

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345072	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/16/2018
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NAME OF PROVIDER OR SUPPLIER CAROLINA RIVERS NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1839 ONSLOW DRIVE EXTENSION JACKSONVILLE, NC 28540
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F 000	INITIAL COMMENTS No deficiencies were cited as a result of the complaint investigation conducted on 08/16/18. Event ID# 8GZH11.	F 000		
F 554 SS=D	Resident Self-Admin Meds-Clinically Approp CFR(s): 483.10(c)(7) §483.10(c)(7) The right to self-administer medications if the interdisciplinary team, as defined by §483.21(b)(2)(ii), has determined that this practice is clinically appropriate. This REQUIREMENT is not met as evidenced by: Based on observations, record reviews and staff interviews, the facility failed to assess the ability of a resident to administer oral medications that were observed beside the resident's bedside for 1 of 1 sampled resident. (Resident # 13) The findings included: Review of the undated facility's policy indicated "the facility shall permit residents who are competent and physically able to self-administer their medications if the self administration is ordered by the physician or othe authorized prescriber and documented in the residents medical record." Resident #13 was admitted to the facility on 5/27/2016. Diagnoses included anemia, dementia, hypertension, and diabetes and Gastro esophageal reflux disease. Review of the Annual MDS (Minimum Data Set)	F 554	The process that lead to the deficiency was that the facility failed to assess the ability of a resident to administer oral medications that were observed beside the resident's bed for 1 of 1 sampled resident. On 08/14/2018, a 100% medication pass audit with all licensed nurses, to include nurse #1 and medication aides on proper medication administration to include staying with the resident until that medications have been consumed, was initiated by the Director of nursing (DON), the Resource nurse, and the Quality Improvement (QI)/treatment nurse to ensure proper medication administration. The licensed nurse's medication pass observations included the observation that medications were consumed by the resident, to include resident #1. Any issues identified during the medication pass audit was immediately corrected with retraining of the license nurse or medication aide by the DON, Resource	9/11/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 09/07/2018
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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 554	<p>Continued From page 1</p> <p>dated 5/11/2018 revealed that resident #13 was intact with his cognition. Resident #13 had adequate hearing, clear speech, able to understand and make herself understood. Resident #13 required supervision with bed mobility and independent with transfer an eating.</p> <p>Review of the care plan updated on 5/11/2018 revealed that resident #13 was not care planned to self-administer oral medications.</p> <p>Review of the August 2018 medication administration record revealed Resident #13 was taking following medication every day in the morning: Norvasc tab 10 milligram (mg) 1 by mouth daily, Cymbalta 30 mg, Mira lax daily, Crestor 40 mg, Flomax 0.4 mg, Coreg 3.125mg, pepcid20 mg, Omega 3 2x daily, Lisinopril tab 10 mg 1by mouth every 12 hours, Janumet tab 50-1000 by mouth 2x daily.</p> <p>An observation on 8/14/18 around 10:33am revealed that resident #13 had all his AM (morning) medications on the bed side table. Nurse # 1 was not in the room with Resident # 13.</p> <p>Review of the medical record (all active orders) for month of August 2018 revealed that resident #13 did not have an order to self-administer oral medications or to keep at the bedside.</p> <p>Review of medical record (assessments) for the month of August 2018 revealed that there was no self-administration assessment for oral medication completed for Resident #13.</p>	F 554	<p>nurse, and the QI/treatment nurse.</p> <p>An observation of all current residents room for medications being left at the bedside was initiate 8/14/18 and was completed by the Social Worker. Any medications that were noted at the bedside will be removed by the DON, Resource nurse and/or the QI/treatment nurse. There were no negative findings.</p> <p>On 08/14/2018, 100% in-service to all licensed nurses, to include agency nurses, and medication aides was initiated regarding appropriate medication administration to include staying with the resident until that medications have been consumed. All newly hired nurses will be in-serviced by the DON on appropriate medication administration to include staying with the resident until that medications have been consumed.</p> <p>The QI Medication Pass Audit Tool will be utilized by the Resource nurse and the QI/treatment nurse 3 times a week for4 weeks, then weekly for 4 weeks; then monthly for 1 month to ensure each hall nurse to include Nurse #1 and medication aides is in compliance with appropriate medication administration to include staying with the resident until that medications have been consumed and no medications were left at the bedside. Immediate retraining will be conducted for the licensed nurse or medication aide for any identified issues observed, to include staying with the resident until that medications have been consumed, during</p>		

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F 554	Continued From page 2 During the interview on 8/14/2018 at 10:35 am with Resident #13 he stated that he normally takes all his morning medications given by the nurse. He added he likes to take his time when taking his medication. Interview on 8/14/18 at 10:40am with Nurse # 1 revealed that she left the medications on Resident # 13's bedside table knowing that the resident was going to take them. She added that it was not her usual practice to leave the medications on the resident's bedside before the resident takes them. Nurse # 1 also revealed that residents that self-administer medications at the facility would need a doctor's order and an assessment completed. An interview on 8/15/18 at 11:47am with the Director of Nursing (DON) revealed that residents who desire to self-administer medications would need a doctor's order and an assessment completed. She added Resident # 13 did not have an assessment completed to self-administer medication. DON also stated she did not expect Nurse # 1 to have left the medication on the bedside table for the resident to take without supervision. An interview on 8/15/18 at 11: 50am with the Administrator revealed that her expectation was for Nurse # 1 not to have left the medications on the bedside table without supervising the resident to make sure all the medication were taken. She added regarding self-administration of medication would be that staff speak with the residents who desired to self-administer medications, obtain a physician's order, and complete the required	F 554	the medication pass audits by the Resource nurse and the QI/treatment nurse. The DON will review and initial the QI Medication Pass Audit Tool to ensure that all areas have been addressed weekly for 8 weeks and then monthly for 1 month. The Executive QI committee will meet monthly and review audits of the QI Medication Pass Audit Tool and address any issues, concerns and/or trends and to make changes as needed, to include continued frequency of monitoring monthly 3 months. The Administrator and the DON will be responsible for the implementation of corrective actions to include all 100% audits, in services, and monitoring related to the plan of correction.		

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PRINTED: 09/18/2018
FORM APPROVED
OMB NO. 0938-0391

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F 554	Continued From page 3 assessment.	F 554			
F 645 SS=D	<p>PASARR Screening for MD & ID CFR(s): 483.20(k)(1)-(3)</p> <p>§483.20(k) Preadmission Screening for individuals with a mental disorder and individuals with intellectual disability.</p> <p>§483.20(k)(1) A nursing facility must not admit, on or after January 1, 1989, any new residents with:</p> <p>(i) Mental disorder as defined in paragraph (k)(3)(i) of this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission,</p> <p>(A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and</p> <p>(B) If the individual requires such level of services, whether the individual requires specialized services; or</p> <p>(ii) Intellectual disability, as defined in paragraph (k)(3)(ii) of this section, unless the State intellectual disability or developmental disability authority has determined prior to admission-</p> <p>(A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and</p> <p>(B) If the individual requires such level of services, whether the individual requires specialized services for intellectual disability.</p> <p>§483.20(k)(2) Exceptions. For purposes of this section-</p> <p>(i)The preadmission screening program under</p>	F 645		9/11/18	

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F 645	<p>Continued From page 4</p> <p>paragraph(k)(1) of this section need not provide for determinations in the case of the readmission to a nursing facility of an individual who, after being admitted to the nursing facility, was transferred for care in a hospital.</p> <p>(ii) The State may choose not to apply the preadmission screening program under paragraph (k)(1) of this section to the admission to a nursing facility of an individual-</p> <p>(A) Who is admitted to the facility directly from a hospital after receiving acute inpatient care at the hospital,</p> <p>(B) Who requires nursing facility services for the condition for which the individual received care in the hospital, and</p> <p>(C) Whose attending physician has certified, before admission to the facility that the individual is likely to require less than 30 days of nursing facility services.</p> <p>§483.20(k)(3) Definition. For purposes of this section-</p> <p>(i) An individual is considered to have a mental disorder if the individual has a serious mental disorder defined in 483.102(b)(1).</p> <p>(ii) An individual is considered to have an intellectual disability if the individual has an intellectual disability as defined in §483.102(b)(3) or is a person with a related condition as described in 435.1010 of this chapter.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews the facility failed to submit information for Preadmission Screening and Resident Review (PASRR) for a level II re-evaluation for 1 of 1 sampled resident (Resident #29).</p>	F 645	<p>The process that lead to the deficiency was that the facility failed to submit information for the Preadmission Screening and Resident Review (PASRR) for s level II re-evaluation for 1 of 1 sampled resident. (Resident #29)</p>		

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F 645	<p>Continued From page 5</p> <p>The findings included:</p> <p>Resident #29 was originally admitted to the facility on 05/15/12 and readmitted on 05/31/18 with diagnoses which included: paranoid schizophrenia, anxiety disorder and major depressive disorder.</p> <p>Review of Resident #29's Annual Minimum Data Set (MDS) dated on 01/02/18 indicated that the resident cognition was intact. The resident was coded as feeling tired or have little energy for 2-6 days. The resident was coded as having had received antipsychotic medication for 7 of the 7 days during the assessment period.</p> <p>Review of Resident #29's care plan which was revised on 08/12/18 indicated the resident was care planned for use of psychotropic drugs due to diagnoses of schizophrenia, anxiety and depression.</p> <p>Record review revealed that the following diagnoses were added after the original admission date of 05/15/12: paranoid schizophrenia, anxiety disorder and major depressive disorder.</p> <p>An interview was conducted with the Social Worker on 08/16/18 at 3:24 PM and she stated that she was not aware when a resident received a new diagnosis of mental illness that the PASARR level needed to be re-evaluated.</p> <p>An interview was conducted with the Administrator on 08/16/18 at 3:34 PM revealed that it was her expectation that when a resident receives a diagnosis of mental illness the PASARR level will be submitted for re-evaluation.</p>	F 645	<p>A Preadmission Screening and Resident Review (PASRR) for a level II review was submitted for resident #29 with a determination received that Nursing Facility Placement is appropriate on 08/22/2018.</p> <p>A 100% review of all other residents via census was completed on 09/07/2018 of current diagnosis to determine if a level II review was needed for qualifying diagnosis by the Social Worker. Reviews were submitted as appropriate On 08/15/2018 the facility social worker, admissions coordinator, AR Bookkeeper and back up AR Bookkeeper were retrained on requirements for PASRR screening prior to admission and upon receipt of qualifying diagnosis during resident stay by the Administrator.</p> <p>All new admissions will be reviewed by facility social worker to ensure PASRR is present upon admission, and that the level of PASRR is appropriate for the diagnosis present. Facility social worker will re-submit for a PASRR review as indicated. Upon receipt of qualifying diagnosis for existing residents, identified through physician order review daily, facility social worker or designee will re-submit for a level II PASRR review using the weekly admission report from Point Click Care. The administrator will review the initial audit then new admissions weekly for eight weeks then monthly for one month.</p> <p>The Executive QI Committee will meet</p>		

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F 645	Continued From page 6	F 645	monthly to review PASRR audits to ensure any issues were identified, make changes as needed to include re-submission of level II PASRR when indicated, to include frequency of monitoring monthly for 3 months.		
F 883 SS=D	<p>Influenza and Pneumococcal Immunizations CFR(s): 483.80(d)(1)(2)</p> <p>§483.80(d) Influenza and pneumococcal immunizations §483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that-</p> <ul style="list-style-type: none"> (i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv) The resident's medical record includes documentation that indicates, at a minimum, the following: <ul style="list-style-type: none"> (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal. <p>§483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure</p>	F 883		9/11/18	

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F 883	<p>Continued From page 7</p> <p>that-</p> <p>(i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;</p> <p>(iii) The resident or the resident's representative has the opportunity to refuse immunization; and</p> <p>(iv) The resident's medical record includes documentation that indicates, at a minimum, the following:</p> <p>(A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and</p> <p>(B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, policy review and staff interviews, the facility failed to offer the influenza immunization during the October 2017 through March 2018 influenza season for 1 of 5 residents reviewed for immunizations (Resident #61).</p> <p>The findings included:</p> <p>A review of the facility's Immunization Policy, last revised 10/18/17, indicated before offering the influenza immunization, residents or residents' legal representatives will be provided education regarding the benefits and potential side effects of the influenza immunization with documentation</p>	F 883	<p>The process that lead to the deficiency was that the facility failed to offer the influenza immunizations during the October 2017 through March 2018 influenza season for 1 of 5 resident reviewed for immunizations. (Resident #61)</p> <p>100% audit of all resident medical records were reviewed on 09/07/2018 to determine if the Flu vaccination had been administered or declined by the Director of Nursing. All residents will be provided education and re-interviewed at the onset</p>		

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F 883	<p>Continued From page 8</p> <p>in the medical record. The policy indicated residents will be offered the influenza vaccination from early October to March.</p> <p>A review of Resident #61's medical record indicated Resident #61 was admitted to the facility on 10/25/12 with diagnoses which included congestive heart failure and rheumatic disorders of both mitral and aortic valves.</p> <p>A review of Resident #61's annual Minimum Data Set (MDS), dated 07/20/18, indicated Resident #61 was severely cognitively impaired. The MDS indicated the influenza vaccine had not been administered and it had been offered and declined.</p> <p>A review of Resident #61's Immunization Record did not indicate the influenza vaccine had been offered and declined.</p> <p>During an interview with the Administrator on 08/14/18 at 5:30 p.m., the Administrator stated she could find no documentation Resident #61 had been offered the influenza vaccination for the 2017-18 influenza season and stated Resident #61 had not been administered the influenza vaccination for the 2017-18 influenza season.</p> <p>During an interview with the MDS Coordinator on 08/16/18 at 11:35 a.m., the MDS Coordinator stated she had coded Resident #61 on the 07/20/18 annual MDS as having had the influenza vaccine offered and declined after she had reviewed Resident #61's Immunization Record. The MDS Coordinator stated she had assumed Resident #61 had refused based on past refusals from 2012 and 2013.</p>	F 883	<p>of the 2018-2019 influenza season to determine if the consent or decline to administration of the influenza vaccine. Records will be audited by the DON or designee to ensure the verbal consent/declination and the education provided was documented in the resident progress note in the electronic medical record. The medication record will be checked to ensure administration is documented where indicated.</p> <p>On 08/15/2018, the DON initiated a 100% in-service for all licensed nurses: 1) each resident is offered a Flu vaccination upon admission, 2) the resident and/or resident representative is provided education regarding the benefits and potential side effect of the immunization upon admission, 3) the nurse must review the Consent to Treat form in the health record to determine if consent was given. It is the responsibility of the Director of Nursing to review all admissions' immunization records and ensure all Flu vaccines are given if there is consent. The verbal consent and the education provided was documented in the resident progress note in the electronic medical record and was completed on 08/17/2018.</p> <p>The Quality Improvement Nurse will review all admissions weekly for 8 weeks then monthly x 1 month to ensure all residents with authorization to receive the Flu vaccination are administered. The audit will be documented on a Vaccination Audit tool. The DON will review and initial all the Vaccination audit tools weekly for 8</p>		

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F 883	Continued From page 9 During an interview with the Administrator on 08/16/18 at 11:45 a.m., the Administrator stated it was her expectation for facility staff to mail the Influenza Vaccine Information Sheets (VIS) to the residents' Responsible Party (RP) prior to the beginning of the influenza season. The Administrator stated staff would then call the residents' RP to ask if they had received the Influenza VIS and ask if they had any questions regarding the influenza vaccination. The Administrator stated they would then obtain consent for or declination of the influenza vaccination and document it in the medical record.	F 883	weeks and then monthly for 1 month. The Executive QI committee will meet monthly and review Vaccination audit tool and address any issues, concerns and/or trends and to make changes as needed, to include continued frequency of monitoring x 3 months.		