

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

PRINTED: 04/01/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345491</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/03/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>CROATAN RIDGE NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>210 FOXHALL ROAD NEWPORT, NC 28570</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  The survey team entered the facility on 03/01/21 to conduct a Recertification survey. The survey team was onsite 03/01/21 and 03/02/21. Additional information was obtained offsite on 03/03/21. Therefore, the exit date was 03/03/21. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID# U69211	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 re-evaluation after a change in mental health status for 1 of 1 resident (Resident #25) reviewed for Preadmission Screening and Resident Review	F 644	F 644 Coordination of PASARR and Assessments CFR(s): 483.209 (e)(1)(2)  On 3/3/2021 a preadmission screening and Resident Review (PASRR) was	3/16/21	

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

TITLE

(X6) DATE

Electronically Signed

03/23/2021

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 (PASRR).</p> <p>Findings included:</p> <p>Resident #25 was admitted to the facility on 01/26/21 with diagnoses which included, in part, personal history of COVID-19, cirrhosis of liver without ascites and nicotine dependence.</p> <p>The admission Minimum Data Set (MDS), dated 02/02/21 revealed Resident #25 was cognitively intact, felt down, depressed or hopeless, had trouble falling or staying asleep, and felt tired or had little energy. The MDS indicated Resident #25 had not had a PASRR II screen, had behavioral symptoms directed towards others which occurred 1-3 days of the assessment period, significantly intruded on the privacy or activities of others, and rejected care 4-6 days of the assessment period. The MDS indicated Resident #25 had received antipsychotic medications 2 days of the assessment period and antianxiety medications 4 days of the assessment period.</p> <p>Medical record review revealed Resident #25 was assessed by the Medical Doctor (MD) on 02/02/21. A review of the MD's progress note from 02/02/21 revealed Resident #25 had not yet been seen by the facility's neuropsychiatric services. The MD indicated Resident #25 told her he had anxiety and had been taking an antianxiety medication two to three times a day as needed. The MD diagnosed Resident #25 with anxiety disorder and ordered an antianxiety medication to be administered twice daily and to follow-up with the geriatric neuropsychiatric services as indicated.</p>	F 644	<p>completed for Resident # 25 by the Social Worker. On 3/5/2021 Resident # 25 received a Preadmission Screening and Resident Review (PASRR) Level 2. Resident # 25 no longer resides in the facility.</p> <p>On 3/2/2021 a 100% review of all current residents received a Preadmission Screening and Resident Review (PASRR) completed by the Social Worker and Minimum Data Set Nurse with oversight of the Administrator utilizing a resident census to ensure that all residents have a current Preadmission Screening and Resident Review (PASRR) to include appropriate level. All identified issues were corrected during the audit by the Social Worker and Minimum Data Set Nurse with oversight of the Administrator during the audit, to include submission of Preadmission Screening and Resident Review (PASRR) for review. The audit was completed on 3/16/2021.</p> <p>On 3/8/2021 the Social Worker (SW), Admissions Director, Minimum Date Set Nurse (MDS), and Director of Nursing (DON) were in-serviced by the Administrator on requirement for PASRR screening per the regulations.</p> <p>10% of Residents with a newly evident or possible serious mental disorder, intellectual disability, or related condition to include change in mental health status will be monitored by the Social Worker. This is to ensure that the facility submits and coordinates with the appropriate,</p>		

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F 644	<p>Continued From page 2</p> <p>During an interview with the MDS Coordinator on 03/01/21 at 2:00 p.m., the MDS Coordinator stated the facility did not do a referral for a PASRR II screening on Resident #25.</p> <p>An interview was held with the MDS Coordinator on 03/02/21 at 9:09 a.m. The MDS Coordinator stated Resident #25 was admitted to the facility on an antipsychotic drug which had no supporting diagnosis. The MDS Coordinator explained when the MD assessed Resident #25 on 02/02/21, the MD discontinued the antipsychotic medication and added anxiety disorder to Resident #25's active diagnoses. The MDS Coordinator further explained once a resident has been diagnosed with a new mental health diagnosis or placed on a psychotropic medication, the resident's case will be discussed with the interdisciplinary team (IDT), an order written for the diagnosis and/or medication and the Social Worker (SW) would be notified for follow-up in regards PASRR screening referrals.</p> <p>On 03/02/21 at 9:20 a.m. the SW was interviewed. The SW stated she did not complete a referral for a Level II screen after Resident #25 was given the diagnosis of anxiety disorder due to human error.</p> <p>During an interview with the Administrator on 03/03/21 at 5:17 p.m., the Administrator explained when new residents are admitted, they typically have had a PASRR Level 1 screening done at the hospital, prior to admission. The Administrator stated when Resident #25 was admitted there had been a bit of discussion regarding the resident having been admitted on an antipsychotic with no supporting diagnosis. The Administrator stated after Resident #25 had been</p>	F 644	<p>State-designated authority, to ensure individuals with a mental disorder, intellectual disability, or a related condition to include change in mental health status receives care and service in the most integration setting appropriate to their needs weekly x 8 weeks and then monthly x 1 month. Any identified areas of concerns will be corrected during the audit by the Social Worker with oversight from the Administrator to include completing a Preadmission Screening and Resident Review (PASRR). The Administrator will review and initial the PASRR audit tool weekly for 8 weeks than monthly for 1 month for completion and to ensure all areas of concern were addressed.</p> <p>The Administrator will forward the results of the PASRR Audit tool to the Executive QA Committee monthly x3 months. The Executive QA Committee will meet monthly x 3 months to review the PASRR Audit tool to determine trends and/or issues that may need further interventions put into place and to determine the need for further and/or frequency of monitoring</p>		

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F 644	Continued From page 3 assessed by the MD, the antipsychotic was discontinued, however anxiety disorder was added to his active diagnoses. The Administrator stated due to a communication error, a PASRR Level II screen had not been completed.	F 644		