

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345298 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 10/09/2019 |
|--|--|---|---|---|
| NAME OF PROVIDER OR SUPPLIER THE LAURELS OF PENDER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 311 S CAMPBELL STREET BURGAW, NC 28425 | |
| (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 10/06/19 through 10/09/19. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #7NB111. | E 000 | | |
| F 644 SS=D | 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 make a referral for the re-evaluation of a Pre-Admission Screening and Resident Review (PASARR) II for 1 of 4 residents reviewed for PASARR. (Resident #66) The findings included: | F 644 | 10/31/19 | |
| | | | 1. A referral for a PASARR Level II for Resident #66 was completed. If a Level II PASARR is determined, then a MDS Significant Change will be submitted within 14 days of the determination. The care plan will be updated to reflect the level change. | |

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

TITLE

(X6) DATE

Electronically Signed

10/28/2019

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>A review of the PASARR level I screen dated 4/8/16 had mental health diagnoses including: Anxiety and Panic Disorder.</p> <p>Resident #66 was admitted 6/10/16, the medical diagnoses page dated 06/28/16 had Bipolar disease, Anxiety Disorder, Major Depressive Disorder, Paranoid Personality Disorder and Adjustment Disorder with Anxiety listed as mental health diagnoses.</p> <p>The quarterly Minimum Data Set (MDS) dated 9/7/19 had Resident #66's diagnoses including Anxiety Disorder, Depression, Manic depression (Bipolar Disease), Psychotic Disorder (other than Schizophrenia). Resident #66 was coded as needing total dependence for bed mobility, transfer and toilet use, extensive assistance with personal hygiene, and dressing and independent with eating and received an antidepressant and antianxiety medication for the 7 days during the look back period. The admissions MDS dated 6/17/16 had diagnoses including: Anxiety, Depression (other than bipolar), Manic depression (bipolar disease), was coded as having an antipsychotic and an antidepressant for 6 days during that look back period.</p> <p>The care plan dated 9/7/19 had focuses of Actual Behavior Problem AEB abusive language and threatening behavior towards staff, Affective Disorder: Depression, Anxiety and Bipolar illness with history of mood cycles and frequent crying, a diagnosis of Bipolar disorder and anxiety. She prefers to stay in her room, but enjoys being read to, and conversing with others and has potential for worsening behaviors problem evidenced by yelling and screaming at staff and cursing/using abusive language related to dx of bipolar</p> | F 644 | <p>2. An in-house audit of all current Residents with a Level I PASRR noted with a newly evident or possible serious mental disorder, intellectual disability, or a related condition for level II resident review assessment will be completed in accordance with 483.20(e) by . The current affected Residents will have a Level II review submitted to North Carolina PASRR – MUST. In accordance with 483.20(e)(1) the recommendations from a PASARR level II determination and the PASARR evaluation report will be incorporated into the Residents' assessment, care planning, and transitions of care.</p> <p>3. The Laurels of Pender will coordinate assessments with the pre-admission screening and resident review (PASARR) program. New admissions will be screened prior to admission for evidence of a possible serious mental disorder, intellectual disability, or a related condition for a level II review. Based on findings, a Level II review will be requested by The Laurels of Pender.</p> <p>During daily Clin-Ops meeting, any Resident noted with a newly evident or possible serious mental disorder, intellectual disability, or a related condition with a current Level I PASARR will be submitted for a Level II PASARR. All Residents will be assessed prior to their ARD for a newly evident or possible serious mental disorder, intellectual disability, or a related condition for a level II Resident review and upon a significant</p> | | |

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| F 644 | <p>Continued From page 2</p> <p>disorder, anxiety and recent CVA with left hemiparesis.</p> <p>A review of the PASRR level 1 determination notification dated 04/08/2016 read: PASRR number ending in an "A" and without an expiration date, did not need further screening unless a significant change occurs with the individual's status which suggests a diagnosis of mental illness or mental retardation or, if present, suggests a change in treatment needs for those conditions.</p> <p>A review of the Medication Administration Record (MAR) dated 10/2019 had Cymbalta Capsule Delayed Release Particles 30 MG (Duloxetine HCl) Give 1 capsule by mouth one time a day related to Major Depressive Disorder and Anxiety Disorder listed and was administered as ordered. Reviewed psychotherapy progress note dated 9/11/19 read: treatment goals focused on during the session were: bipolar symptoms and anxiety, to reduce anxiety, and monitor for symptoms of escalations of mood towards mania.</p> <p>Reviewed nurses note dated 7/31/19 read: Yelling/Screaming, allowed time for venting and redirected.</p> <p>During an interview with social worker on 10/09/19 at 10:42 AM, the social worker stated there should have been a referral for a PASARR level II for Resident #66 that included all of her mental health diagnoses.</p> <p>During an interview with the Director of Nursing (DON) 10/09/19 at 10:24 AM, the DON stated there should have been a referral for a PASARR level II for Resident #66 and there will be a full</p> | F 644 | <p>change in status assessment and will be completed in accordance with 483.20(e) (2) and will be submitted for a Level II PASARR.</p> <p>4. On 10/25/19, the QAPI committee with the Medical Director present, reviewed the findings of the 2567 from the October 6, 2019 to October 9, 2019 recertification survey. Monitoring of the Level II process will be reviewed daily in Clin-Ops x 4 weeks; then weekly x 4 weeks and followed up in the QAPI monthly meetings x 3 months and as needed thereafter.</p> <p>5. All corrective actions as stated above will be completed by 10/31/19. Determinations by North Carolina PASRR – MUST will be completed as appropriate based on reviews as received.</p> | | |

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

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| F 644 | Continued From page 3 audit to assure all diagnoses are included during the screening of the PASARR evaluations. During an interview with Administrator on 10/09/19 at 10:36 AM, the Administrator stated according to the diagnoses, there should have been a referral for a PASARR level II for Resident #66 and there will be a full audit and education to assure all diagnoses are included during the screening of the PASARR evaluations. | F 644 | | |