

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

PRINTED: 07/05/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345115	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 06/22/2022
NAME OF PROVIDER OR SUPPLIER ACCORDIUS HEALTH AT SALISBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 635 STATESVILLE BOULEVARD SALISBURY, NC 28144		
(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 onsite revisit was conducted on 6/22/2022 and the facility is back into compliance with CFR 483.73, Emergency Preparedness effective 6/22/2022.	{E 000}			
{F 000}	INITIAL COMMENTS An onsite revisit was conducted on 6/22/2022. Tags E0001, F550, F553, F580, F582, F607, F641, F645, F655, F688, F692, F697, F761 and F812 were corrected as of 6/22/2022. However, a new tag was cited during the revisit. The facility is in substantial compliance.	{F 000}			
F 644 SS=B	0 of 4 complaint allegations were substantiated. 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	F 644			

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

TITLE

(X6) DATE

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 644	<p>Continued From page 1</p> <p>by: Based on record reviews and staff interviews, the facility failed to develop a care plan after Level II Pre-admission screening and resident review (PASARR) for 2 of 2 residents reviewed for Level II PASARR care planning (Resident #12 and #44).</p> <p>Findings included:</p> <ol style="list-style-type: none"> Resident #12 was admitted to the facility 9/18/2017 and readmitted 12/3/2018. Diagnoses for Resident #12 included traumatic brain injury, schizophrenia, major depression, and adjustment disorder. <p>An annual Minimum Data Set (MDS) assessment dated 5/13/2022 assessed Resident #12 to be cognitively intact without behaviors or rejection of care. The MDS documented Resident #12 was Level II PASARR.</p> <p>A PASARR Level II determination dated 5/16/2022 determined nursing facility placement was appropriate for 90 days. The PASARR expiration date was noted to be 8/14/2022.</p> <p>A review of Resident #12 ' s care plans revealed no care plan was developed for the new, limited Level II PASARR approval.</p> <p>The Social Worker (SW) was interviewed on 6/21/2022 at 3:16 PM. The SW reported he was responsible for initiating a care plan related to PASARR. The SW reported he had arranged for the PASARR screening for Resident #12 and a care plan that addressed Level II PASARR should have been added to Resident #12 ' s medical record.</p>	F 644			

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F 644	<p>Continued From page 2</p> <p>The Administrator was interviewed on 6/21/2022 at 7:14 PM. The Administrator reported that he did not know why the SW would not have initiated a care plan for Resident #12 ' s new Level II PASARR.</p> <p>2. Resident #44 was admitted to the facility 9/21/2017 and his most recent readmission was 5/6/2022. Diagnoses for Resident #44 included stroke, schizo-affective disorder, and major depression.</p> <p>A PASARR Level II determination dated 5/26/2022 determined nursing facility placement was appropriate and the Level II PASARR determination had no expiration date.</p> <p>A significant change of condition Minimum Data Set (MDS) assessment dated 6/6/2022 assessed Resident #44 to be moderately cognitively impaired without behaviors or rejection of care. The MDS documented Resident #44 was Level II PASARR.</p> <p>A review of Resident #44 ' s care plans revealed no care plan was developed for the new Level II PASARR approval.</p> <p>The Social Worker (SW) was interviewed on 6/21/2022 at 3:16 PM. The SW reported he was responsible for initiating a care plan related to PASARR. The SW reported he had arranged for the PASARR screening for Resident #12 and a care plan that addressed Level II PASARR should have been added to Resident #12 ' s medical record.</p> <p>The Administrator was interviewed on 6/21/2022</p>	F 644			

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F 644	Continued From page 3 at 7:14 PM. The Administrator reported that he did not know why the SW would not have initiated a care plan for Resident #12 ' s new Level II PASARR.	F 644		