

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

PRINTED: 06/13/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345357	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/07/2022
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NAME OF PROVIDER OR SUPPLIER PRUITTHEALTH-NEUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1303 HEALTH DRIVE NEW BERN, NC 28560
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F 000	INITIAL COMMENTS An onsite revisit was conducted on 6-7-22 and the facility is back in substantial compliance effective 6-7-22.	F 000		
F 656 SS=B	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 rationale in the resident's medical record. (iv) In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for	F 656		

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

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 record review and staff interviews, the facility failed to ensure person-centered comprehensive care plans for advance directives were developed in accordance with the resident's choice and the physician orders. This occurred for 2 of 4 residents (Resident #174 and Resident #1) reviewed for advance directives.</p> <p>Findings included:</p> <p>1. Resident #174 was admitted to the facility on 2-11-22.</p> <p>Review of the physician order dated 2-11-22 revealed an order for Resident #174 to be a full code (attempt resuscitation).</p> <p>Resident #174's face sheet located in the facility's electronic medical record indicated the resident was a full code.</p> <p>Resident #174's care plan initiated on 2-11-22 completed by Nurse #1 revealed a problem area for advance directives indicating resuscitation would be attempted. The goal for the advance directive problem area provided conflicting information indicating, in part, if the resident's heart stops or the resident stops breathing</p>	F 656			

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F 656	<p>Continued From page 2</p> <p>resuscitation will not be initiated in honor of the do not resuscitate (DNR) wishes. The intervention for the goal was in part all staff were to be made aware of resident's wishes.</p> <p>The admission Minimum Data Set (MDS) dated 2-18-22 revealed Resident #174 was moderately cognitively impaired.</p> <p>On 5/17/22 MDS Nurse #1 completed a review of Resident #174's care plan related to the advance directive and no changes were made.</p> <p>During an interview with the facility's Social Worker (SW) on 6-7-22 at 12:58pm, the SW said she was responsible for making sure the resident's advance directive was on the face sheet and care plan.</p> <p>A further interview with the SW occurred on 6-7-22 at 3:21pm. The SW stated she audited Resident #174's advance directive care plan but she was unable to remember when this was completed. She said she made sure the advance directive was on the care plan and commented she saw the problem statement was present. She explained when she audited for the advance directives on a care plan, she did not read the goal or intervention section, she said she just read the problem area of the care plan. The SW said she was not aware the goals and interventions did not match the problem area or the physician order.</p> <p>Nurse #1 was interviewed on 6-7-22 at 3:26pm. The nurse stated she did not remember writing the advance directive care plan for Resident #174 and was unaware the goal and interventions did not match the problem area or the physician</p>	F 656			

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F 656	<p>Continued From page 3</p> <p>order. Nurse #1 commented Resident #174 could have died if she stopped breathing because of the care plan goal and interventions stating she was a DNR. The nurse confirmed Resident #174 was admitted as a full code and that there were no physician orders to change the code status.</p> <p>MDS Nurse #1 was interviewed on 6-7-22 at 3:47pm. MDS Nurse #1 indicated she or MDS Nurse #2 reviewed resident care plans to include the problem, goals and interventions. She stated the care plan goal and interventions not coinciding with resident's chosen full code status was an oversight when the advance directive care plan for Resident #174 was reviewed on 5-17-22.</p> <p>The Administrator was interviewed on 6-7-22 at 4:20pm. The Administrator discussed completing a full audit of all care plans once the issue with Resident #174's care plan was brought to their attention on 6-7-22. She said when the care plan was initiated on 2-11-22 and reviewed on 5-17-22 for Resident #174 to be a full code, there was not follow through to ensure the goals and interventions aligned with the resident's full code status.</p> <p>2. Resident #1 was admitted to the facility on 4-26-22.</p> <p>Review of the physician order dated 4-26-22 revealed an order for Resident #1 to be a full code (attempt resuscitation).</p> <p>Resident #1's face sheet located in the facility's electronic medical record indicated the resident was a full code.</p> <p>Resident #1's care plan dated 4-27-22 completed</p>	F 656			

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F 656	<p>Continued From page 4</p> <p>by MDS Nurse #2 revealed a problem list to attempt resuscitation. The goals and interventions for the advance directive problem area providing conflicting information indicating, in part, if the resident's heart stops or the resident stops breathing resuscitation will not be initiated in honor of the do not resuscitate (DNR) wishes. The interventions for the goal were in part all staff were to be made aware of the resident's wishes.</p> <p>The admission Minimum Data Set (MDS) dated 5-2-22 revealed Resident #1 was cognitively intact.</p> <p>During an interview with the facility's Social Worker (SW) on 6-7-22 at 12:58pm, the SW said she was responsible for making sure the resident's advance directive was on the face sheet and care plan.</p> <p>A further interview with the SW occurred on 6-7-22 at 3:21pm. The SW stated she had audited Resident #1's advance directive but stated could not remember when she had completed the review. She discussed making sure the advance directive was on the care plan and commented she had seen the problem statement was on the care plan. She explained when she audited for the advance directives on the care plan, she did not read the goal or intervention section, she said she just read the problem area of the care plan. The SW said she was not aware the goals and interventions did not match the problem area or the physician order.</p> <p>MDS Nurse #1 was interviewed on 6-7-22 at 3:47pm. MDS Nurse #1 reviewed the care plan for Resident #1 and stated it was an oversight that the problem area did not match the goals and</p>	F 656			

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F 656	Continued From page 5 interventions or the physician order. An attempt was made to interview MDS Nurse #2, however she was not available. The Administrator was interviewed on 6-7-22 at 4:20pm. The Administrator discussed completing a full audit of all care plans once the issue with Resident #1's care plan was brought to their attention on 6-7-22. She said when the care plan was initiated on 4-27-22 for Resident #1 to be a full code, there was not follow through to ensure the goals and interventions aligned with the resident's full code status.	F 656			