

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

PRINTED: 11/12/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345175</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/11/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>SMITHFIELD MANOR NURSING AND REHAB</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>902 BERKSHIRE ROAD</b> <b>SMITHFIELD, NC 27577</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	E 000			
F 000	An unannounced recertification survey was conducted 10/07/2019 through 10/11/2019. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness, Event QX2C11.	F 000			
F 656 SS=D	INITIAL COMMENTS  No deficiencies cited as a result of complaint investigation of 10/11/2019 Event QX2C11. Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)  §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its	F 656	11/3/19		

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

TITLE

(X6) DATE

Electronically Signed

11/01/2019

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 656	<p>Continued From page 1</p> <p>rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, observations, and staff interviews, the facility failed to revise the care plan after the resident changed from independently feeding oneself to being dependent on 1:1 assistance with feeding in 1 of 1 resident observed. (Resident #142)</p> <p>Findings included:</p> <p>The resident (#142) resided at the facility since 10/18/2014, and current diagnoses included hypertension, diabetes mellitus, and hyperlipidemia.</p> <p>A review of physician orders dated 8/12/2019 revealed the resident (#142) was placed on the 1:1 meal cart (residents required feeding assistance) until evaluated by occupational therapy. An order dated 8/20/2019 noted the resident (#142) was changed to a mechanical soft diet with thin liquids and the 1:1 cart.</p>	F 656	<p>Resident #142 shall have care plan revised by Dietary Manager to reflect the need for 1:1 assistance with feeding. Care Plan review of all existing residents and their need for assistance with feeding shall be conducted by the Dietary Manager and documented on the "24 Hour Nursing Report" for each unit. Any inaccuracies noted shall be corrected immediately and care plan revised to reflect correct assistance needed. Dietary Manager shall receive education related to 483.21 as to ensure no recurrence of deficient practice. Education shall be provided by DON. Dietary Manager and/or her designee shall review form entitled "Change of Diet" as to ascertain any need for revision to resident care plans as it relates to the need for 1:1 assistance with meals. Any need for revision shall be conducted upon receipt of form "Change of Diet" as to</p>		

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F 656	<p>Continued From page 2</p> <p>A review of the nurse's notes dated 8/12/2019 revealed the resident (#142) declined in performing independent tasks and changed from feeding oneself to requiring 1:1 feeding assistance.</p> <p>The dietary notes dated 8/19/2019 revealed the resident (#142) was on a 1:1 cart. On 8/23/2019, the dietary notes noted the resident (#142) was on a mechanical diet with 1:1 feeding assistance.</p> <p>The minimum data set (MDS) assessment dated 9/2/2019 revealed the resident (#142) was cognitively impaired and required extensive assistance by one person with eating.</p> <p>A review of the care plan dated 9/23/2019 revealed the care plan was not revised to show the resident required 1 to 1 feeding assistance.</p> <p>An observation on 10/7/2019 at 1:11pm revealed the resident (#142) was receiving staff assistance with feedings.</p> <p>The interview with the MDS coordinator on 10/11/2019 at 10:15am revealed physician orders and the resident's assessment during a MDS update triggered an update on the care plan and stated if it was nutrition related, the dietary department updated that section of the care plan.</p> <p>During an interview on 10/11/2019 at 10:21am, the dietician reported updating nutritional care plans and noted the resident's (#142) need for 1:1 assistance with feeding was not on the care plan. The dietician noted the care plan needed to be changed when the order slips entered the dietary department. The dietician confirmed the resident (#142) was on the 1:1 meal cart.</p>	F 656	<p>ensure no recurrence of the deficient practice.</p> <p>Audits entitled "Dietary Care Plan Review" shall be conducted by the QA Coordinator and/or her designee to ensure compliance and accuracy of "Change of Diet" form and needed revision to care plans of residents reviewed. Audits shall be conducted weekly X 1 month, monthly X 1 quarter and quarterly thereafter. Results shall be included in the Quarterly Quality Assurance Committee.</p>		

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F 656	Continued From page 3  An interview with the DON on 10/11/2019 at 11:59am revealed care plans were developed and revised by a team consisting of nursing, social worker, therapy and dietary. The DON stated each care plan was individualized to the resident and the dietary department was responsible for updating the care plan for nutrition and based on the orders and needs of the resident (#142), the care plan needed to be updated.	F 656			
F 758 SS=D	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5)  §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic  Based on a comprehensive assessment of a resident, the facility must ensure that---  §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;  §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;	F 758		11/3/19	

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F 758	Continued From page 4  §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and  §483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.  §483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to ensure physician orders for as needed (PRN) psychotropic meds were limited in duration for 1 of 5 residents reviewed for unnecessary medications (#123).  The findings included:  Resident #123 was admitted to the facility on 7/25/19 with diagnosis which included muscle weakness, lack of coordination, low back pain, chronic pain, hemiplegia following cerebral infarction and Chronic Obstructive Pulmonary Disease.  A record review of medications revealed a	F 758	Resident #123 shall have order for Valium 2mg PRN reviewed by primary physician group (Physicians Eldercare)and corrected to reflect appropriate stop date. All residents receiving PRN psychotropic medications shall have orders reviewed by "Clinical Director of Nursing" to ensure each order has an appropriate stop date of 14 days or documentation of rationale to indicate a duration of greater than 14 days. All prescribing primary care and Psych providers shall receive education related to 483.45 and prescribing of PRN psychotropic medications with appropriate		

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F 758	Continued From page 5 doctor's order for Valium (an antianxiety medication) 2mg two times a day PRN on 9/18/19 with no stop date.  An interview was conducted with a facility physician assistant on 10/11/19 at 9:45 AM. He stated psychotropic PRN orders were limited to 14 days. He further stated it could be ordered for 30 days, but a rationale should always be indicated.	F 758	stop dates and documentation as to ensure no recurrence of the deficient practice. Education shall be provided by DON. A weekly review of all new PRN psychotropic medication orders shall be conducted by the Director of Clinical Services and/or her designee and documented on the "PRN Psychotropic Medication Roster." Any PRN psychotropic medication orders noted without a 14 day stop date or documentation of rationale to exceed 14 days will be addressed upon discovery and corrected immediately. Audits entitled "PRN Psychotropic Medication Review" shall be conducted by the QA Coordinator and/or her designee to ensure compliance and accuracy of the "Psychotropic Medication Roster." Audits shall be conducted weekly X 1 month, monthly X 1 quarter and quarterly thereafter. Results shall be included in the quarterly Quality Assurance Committee.		