resident # 42 was admitted to the facility on 12/21/2014 with diagnoses include Anxiety Disorder and Major Depressive Disorder. Review of Resident #42's PASARR level II, dated on 11/06/2012, revealed that the resident had a permanent number. Review of the Annual MDS, dated on 3/9/2016, indicated the resident was not considered by the state Level II Preadmission Screening and Resident Review (PASRR) process to have a serious mental illness. 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. During an interview with the MDS Coordinator on 10/5/2016 at 2:50 PM she stated that it was an oversight and she will work with the Social worker to make sure the resident ' s that are PASRR level II residents are coded accurately. During an interview with the Director of Nursing (DON) on 10/5/2016 at 2:05 PM she stated that it was her expectation that the Social worker work with the MDS Coordinator to make sure the PASRR level II residents are coded accurately.	F 278	level II PASSAR to include resident #42 most current MDS will be reviewed by the Director of nursing/Assistant Director of Nursing to ensure the level II PASSAR are coded accurately on the MDS by 10/21/2016. The MDS will be corrected by Minimum Data Set Nurse Coordinator with modification on 10/21/2016 for any identified areas of concerns. 100% in-service was completed with the Social worker and MDS Nurses to ensure all areas of the MDS are coded accurately to include level II PASSAR on 10/07/2016 by Administrator. 10% of residents with level II PASSAR to include resident #42 MDS will be reviewed to ensure that PASSAR level II are coded correctly by the ADON utilizing a MDS Accuracy QI tool. All identified areas of concern will be addressed immediately by the Administrator by retraining with the social worker and/or MDS nurse and modifications to the MDS with oversite by the Minimum Data Set Nurse 2. The DON will review and initial the MDS Accuracy QI tool weekly X 8 weeks then monthly X1 month to ensure any areas of concern have been addressed. The Executive QI committee will meet monthly and review audits of MDS Accuracy QI tool and address any issues, concerns and\or trends and to make changes as needed, to include continued frequency of monitoring x 3months.	