

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

PRINTED: 06/01/2017
FORM APPROVED
OMB NO. 0938-0391

| | | | | |
|--|--|--|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 346479 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 05/25/2017 |
| NAME OF PROVIDER OR SUPPLIER SALEMTOWNE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2000 SALEMTOWNE DRIVE WINSTON SALEM, NC 27106 | |
| (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 No deficiencies were cited as a result of the complaint investigation event ID# VKYV11. Survey exit date 5/25/17. | F 000 | Preparation and execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the items alleged or conclusion set forth in the statement of deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provision of Federal and State Laws. 1. F 278 483.20(g) Assessment Accuracy/Coordination/Certified How corrective action will be accomplished by the facility- a. On 6/1/17 the 2 incorrect MDS assessments were recoded and resubmitted by the Social Worker and MDS nurse to ensure the information on the 2 residents was accurate and factual related to the nursing documentation. To ensure that the MDS for the presence of behaviors will be submitted accurately, the MDS nurse will monitor this section of the MDS with a random sample every week for three months to ensure substantial compliance and accuracy are maintained. The Social Worker was in-serviced on 6/9 to ensure that she understands that anything submitted in the MDS section on the presence of behaviors must | 6/9/17 |
| F 278 SS=D | 483.20(g)-(j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED (g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. (h) Coordination A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. (i) Certification (1) A registered nurse must sign and certify that the assessment is completed. (2) Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. (j) Penalty for Falsification (1) Under Medicare and Medicaid, an individual who willfully and knowingly- (i) 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 (ii) 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. | F 278 | | |

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

TITLE

(X9) DATE

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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|--|--|--|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER SALEMTOWNE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2000 SALEMTOWNE DRIVE WINSTON SALEM, NC 27106 | | |
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| F 278 | <p>Continued From page 1</p> <p>(2) Clinical disagreement does not constitute a material and false statement. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interview, the facility failed to accurately code the Minimum Data Set (MDS) for the presence of behaviors on the MDS assessments for 2 of 5 residents reviewed for unnecessary medications. (Resident #107, Resident #15)</p> <p>Findings Included:</p> <p>1.) Resident #15 was admitted to the facility 10/22/13. Active diagnoses included non-Alzheimer's dementia.</p> <p>Review of Resident #15's observation reports dated 2/3/17, 2/4/17, 2/6/17, and 2/7/17 revealed Resident #15 had behaviors of delusions daily.</p> <p>Review of Resident #15's most recent Minimum Data Set assessment dated 2/8/17 coded as a quarterly assessment revealed the resident was assessed as severely cognitively impaired. Resident #15 was assessed to have no behaviors or delusions.</p> <p>During an interview on 5/24/17 at 2:48 PM Nurse Aid #1 stated Resident #15 had, in the past, had delusions often.</p> <p>During an interview on 5/25/17 at 11:40 the Social Worker stated that she reviewed the resident's nurse's notes and filled out section E for behaviors of the Minimum Data Set assessments. She further stated that if a resident did have behaviors of delusions she would capture that in the Minimum Data Set. She further stated that</p> | F 278 | <p>match the progress notes and observed behaviors of that resident to ensure the documentation and accuracy of assessments is maintained.</p> <p>The MDS will report the findings of her monitoring of assessments on the Special Care Unit at the next quarterly QA committee meeting to see if further action and monitoring are needed.</p> | | |

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| NAME OF PROVIDER OR SUPPLIER SALEMTOWNE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2000 SALEMTOWNE DRIVE WINSTON SALEM, NC 27108 | | |
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| F 278 | <p>Continued From page 2</p> <p>she completed the Minimum Data Set for Resident #15 dated 2/8/17. The Social Worker, upon review, stated that the assessment dated 2/8/17 should have reflected Resident #15's delusions.</p> <p>During an interview on 5/25/17 at 1:08 PM the Director of Nursing stated that if a resident did exhibit behaviors during the look back window of a Minimum Data Set assessment then she would expect it to be reflected in that MDS assessment. She further stated that the MDS dated 2/22/17 should have reflected Resident #15's documented behavior of delusions.</p> <p>2.) Resident #107 was admitted to the facility on 3/16/16. Active diagnoses included non-Alzheimer's dementia, depression, and mild cognitive impairment.</p> <p>Review of Resident #107's behavior report from 2/16/17 to 2/22/17 revealed on 2/18/17 and 2/22/17 the resident was physically resistant to care.</p> <p>Review of Resident #107's most recent Minimum Data Set assessment dated 2/22/17 coded as an annual assessment revealed Resident #107 was assessed to have not rejected care during the previous seven days.</p> <p>During an interview on 5/24/17 at 2:38 PM Nurse #3 stated she had worked in the facility since January and that Resident #107 had refused care often during his stay.</p> <p>During an interview on 5/24/17 at 2:48 PM Nurse Aid #1 stated Resident #107 would often refuse care a few times a week and had behaved that</p> | F 278 | | | |

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| F 278 | <p>Continued From page 3 way since he had been at the facility.</p> <p>During an interview on 5/25/17 at 11:40 AM the Social Worker stated that she reviewed the resident's nurse's notes and filled out section E for behaviors of the Minimum Data Set assessments. She stated she did not use the nurse aid documentation because the nurse aids told the nurses about rejection of care and the nurses would put that information in the nurse 's notes. She further stated that if a resident rejected care she would capture that in the Minimum Data Set assessment. The Social Worker, upon review, stated that the assessment dated 2/22/17 should have reflected Resident #107 ' s rejection of care of and did not.</p> <p>During an interview on 5/25/17 at 1:08 PM the Director of Nursing stated that if a resident did exhibit behaviors during the look back window of a Minimum Data Set assessment then she would expect it to be reflected in that MDS assessment. She further stated that the MDS dated 2/22/17 should have reflected Resident #107's documented behavior of rejecting care.</p> | F 278 | | | |