

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

PRINTED: 01/10/2020  
FORM APPROVED  
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                             |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>345149</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>12/10/2019</b> |
|--|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ACCORDIUS HEALTH AT WINSTON SALEM</b> |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>4911 BRIAN CENTER LANE</b><br><b>WINSTON-SALEM, NC 27106</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 |   |
| F 000  | INITIAL COMMENTS   | F 000   |   |                      |   |
| F 656<br>SS=D  | <p>A complaint investigation survey was completed on 12/10/19. 4 of the 4 complaint allegations were not substantiated. Event ID# 09MD11.</p> <p>Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)</p> <p>§483.21(b) Comprehensive Care Plans<br/>§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 -</p> <p>(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</p> <p>(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).</p> <p>(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 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</p> | F 656   |   | 12/27/19             |   |

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

TITLE

(X6) DATE

Electronically Signed

12/23/2019

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>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 staff interviews and record review, the facility failed to develop a care plan that addressed cognitive loss for 1 of 1 resident (Resident #1) reviewed.</p> <p>Findings included:</p> <p>Resident #1 was admitted to the facility on 10/1/19, discharged to the hospital on 10/4/19, re-admitted to the facility on 10/14/19 and discharged back to the hospital on 11/25/19. Resident #1's diagnoses included, in part, cerebrovascular accident.</p> <p>The admission Minimum Data Set (MDS) assessment dated 10/21/19 indicated Resident #1 had moderately impaired cognition.</p> <p>The Care Area Assessment (CAA) for cognitive loss was completed 10/27/19 by the facility social worker (SW) and revealed, "Will proceed to care plan for cognition." The CAA worksheet included notes that indicated, "Resident has medical conditions that could impact his cognition and resident has had cognitive loss due to having a stroke."</p> <p>The care plan, updated 10/22/19, had not</p> | F 656   | <p>F656</p> <ol style="list-style-type: none"> <li>Resident #1 was discharged on 11/25/2019.</li> <li>The IDCPT identified all residents who were at risk for the same deficient practice. The IDCPT audited these residents' comprehensive care plan to ensure that triggered CAAs were appropriately addressed on the comprehensive care plan. These audits were conducted during the period December 13-27, 2019 by the MDS Coordinator or designee.</li> <li>The administrator, Director of Nursing, MDS Coordinator, Social Worker, Rehabilitative Services Director, Activities Director and Dining Services Director received an in-service on proper completion triggered CAAs and their inclusion on the comprehensive care plan. This in-service was conducted by the regional MDS Consultant on December 18, 2019. The MDS coordinator or designee will audit 2 residents per week</li> </ol> |                      |   |

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| F 656  | <p>Continued From page 2 addressed cognitive loss.</p> <p>On 12/10/19 at 12:50 PM an interview was completed with the MDS Nurse. She stated the SW completed the CAA for cognition and either the SW or MDS Nurse completed the care plan if the determination was made to proceed to care plan. The MDS Nurse explained the care plan was due by the 21st day after admission and typically if the care plan for cognition was not in place by then the MDS Nurse completed it. She added that whichever discipline completed the CAA was responsible to have created the care plan and said, "Either one of us could have done the cognition care plan." The MDS Nurse recalled she had not reviewed the CAA for cognitive loss and hadn't always reviewed and made sure the care plans were completed by other disciplines who indicated they had proceeded to care plan.</p> <p>An interview with the SW on 12/10/19 at 1:08 PM revealed she completed both the cognition section of Resident #1's MDS assessment and the CAA. She verified that a care plan needed to be developed to address Resident #1's cognitive loss. The SW said the MDS Nurse typically completed all the care plans and explained, "I usually don't do the care plan problem even if it triggers under my section or if I complete the CAA. I'm sure she (MDS Nurse) goes in and looks under what we have put in there and then knows what needs to be care planned." The SW further added she was unsure why a care plan was not developed for cognitive loss.</p> <p>During an interview with the Director of Nursing (DON) on 12/10/19 at 3:38 PM she explained the MDS Nurse was responsible for all the MDS</p> | F 656   | <p>for 4 weeks, then 1 resident per week for 4 weeks of comprehensive care plans during the period 12/21/2019 to 2/21/2020.</p> <p>4. Findings of these audits will be reported by the facility Administrator to the facility QAPI committee at its December 2019, January 2020 and February 2020 meetings for review and further action, if required.</p> <p>5. The MDS Coordinator or designee will monitor for compliance</p> |                      |   |

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| F 656  | Continued From page 3<br>assessments but that certain disciplines completed parts of the assessment and created care plans based on individual assessments. The DON said when it was time to finalize the MDS assessment and care plan the MDS Nurse should have looked to see if everything was done. The DON was unsure why the care plan for cognitive loss was not addressed and shared that Resident #1 had been in and out of the hospital during his stay at the facility. She indicated that the MDS Nurse was responsible to make sure MDS assessments and care plans were completed. | F 656   |   |                      |   |