

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345365	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/29/2019
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF KINSTON			STREET ADDRESS, CITY, STATE, ZIP CODE 907 CUNNINGHAM ROAD KINSTON, NC 28501		
(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	An unannounced Recertification Survey was conducted on 3/25/2019-3/29/2019. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID DRU511.	F 000			
F 645 SS=D	INITIAL COMMENTS No deficiencies were cited as a result of the Complaint Investigation , Event ID DRU511, conducted 3/25/29 - 3/29/2019. PASARR Screening for MD & ID CFR(s): 483.20(k)(1)-(3) §483.20(k) Preadmission Screening for individuals with a mental disorder and individuals with intellectual disability. §483.20(k)(1) A nursing facility must not admit, on or after January 1, 1989, any new residents with: (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, (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 (B) If the individual requires such level of services, whether the individual requires specialized services; or (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- (A) That, because of the physical and mental	F 645		4/26/19	

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

TITLE

(X6) DATE

Electronically Signed

04/15/2019

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.

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

PRINTED: 04/30/2019
FORM APPROVED
OMB NO. 0938-0391

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F 645	<p>Continued From page 1</p> <p>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 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)</p>	F 645			

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F 645	<p>Continued From page 2</p> <p>or is a person with a related condition as described in 435.1010 of this chapter. This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interviews and record review, the facility failed to initiate a level II Pre Admission Screening and Resident Review (PASRR) for one of one residents reviewed for PASRR (Resident #68).</p> <p>Findings included:</p> <p>A review of the medical record revealed Resident #68 was admitted on 1/1/2014 with diagnoses that included Coronary Artery Disease, aphasia, dementia, psychotic disorder and depression.</p> <p>The Annual Minimum Data Set (MDS) dated 12/11/2018 noted Resident #68 was severely impaired for cognition and needed total assistance for all Activities of Daily Living with the physical help of two persons. The MDS noted no PASRR level II.</p> <p>In an interview on 3/27/2019 at 8:37 AM, the facility Social Worker stated he had never received a change of condition or significant change notice, so he had not done a PASRR level II screening initiation.</p> <p>On 3/28/2019 at 3:07 PM, in an interview, the MDS Nurse stated the information for Resident #68 was sent to the Social Worker when the Annual MDS was completed, for a level II PASRR screening, but the screening had not been done. The MDS Nurse stated the Social Worker told her he could not get anyone to come out to the facility to perform the PASRR level II screening for Resident #68.</p>	F 645	<ol style="list-style-type: none"> 1. Facility initiated a Level II Pre Admission Screening and Resident Review (PASSR) for resident #68 on 3/29/19. 2. An in house review will be completed by the facility nurse consultant by 4/26/19 of the current resident population to validate each resident has had a PASSR screening completed to ensure that individuals identified with MD or ID are evaluated and receive care and services in the most integrated setting appropriate to their needs. A screening will be initiated for all residents found to be in need of a screening immediately after completion of the audit. 3. Education to be provided to the new Social Services Director (SSD) upon hire and the MDS nurses by 4/15/19 by the administrator or nurse consultant. This training will also be provided to all SSD and MDS nurses upon hire during orientation and at least annually. 4. Ongoing audits will be conducted by the Administrator for review of charts through daily Medicare meeting and Clinical White Board meetings as well as random audits. These audits will be conducted 5 days per week for two weeks, then weekly for two weeks, then monthly for three months. These audits will include any affected residents admitted or residents experiencing a significant change of condition. 5. All data will be summarized and 		

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F 645	Continued From page 3 On 3/29/2019 at 8:15 AM, the Social Worker was interviewed and stated Resident #68 came to the facility before he was employed there, and he did not have any knowledge about a PASRR II screening for the Resident. The Social Worker stated he would initiate a level II PASRR screening for Resident #68, and audit his cognitively impaired residents to check for PASRR level II screening needs. On 3/29/2019 at 11:10 AM, in an interview, the facility Administrator stated his expectation was to follow the regulations to request PASRR level II screening for eligible residents, and the Social Worker would understand the PASRR process.	F 645	presented to the facility Quality Assurance and Performance Improvement meeting monthly by the Administrator. Any issues or trends identified will be addressed by the QAPI committee as they arise and the plan will be revised to ensure continued compliance. The QAPI committee consists of the Administrator, DON, SDC, MDS coordinator, Admission Coordinator, Rehabilitation Manager, Medical Director, Director of Social Services, and Environmental Services. Other members may be assigned as the need should arise.	