

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345167</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/28/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>YADKIN NURSING CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>903 W MAIN STREET BOX 879 YADKINVILLE, NC 27055</b>		
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F 000	INITIAL COMMENTS  A Minimum Data Set (MDS) 3.0 Focused Survey was conducted June 27 and 28, 2017. The facility was not in compliance with applicable requirements of 42 C.F.R. Part 483, Health Standard Requirements for Long Term Care Facilities.	F 000			
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	F 278		7/26/17	

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

TITLE

(X6) DATE

Electronically Signed

07/14/2017

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>subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>(2) 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 MDS (Minimum Data Set) to reflect the active diagnoses for 2 of 12 residents (Resident #3 and #4), and failed to accurately code the MDS to reflect a fall for 1 of 12 residents (Resident #4) reviewed for accuracy of the MDS.</p> <p>The Findings included:</p> <p>1. Resident #4 was admitted to the facility on 5/15/17 with diagnoses that included Altered Mental Status, Urinary Tract Infection, Generalized Weakness and Failure to Thrive</p> <p>A. Review of resident #4's MDS dated 5/29/17, coded as a 14 day PPS (Prospective Payment System) assessment, indicated resident #4 did not have a UTI (Urinary Tract Infection) in the previous 30 days.</p> <p>Review of the NC DMA Long Term Care FL2 Form dated 5/15/2017 revealed, Resident #4 was admitted with a diagnosis of a UTI with orders for Bactrim DS (Antibiotic).</p> <p>Review of a physician order written on 5/15/17 read in part: Bactrim DS, one tablet by mouth twice a day for seven days.</p> <p>Review of the May Medication Administration Record for Resident #4, revealed resident #4</p>	F 278	<p>F278</p> <p>STANDARD DISCLAIMER:</p> <p>The Plan of Correction for this alleged deficient practice is provided as a necessary requirement of continued participation in the Medicare and Medicaid program(s) and does not, in any manner, constitute an admission to the alleged deficient practice(s).</p> <p>Resident #'s 3 and 4 MDS's have been corrected to include the resident-specific elements noted to be missing in the MDS records reviewed. The errors noted were due to a coding error and were not intended as an intentional misrepresentation of the clinical data contained in the assessment.</p> <p>To ensure compliance, all current residents' MDS will be audited by the MDS nurses and/or other members of the interdisciplinary team to ensure each resident's MDS accurately reflects each resident's active diagnosis and falls, if applicable. In the case that corrections and/or modifications needed to be made on a resident's MDS, the audit record was so noted and the correction/amendment was made.</p>		

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F 278	<p>Continued From page 2</p> <p>received Bactrim DS from 5/15/2017 to 5/22/2017.</p> <p>B. Further review of resident #4's MDS dated 5/29/17, coded as a 14 day PPS (Prospective Payment System) assessment, indicated resident #4 had one fall with a minor injury since the previous assessment.</p> <p>A review of Resident #4's medical record revealed Resident #4 had not experienced any falls since the previous assessment.</p> <p>A review of the facility's incident/accident log failed to reveal any falls for Resident #4 since the previous assessment.</p> <p>An interview was conducted with MDS Nurse #1 and MDS Nurse #2 on 6/28/17 from 10:40AM to 11:35AM. During this interview, MDS Nurse #1 stated that Resident #4's MDS dated 5/29/2017 was inaccurate for the coding of falls and UTI. She stated, resident #4 should have been marked for having a UTI in the previous 30 days and also stated the MDS should not have been marked as Resident #4 having a fall with minor injury since the previous assessment. She further stated both areas were coded incorrectly.</p> <p>2. Resident #3 was admitted to the facility on 9/30/16 with diagnoses that included Neurocognitive disorder due to Alzheimer's with behavioral disturbance, Diabetes Mellitus and Hypertension.</p> <p>Review of resident #3's MDS dated 4/7/17, coded as a quarterly assessment, indicated resident #3 did not have a UTI (Urinary Tract Infection) in the previous 30 days.</p> <p>Review of lab results for a urinalysis and urine</p>	F 278	<p>Such MDS Accuracy Audits shall be conducted monthly for three months and quarterly thereafter on at least 10 random charts / residents. Such audits shall be presented to the Quality Assurance Committee monthly for three months and quarterly thereafter.</p> <p>The QA nurse will be responsible for ensuring that monitoring is completed as outlined.</p> <p>In-services provided by Wanda Cockerham, RN have been completed for the MDS Nurses that cover information for U.T.I. and falls but not limited to only these areas.</p> <p>Compliance will be completed by July 26, 2017.</p>		

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F 278	<p>Continued From page 3</p> <p>culture collected on 3/19/17 and reported on 3/22/17 revealed the urine culture results were: Escherichia coli greater than 100,000 colonies. Hand written at the bottom of the lab results was a note that read: 3/23/17 Resident on Rocephin.</p> <p>Review of a physician's progress note written on 3/20/17 read: The patient's staff reported acute mental status changes with agitation episodes and aggressive behaviors towards the staff. Under the section assessment/plan the physician had documented Acute Urinary Tract Infection as a diagnosis and also a sentence that read "The patient most likely has a urinary tract infection. Will use Rocephin. Urine Culture is pending."</p> <p>Review of a nursing note dated 3/23/17 written at 2:21PM read in part: Alert with increased confusion. ABT (Antibiotic) continues for UTI. Complained of dysuria.</p> <p>Review of March 2017 physician orders revealed an order written on 3/27/17 that read: Nitrofurantoin MCR 100mg. Take one by mouth twice a day for ten days for UTI.</p> <p>During an interview with the MDS Nurse #2 on 6/28/17 from 10:40AM to 11:35AM, she stated she did not code the UTI on the assessment due to not having signs and symptoms of a UTI. She stated she saw the nursing note written on 3/23/17 regarding the resident complaining of dysuria. She also stated the nursing notes written twelve hours before and twelve hours after the note on 3/23/17 stated the resident did not complain of dysuria. She further stated that she did not feel the nursing note written on 3/23/17 that had "resident complained of dysuria" was accurate and did not see any other signs and</p>	F 278			

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

PRINTED: 08/02/2017  
FORM APPROVED  
OMB NO. 0938-0391

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F 278	<p>Continued From page 4 symptoms documented in the nursing notes.</p> <p>An interview was conducted with the Nurse #1 on 6/28/17 at 12:05PM. Nurse #1 stated she was the nurse that wrote the note on 3/23/17 at 2:21PM. She stated the resident had complained of pain while using the bathroom that day.</p> <p>Another interview was conducted with MDS Nurse #2 on 6/28/17 at 12:15PM. MDS Nurse #2 stated that all four components required to code a UTI on the MDS were documented in the medical record.</p>	F 278		