STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345288	A. BUILDING _____ B. WING _____	10/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPASS HEALTHCARE AND REHAB ROWAN, LLC	1404 S SALISBURY AVENUE SPENCER, NC 28159

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E 000	Initial Comments An unannounced Recertification survey was conducted on 09/30/2019 through 10/03/2019. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID # IN5P11.	E 000		
F 640 SS=D	Encoding/Transmitting Resident Assessments CFR(s): 483.20(f)(1)-(4) §483.20(f) Automated data processing requirement- §483.20(f)(1) Encoding data. Within 7 days after a facility completes a resident's assessment, a facility must encode the following information for each resident in the facility: (i) Admission assessment. (ii) Annual assessment updates. (iii) Significant change in status assessments. (iv) Quarterly review assessments. (v) A subset of items upon a resident's transfer, reentry, discharge, and death. (vi) Background (face-sheet) information, if there is no admission assessment. §483.20(f)(2) Transmitting data. Within 7 days after a facility completes a resident's assessment, a facility must be capable of transmitting to the CMS System information for each resident contained in the MDS in a format that conforms to standard record layouts and data dictionaries, and that passes standardized edits defined by CMS and the State. §483.20(f)(3) Transmittal requirements. Within 14 days after a facility completes a resident's assessment, a facility must electronically transmit encoded, accurate, and complete MDS data to the CMS System, including the following:	F 640		10/31/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 10/17/2019

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F 640	Continued From page 1 (i)Admission assessment. (ii) Annual assessment. (iii) Significant change in status assessment. (iv) Significant correction of prior full assessment. (v) Significant correction of prior quarterly assessment. (vi) Quarterly review. (vii) A subset of items upon a resident's transfer, reentry, discharge, and death. (viii) Background (face-sheet) information, for an initial transmission of MDS data on resident that does not have an admission assessment. §483.20(f)(4) Data format. The facility must transmit data in the format specified by CMS or, for a State which has an alternate RAI approved by CMS, in the format specified by the State and approved by CMS. This REQUIREMENT is not met as evidenced by: Based on record reviews and staff interviews the facility failed to complete and transmit a discharge tracking MDS assessment form (Resident # 1) and an entry tracking MDS assessment form (Resident # 2) for 2 residents reviewed for MDS tracking assessments (Resident # 1 and Resident # 2). Findings included: 1.Resident # 1 was admitted to the facility on 03/11/2019 and discharged on 04/04/2019. A review of Resident # 1's transmitted MDS assessments revealed an Entry Tracking assessment dated 03/11/2019 and an admission comprehensive MDS assessment dated 03/18/2019. The review revealed that a discharge assessment was initiated by the facility dated	F 640	Compass Healthcare-Rowan wishes to have this submitted plan of correction stand as it's written as allegation of compliance. Our date of compliance is on 10/31/19. This plan is prepared and/or executed to ensure compliance with regulatory requirements. Resident #1 had a discharge tracking MDS assessment completed and transmitted on 10/3/19 by the facility MDS Coordinator. Resident #2 had an entry tracking MDS assessment completed and transmitted on 10/3/19 by the MDS Coordinator. The facility has conducted MDS audits on 10/16/19 for residents requiring a	

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F 640	Continued From page 2 04/04/2019, but the assessment had not been transmitted. A review of the face sheet of Resident # 1 revealed that Resident # 1 was discharged return not anticipated on 04/04/2019. Resident # 1's nurse note revealed that Resident # 1 discharged to the community on 04/04/2019. An interview with the MDS nurse conducted on 10/03/2019 at 2:30 PM revealed that a discharge return not anticipated MDS tracking assessment was initiated for Resident # 1 on 04/04/2019 but it was not completed or transmitted to the MDS National Data base. The MDS nurse revealed that this was an over site on her part. A review was completed of the facility's MDS submission report and revealed the MDS dated 04/04/2019 for Resident # 1 was transmitted and accepted on 10/03/2019. The submission report message for the assessment read "Assessment completed late: Z0500B (assessment completion date) is more than 14 days after A2300 (Assessment Reference Date (ARD)). The facility administrator was interviewed on 10/03/2019 at 3:48 PM revealed that it was the expectation that all required MDS assessments including discharge tracking assessments be completed and transmitted timely as required by the RAI (Resident Assessment Instrument). 2.Resident # 2 was admitted to the facility on 02/14/2019 and resided in the facility. A review of the transmitted MDS assessments for Resident # 2 included that a comprehensive MDS	F 640	discharge assessment and entry tracking assessments from (7/1/19-10/4/19) by the administrator to identify residents who needed to have a discharge MDS assessment and an entry tracking MDS assessment completed and submitted. The results of the audit did not identify any other errors and thus, did not need another assessment completed and transmitted. The MDS coordinator has been re-educated by the administrator on 10/16/19 on completion of discharge MDS assessment and entry tracking assessment and verify that these assessments are transmitted timely. The director of nurses and/or administrator will be responsible to complete audits of discharge assessments and entry tracking assessments and Final Validation Report (transmittal log) that shows complete and timely filing of the facility assessments. Audits will be completed weekly for four (4) weeks, monthly for three (3) months and quarterly thereafter. Results will be reviewed through monthly Quality Assurance and Performance Improvement (QAPI) and corrective actions taken as necessary. The administrator is responsible for overall compliance.	

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F 640	Continued From page 3 assessment dated 02/21/2019 was completed and transmitted to the National Data base and quarterly MDS assessments dated 04/04/2019 and 07/02/2019 were also completed and transmitted to the National Data base. There was no record that an entry MDS tracking assessment had been completed or transmitted for Resident #2 dated 02/14/2019. On 10/03/2019 at 2:30 PM an interview was conducted with the MDS nurse. The MDS nurse revealed that the facility failed to complete and transmit an entry MDS tracking form for Resident # 2 dated 02/14/2019 and that this was an over site on her part. A review of the facility's MDS submission report was completed and revealed the MDS dated 02/14/2019 for Resident # 2 was transmitted and accepted into the National Data base on 10/03/2019. The submission report message for the report read "Record Submitted Late: The submission is more than 14 days after A1600 on this new (A0050 equals 1) entry tracking record (A0310F equals 01). The facility administrator was interviewed on 10/03/2019 at 3:48 PM revealed that it was the expectation that all required MDS assessments including discharge tracking assessments be completed and transmitted timely as required by the RAI (Resident Assessment Instrument).	F 640		
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.	F 641		10/31/19

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F 641	Continued From page 4 This REQUIREMENT is not met as evidenced by: Based on record review, observations, resident and staff interviews, the facility failed to correctly code a Minimum Data Set (MDS) assessment for 2 of 23 residents reviewed for MDS accuracy (Resident #53 & #58). Findings included: 1. Resident #53 was admitted to the facility on 5/11/2019 with diagnoses to include hypertension, muscle weakness and chronic obstructive lung disease. a. The admission MDS dated 5/18/2019 assessed Resident #53 to have a colostomy and that she was "always continent" of bowels. Resident #53 was interviewed on 9/30/2019 at 11:26 AM and she reported she had a colostomy and she was able to empty the collection bag without assistance from staff. Nursing assistant (NA) #1 was observed documenting on 10/3/2019 at 9:57 AM for Resident #53 and she documented that Resident #53 had a bowel movement and she was continent of her bowels. NA #1 reported she was not aware Resident #53 had a colostomy. An interview was conducted with the MDS nurse on 10/3/2019 at 3:21 PM and she reported because the MDS was coded for Resident #53 to have a colostomy, the MDS bowel continence question should have been answered as "not rated, resident had an ostomy" on the admission MDS assessment.	F 641	Compass Healthcare-Rowan wishes to have this submitted plan of correction stand as it's written as allegation of compliance. Our date of compliance is on 10/31/19. This plan is prepared and/or executed to ensure compliance with regulatory requirements. Resident #53 Admission MDS assessment dated 5/18/19 was corrected on 10/16/19 and quarterly MDS assessment dated 8/13/19 was corrected on 10/12/19 to reflect that resident #53 has a colostomy and not rated, resident has an ostomy. Resident #58 Comprehensive admission MDS dated 8/9/19 was corrected on 10/14/19 to reflect impaired vision and dental with broken natural teeth. Resident #58 has a dental appointment scheduled for 11/5/19 and eye appointment scheduled for 12/11/19. All other MDS assessments when completed daily or weekly will be checked by the director of nurses and/or administrator to ensure MDS's are accurate prior to submitting the assessment. An in-service given by the administrator is scheduled for 10/18/19 for all disciplines who complete portions of the MDS on the accuracy of assessments in order to ensure resident status is correctly coded	

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F 641	Continued From page 5 An interview was conducted with the Administrator on 10/3/2019 at 3:42 PM and she reported it was her expectation that the MDS assessment accurately reflected the status of a resident during the assessment period. b. The Quarterly MDS dated 8/13/2019 did not document the presence of a colostomy for Resident #53 and documented that Resident #53 was "occasionally incontinent" of bowels. The physician orders for Resident #53 were reviewed and an order dated 9/20/2019 directed colostomy care to be performed every three days. Resident #53 was interviewed on 9/30/2019 at 11:26 AM and she reported she had some skin irritation around her colostomy site and she was seen by the wound clinic for healing of the irritation. Resident #53 went on to explain she was able to provide care to her colostomy without staff assistance. She concluded by reporting the wound clinic changed the colostomy wafer once per week and staff nurses changed it once per week for her. Nursing assistant (NA) #1 was observed documenting on 10/3/2019 at 9:57 AM for Resident #53 and she documented that Resident #53 had a bowel movement and she was continent of her bowels. NA #1 reported she was not aware Resident #53 had a colostomy. An interview was conducted with the MDS nurse on 10/3/2019 at 3:21 PM and she reported she reviewed the NA flowsheet charting before coding the MDS and because the NAs had documented that Resident #53 was occasionally incontinent of bowels, she coded her as occasionally	F 641	on each MDS assessment. Focused direction will be provided regarding coding for ostomy, dental and vision. The director of nurses and/or administrator will audit MDS assessments for accuracy when completed on a weekly basis. Audits will be completed weekly for four (4) weeks, monthly for three (3) months and quarterly thereafter. Results will be reviewed through monthly Quality Assurance and Performance Improvement (QAPI) and corrective action taken as necessary. The administrator is responsible for overall compliance.	

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F 641	Continued From page 6	F 641		

incontinent. The MDS nurse reported she was not aware that Resident #53 had a colostomy and she overlooked her colostomy status when coding the MDS.

An interview was conducted with the Administrator on 10/3/2019 at 3:42 PM and she reported it was her expectation that the MDS assessment accurately reflected the status of a resident during the assessment period.

2. Resident # 58 was admitted to the facility on 08/02/2019 with diagnoses that included lack of coordination, lymphedema, bipolar disorder, depression and diabetes mellitus type 2 (DM2).

A review of a form titled Nurse Admit Assessment dated 08/02/2019 included that Resident # 58 had impaired vision and had eye glasses that he did not wear. Resident # 58 was recorded to have few natural teeth and/ or broken natural teeth. Resident # 58 had 3 natural teeth.

A review of a comprehensive admission MDS (Minimum Data Set) dated 08/09/2019 revealed that Resident # 58 had moderate cognitive impairment with adequate vision without corrective lenses. Resident # 58 was coded with no dental concerns.

On 09/30/2019 at 11:12 AM an interview and observation conducted of Resident # 58 and Resident # 58 revealed that he did not see very well and that he needed to have an eye doctor appointment because he might need eye glasses. Resident # 58 was observed with missing many natural teeth. Resident # 58 revealed that he had not had a dental appointment in many years and that he did want to be seen by the dentist

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F 641	Continued From page 7	F 641		

because he had few of his own teeth and he might need dentures or a good oral cleaning.

Nurse # 1 was interviewed on 10/02/2019 at 10:57 AM. Nurse # 1 revealed that she was not aware that Resident # 58 had any vision or dental concerns as he had never voiced those concerns to her. Nurse # 1 revealed that she would follow up with the physician and social worker to address concerns of Resident # 58.

The facility social worker (SW) was interviewed on 10/02/2019 at 11:46 AM. The SW revealed that she had not been aware that Resident # 58 requested to be seen by the eye doctor or dentist and she (SW) would speak to Resident # 58 and arrange for his appointments as soon as possible.

On 10/03/2019 at 3:02 PM an interview was conducted with the MDS nurse. The MDS nurse revealed that the Nurse Admit Assessment data form information dated 08/02/2019 was outside of her review look back period for the admission MDS dated 08/09/2019. The MDS nurse also stated she used only medical record information when she coded the MDS and that she did not recall that she had performed an interview or observation with Resident # 58 when she completed the MDS dated 08/09/2019.

The facility administrator was interviewed on 10/03/2019 at 3:43 PM. The administrator revealed that it was expected that all MDSs be coded accurately to reflect the resident status during the review period and that MDS accuracy included resident observations and interviews along with medical record documentation reviewed during the MDS review period.

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