

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

PRINTED: 09/25/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345170	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/23/2019
NAME OF PROVIDER OR SUPPLIER CRYSTAL BLUFFS REHABILITATION AND HEALTH CARE CENT			STREET ADDRESS, CITY, STATE, ZIP CODE 4010 BRIDGES STREET EXTENSION MOREHEAD CITY, NC 28557	
(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 08/20/19 through 08/23/19. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #FO6V11.	F 000		
F 644 SS=D	INITIAL COMMENTS A recertification and complaint investigation survey was conducted from 08/20/19 to 08/23/19. Event ID# FO6V11. 4 of the 4 complaint allegations were not substantiated. Coordination of PASARR and Assessments CFR(s): 483.20(e)(1)(2) §483.20(e) Coordination. A facility must coordinate assessments with the pre-admission screening and resident review (PASARR) program under Medicaid in subpart C of this part to the maximum extent practicable to avoid duplicative testing and effort. Coordination includes: §483.20(e)(1) Incorporating the recommendations from the PASARR level II determination and the PASARR evaluation report into a resident's assessment, care planning, and transitions of care. §483.20(e)(2) Referring all level II residents and all residents with newly evident or possible serious mental disorder, intellectual disability, or a related condition for level II resident review upon a significant change in status assessment. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to refer resident for re-evaluation	F 644	Preparation and submission of this Plan of Correction is in response to the CMS	9/5/19

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

TITLE

(X6) DATE

Electronically Signed

09/05/2019

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 644	<p>Continued From page 1</p> <p>after change in mental status for Pre-Admission Screening and Annual Resident Review (PASARR) for 2 of 2 residents reviewed for PASARR. (Resident #12 and #48)</p> <p>1. Resident #48 was readmitted to the facility on 7/11/19 with new diagnoses including Depression, Psychotic disorder other than Schizophrenia, and Delusional Disorders. The admission Minimum Data Set (MDS) dated 7/24/19 had Resident #48 coded as needing extensive assistance for most of his assisted daily living (ADL). Resident #48 was coded with the diagnoses of Depression and Psychotic Disorder other than Schizophrenia and having received an antipsychotic and an antidepressant for 7 days during the assessment period.</p> <p>A review of the PASARR level I screen tool dated 4/1/13 did not have any mental health diagnoses listed and a new PASARR screening with the mental health diagnoses of Depression Disorder, Psychotic Disorder other than Schizophrenia and Delusional Disorder for Resident #48 was not found.</p> <p>The PASARR level 1 determination notification dated 4/1/13 was reviewed and revealed a PASARR number ending in an "A" and did not have an expiration date.</p> <p>The comprehensive care plan dated 7/24/19 had focus of antidepressants to manage his diagnosis with risk for alteration to mood/behavior and side effects/adverse reactions.</p> <p>Physicians orders dated 08/2019 has Quetiapine Fumarate 50mg tab; give one tablet by mouth twice a day for his Delusional Disorder and Escitalopram 10 mg tablet; give one tablet by</p>	F 644	<p>Form 2567. It does not constitute an agreement of admission by Crystal Bluffs Rehabilitation and Health Care Center of the truth and facts alleged or the correctness of the conclusions stated on the statement of deficiency. The facility reserves the rights to contest the deficiencies, findings, conclusions and actions of the agency.</p> <p>Plan of Action:</p> <p>(1) Print resident current existing PASARR Notification for Resident #12 and Resident #48 by Social Service Director (SSD)</p> <p>(2) Review resident face sheet and diagnosis list/condition list for Resident #12 and Resident #48 by Interdisciplinary Team (IDT) to include Social Service Director, Nursing, MDS, Administration, Therapy, and MD</p> <p>(3) Resubmittal of PASARR screen based on current list of conditions for Resident #12 and Resident #48 by Social Service Director (SSD)</p> <p>(4) Review and update of Care Plans for Resident #12 and Resident #48 based on response from PASARR office to ensure person centered care by Interdisciplinary Team (IDT) to include Social Service Director, Nursing, MDS, Administration, Therapy, and MD.</p> <p>(5) Staff Education regarding Systematic change to ensure proper executive handling of PASARR screen intakes upon admission and change of condition led by facility Executive Director</p> <p>(6) Discuss concern quarterly at QA Meeting for one (1) year as monitoring measure led by facility Executive Director</p>		

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F 644	<p>Continued From page 2</p> <p>mouth daily for his Major Depressive Disorder.</p> <p>During an interview with the Administrator on 08/22/19 at 10:43 AM, the Administrator stated Resident #48 did not have the diagnoses of Depression, Psychotic Disorder and Delusional Disorder when he was previously admitted and was not aware there was an additional PASARR screening needed after a resident had an existing PASARR determination ending in "A" without an expiration date.</p> <p>During an interview with the Social Worker (SW) on 08/22/19 at 11:12 AM, the SW stated she did not realize there was an additional screening that needed to be done for residents with a PASARR determination ending in an "A" without an expiration date that had a new mental health diagnosis.</p> <p>2. Resident #12's PASARR Level I Screen Form dated 09/08/14 revealed no noted Mental Health Diagnoses and there were no Cognitive Impairment Diagnosis listed.</p> <p>Resident #12's PASARR Level I Determination Notification letter dated 09/08/14 revealed the resident was assessed to be Level I. The letter had a PASARR number ending in an "A" and there was no expiration date. There were no further PASARR referrals for Resident #12 in the medical record.</p> <p>Resident #12's original date of admission to the facility was 09/11/14 and was readmitted to the facility on 02/26/19 with diagnoses to include anxiety disorder, vascular dementia, major</p>	F 644			

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F 644	<p>Continued From page 3</p> <p>depressive disorder and delusional disorder.</p> <p>The significant change Minimum Data Set (MDS) assessment dated 06/10/19 indicated Resident #12's cognition was severely impaired, and she was coded as needing extensive assistance for most of her assisted daily living (ADL). Resident #12 was coded with the diagnoses of Non-Alzheimer's Dementia, Anxiety Disorder, Depression, and Psychotic Disorder and received an antipsychotic during the assessment period.</p> <p>The comprehensive care plan last updated 8/16/19 had focus problems to include:</p> <ul style="list-style-type: none"> a. antianxiety medication use - at risk for side effects to manage diagnosis of anxiety disorder, depression, and psychotic disorder; and b. cognitive/communication deficits related to Dementia with delusions. <p>During an interview with the Social Worker on 08/22/19 at 11:12 AM, the Social Worker stated she did not realize there was an additional screening that needed to be done for residents with a PASARR determination ending in an "A" without an expiration date that had a new mental health diagnosis.</p> <p>During an interview with the Administrator on 08/22/19 at 5:20 PM, she revealed she was not aware there was an additional PASARR screening needed after a resident had an existing PASARR determination ending in "A" without an expiration date.</p>	F 644			