

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345351</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/19/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>AUTUMN CARE OF SALUDA</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>501 ESSEOLA CIRCLE</b> <b>SALUDA, NC 28773</b>	
(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  An unannounced recertification survey was conducted on 09/16/19 through 09/19/19. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID# 88G011.	E 000		
F 000	INITIAL COMMENTS  A recertification and complaint investigation survey was conducted on 09/16/19 through 09/19/19. A total of 23 allegations were investigated and one allegation was substantiated.	F 000		
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g)  §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 review and staff interviews the facility failed to accurately code the Minimum Data Set (MDS) in the areas of restraints (Resident #64) and catheters (Resident #66) for 2 of 2 residents reviewed for Resident Assessments.  Findings included:  1. Resident #64 was admitted to the facility on 07/09/09 with multiple diagnoses that included cerebrovascular accident (stroke) and dementia.  Review of the quarterly MDS dated 08/17/19 revealed Resident #64 had moderate impairment in cognition and required limited to extensive staff assistance with bed mobility and transfers. The	F 641	Resident #64 had modification of MDS to remove the restraint coding during the survey. Resident #66 had modifications of the MDS to have accurate coding of catheter type during the survey. No residents suffered any negative outcomes as a result of the miscoding.  To identify other residents that have potential to be affected, the MDS Coordinator completed an audit on 9/30/19 to ensure that no other residents had miscoding for catheters and restraints. No other discrepancies were found.	10/9/19

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

TITLE

(X6) DATE

Electronically Signed

10/09/2019

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>MDS indicated, under Section P 0100 Physical Restraints, that limb restraints were used less than daily during the assessment period.</p> <p>Review of Resident #64's medical record revealed no physician order or care plan for the use of restraints.</p> <p>During an interview on 09/18/19 at 9:07 AM the MDS Coordinator confirmed Resident #64 did not use a limb restraint. The MDS Coordinator reviewed the MDS assessment dated 08/17/19 and acknowledged Section P 0100 was coded inaccurately. She explained it was a data entry error and stated a modification would be submitted to accurately reflect restraints were not used on Resident #64.</p> <p>During an interview on 09/19/19 at 11:09 AM, the Director of Nursing stated she would expect for MDS assessments to be accurately coded and felt the coding of restraint use for Resident #64 was an isolated data entry error.</p> <p>During an interview on 09/19/19 at 11:35 AM, the Administrator stated she would expect for MDS assessments to be accurately coded.</p> <p>2. Resident #66 was admitted to the facility on 02/23/19 with multiple diagnoses that included neurogenic bladder (lack of bladder control due to a brain, spinal cord or nerve condition).</p> <p>Review of the August 2019 Medication Administration Record (MAR) for Resident #66 revealed a physician's order dated 08/23/19 to change catheter every 30 days, every night shift and was documented as completed on 08/23/19.</p>	F 641	<p>To prevent this from recurring on 9/24/19, the Regional Reimbursement Nurse provided education to the MDS Coordinator that included Section P (restraints and alarm coding) and Section H (bowel and bladder coding) from the RAI Manual. All new hired MDS Coordinators will receive training on this requirement.</p> <p>To monitor and maintain ongoing compliance, beginning on 9/30/19, the Interdisciplinary Team or Consultant MDS will audit 3 MDS assessments for accuracy weekly for the next 12 weeks, to ensure accurate catheter and restraint coding. Immediate corrections will be made with any negative findings.</p> <p>The result of the weekly findings will be brought to QAPI by the Administrator and discussed in the QAPI meeting for the duration of the audits. The QA Committee will determine the need for increase in the frequency based on the results of the findings.</p> <p>The facility MDS Coordinator is responsible for compliance.</p> <p>The facility will be in compliance by 10/9/19.</p>		

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

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F 641	<p>Continued From page 2</p> <p>Review of the quarterly MDS dated 08/25/19 revealed Resident #66 had intact cognition and required total staff assistance with all activities of daily living. Under Section H Bladder and Bowel, indwelling catheter was not marked as being used during the MDS assessment period.</p> <p>During an interview on 09/19/19 at 9:11 AM the MDS Coordinator confirmed Resident #66 had an indwelling catheter. The MDS Coordinator reviewed the MDS assessment dated 08/25/19 and stated an indwelling catheter should have been coded. She explained it was a data entry error and stated a modification would be submitted to accurately reflect Resident #66 had an indwelling catheter during the assessment period.</p> <p>During an interview on 09/19/19 at 11:09 AM, the Director of Nursing stated she would expect for MDS assessments to be accurately coded and felt the indwelling catheter not being coded on Resident #66's MDS assessment was an isolated data entry error.</p> <p>During an interview on 09/19/19 at 11:35 AM, the Administrator stated she would expect for MDS assessments to be accurately coded.</p>	F 641			