

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345411	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/17/2019
NAME OF PROVIDER OR SUPPLIER HAYWOOD NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 516 WALL STREET WAYNESVILLE, NC 28786	
(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
E 000	Initial Comments	E 000		
F 000	INITIAL COMMENTS	F 000		
F 641 SS=D	<p>Accuracy of Assessments CFR(s): 483.20(g)</p> <p>§483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on record reviews and staff interviews, the facility failed to code Minimum Data Set (MDS) assessments accurately in the area of discharge status for 1 of 3 sample residents (Resident #76) reviewed for closed records.</p> <p>Findings included:</p> <p>Resident #76 was admitted to the facility on 10/16/18 with diagnoses which included diabetes Mellitus, acute kidney failure, chronic pain, and hypertension.</p> <p>Review of Resident #76's Discharge assessment MDS dated 10/17/18 revealed the discharge status under Section A2100 was coded as "Acute hospital". Per the MDS, Resident #76 was coded with intact cognition.</p> <p>Review of progress notes dated 10/17/18 indicated Resident #76 was discharged home</p>	F 641	<p>F641 Accuracy of Assessments</p> <p>1) The plan of correcting the specific deficiency. The plan should address the processes that lead to the deficiency cited: On 1/16/2019 the Resident Care Management Director modified resident #76's assessment section A with an ARD of 10/17/2018 to reflect the accurate coding for the resident assessment. The modification of the assessment was sent to CMS on 1/16/2019 by the Resident Care Management Director.</p> <p>2) The procedure for implementing the acceptable plan of correction for the deficiency cited: The MDS assessment for resident # 76 has been modified to reflect the accurate coding of section A. An audit was conducted on 1/16/2019 on the last 30 days of section A to ensure accuracy of coding on resident assessments by the</p>	1/29/19

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

TITLE

(X6) DATE

Electronically Signed

01/30/2019

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 641	<p>Continued From page 1</p> <p>against medical advice on 10/17/18. Resident #76 insisted that she could do better at home and had signed the "Release from Responsibility for Discharge" form which certified that she understood the risks and consequences of leaving the facility against the advice of the attending physician and facility's Administrator. Resident #76's family was notified at that time.</p> <p>During an interview conducted on 01/15/19 at 4:10 PM, the Social Worker confirmed that Resident #76 was discharged home on 10/17/18.</p> <p>During an interview conducted on 01/15/19 at 4:27 PM, the Resident Care Management Director (RCMD) further confirmed that Resident #76 was discharged home on 10/17/18 against medical advice. She was responsible for MDS coding in the facility and acknowledged that it was an error to code Resident #76's discharge status as acute hospital. She stated the correct coding should be "Community". The RCMD stated that the incorrect coding was made by a Regional Nursing Consultant who was no longer working in the facility. She would correct the error and re-submit the correction as soon as possible.</p> <p>During an interview conducted on 01/16/19 at 8:35 AM, the Director of Nursing (DON) stated Resident #76 was picked up by her sister on 10/17/18 and transported to her sister's home. The DON stated the coding error was an isolated incident caused by human error. It was her expectation for all the MDS to be coded correctly and transmitted within the required time frame.</p>	F 641	<p>Resident Care Management Director. On 1/29/2019 the Resident Care Management Director (RCMD) was in-serviced by the District Director of Care Management on the accurate coding of sections A on the MDS assessments.</p> <p>3) The monitoring procedure to ensure the acceptable plan of correction is effective and that the specific deficiency cited remains corrected and / or in compliance with the regulatory compliance: The Resident Care Management Director will document random audits for coding accuracy of section A by auditing 5 residents per month x 3 months to ensure compliance is achieved and maintained. The Director of Nursing will review the random audits, and report findings of the audits monthly to the QAPI committee monthly x 3 months.</p> <p>4) The title of the person responsible for implementing the acceptable plan of correction: The Director of Nursing will be responsible for the implementation of the acceptable plan of correction.</p> <p>5) Dates when corrective action will be completed: January 29, 2019.</p>		