

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345378	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/24/2023
NAME OF PROVIDER OR SUPPLIER PRUITTHEALTH-ROCKINGHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 804 SOUTH LONG DRIVE ROCKINGHAM, NC 28379		
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F 000	INITIAL COMMENTS An unannounced onsite complaint investigation was conducted 5/23/2023 through 5/24/2023. NC00198369, NC00198329, NC00202322, NC00202278, NC00201958, NC00199841, NC00199231, NC00199073, NC00198855, and NC00198789 were investigated.	F 000			
F 641 SS=B	17 of 17 allegations did not result in a deficiency. Event ID# SWZO11 Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on record reviews and staff interviews, the facility failed to code the Minimum Data Set assessment accurately in the area of Activities of Daily Living (ADLs) for 4 of 13 resident records reviewed (Residents #4, #5, #6 and #8). The findings included: 1. Resident #4 was admitted to the facility on 1/16/23 with diagnoses that included dementia and a stroke affecting the left side. a. The admission Minimum Data Set (MDS) assessment was dated 1/23/23. The Functional Status section indicated Resident #4 required extensive assistance with dressing, was dependent for personal hygiene and bathing, but toilet use was coded as the activity did not occur during the look back period. The Bladder and Bowel section indicated Resident #4 was always	F 641	Corrective Action for the Residents Affected On 6/13/2023, resident #4's MDS assessment ARD was modified for toilet use in section G by the MDS nurse. On 6/13/2023, resident #5's MDS assessment was modified for toilet use in section G by the MDS nurse. On 6/13/2023 resident #6's MDS assessment was modified for toilet use in section G by the MDS nurse. On 6/13/2023, resident #8's MDS assessment was modified for toilet use in section G by the MDS nurse. Action for the Residents Potentially	6/15/23	

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

TITLE

(X6) DATE

Electronically Signed

06/16/2023

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 641	<p>Continued From page 1 incontinent.</p> <p>b. The quarterly Minimum Data Set (MDS) assessment was dated 4/20/23. The Functional Status section indicated Resident #4 required extensive assistance with dressing, personal hygiene, and bathing, but toilet use was coded as the activity did not occur during the look back period. The Bladder and Bowel section indicated Resident #4 was always incontinent.</p> <p>A review of the nursing progress notes from 1/16/23 through 5/23/23 revealed Resident #4 required assistance with ADLs to include toilet use.</p> <p>On 5/23/23 at 3:00 PM an interview with the MDS Nurse was conducted. She reviewed the 1/23/23 and 4/20/23 MDS assessments and verified the toilet use portion was marked as the activity did not occur during the look back period. She explained she was new to the position and had been taught to code the section that way if the resident did not physically use the toilet due to incontinence.</p> <p>An interview occurred with Nurse #3 on 5/24/23 at 9:12 AM, who was familiar with Resident #4 and stated he required extensive to total assistance for toilet use. Staff provided assistance with incontinence care every two to three hours and as needed.</p> <p>On 5/24/23 at 10:40 AM, the Administrator was interviewed and stated it was his expectation for the MDS assessments to be coded accurately.</p> <p>2. Resident #5 was admitted to the facility on</p>	F 641	<p>Affected</p> <p>On 6/14/2023, the MDS nurse reviewed assessments for 31 resident related to toilet use. Of the 31 assessments reviewed 31 were noted to be coded incorrectly. Of the 31 assessments coded incorrectly, section G was properly assessed.</p> <p>Systemic Changes</p> <p>On 6/14/2023, he Clinical Reimbursement Consultant in-serviced the MDS nurse and the Administrator on proper coding of the MDS and accuracy of assessments. On 6/14/2023, the Administrator in-serviced the DHS, RN Supervisor, Therapy Outcomes Coordinator, Social Worker, and Activity Director on MDS coding and accuracy of assessments. The facility has reviewed its MDS Assessment Accuracy Policy with no revisions needed.</p> <p>Quality Assurance</p> <p>The Administrator, the Director of Healthcare Services and/or the RN Supervisor will review the accuracy of 3 assessments per week x4 weeks and then 5 assessments per month for 3 months, utilizing the QA Monitoring Tool for Accuracy of Assessments.</p> <p>The results of the MDS accuracy reviews will be submitted to the Quality Assurance Performance Improvement (QAPI) Committee by the DHS and or ADHS for</p>		

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F 641	<p>Continued From page 2</p> <p>1/16/23 with diagnoses that included history of a stroke and muscle weakness.</p> <p>a. The admission Minimum Data Set (MDS) assessment was dated 1/23/23. The Functional Status section indicated Resident #5 required extensive assistance with dressing, was dependent for personal hygiene and bathing, but toilet use was coded as the activity did not occur during the look back period. The Bladder and Bowel section indicated Resident #5 was always incontinent.</p> <p>b. The quarterly MDS assessment was dated 4/21/23. The Functional Status section indicated Resident #5 required extensive assistance with dressing, was dependent for personal hygiene and bathing, but toilet use was coded as the activity did not occur during the look back period. The Bladder and Bowel section indicated Resident #5 was always incontinent.</p> <p>A review of the nursing progress notes from 1/16/23 to 5/23/23 revealed Resident #5 required assistance with ADLs to include toilet use and incontinence care.</p> <p>An interview occurred with Resident #5 on 5/23/23 at 10:51 AM, who confirmed she was incontinent of bowel and bladder. She stated the staff provided incontinence care every two to three hours and as requested.</p> <p>Nurse Aide (NA) #3 was interviewed on 5/23/23 at 1:57 PM, who was familiar with Resident #5. She explained Resident #5 was incontinent of bowel and bladder and received total assistance with incontinence care every two to three hours and as needed.</p>	F 641	<p>review by the Interdisciplinary Team members monthly or until three months of compliance is sustained. Quality monitoring schedule modified based on findings. The QAPI Committee to evaluate and modify monitoring as needed.</p> <p>Date of compliance: June 15, 2023</p>		

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F 641	<p>Continued From page 3</p> <p>On 5/23/23 at 3:00 PM, an interview with the MDS Nurse was completed. She reviewed the 1/23/23 and 4/21/23 MDS assessments and verified the toilet use portion was marked as the activity did not occur during the seven-day look back period. She explained she was new to the position and had been taught to code the section that way if the resident did not physically use the toilet due to incontinence.</p> <p>On 5/24/23 at 10:40 AM, the Administrator was interviewed and stated it was his expectation for the MDS assessments to be coded accurately.</p> <p>3. Resident #6 was admitted to the facility on 11/14/18 with diagnoses that included muscle weakness and lack of coordination.</p> <p>a. A quarterly Minimum Data Set (MDS) assessment was dated 1/23/23. The Functional Status section indicated Resident #6 required extensive assistance with personal hygiene, was dependent for bathing, but toilet use was coded as the activity did not occur during the look back period. The Bladder and Bowel section indicated Resident #6 was always incontinent.</p> <p>b. A quarterly MDS assessment was dated 4/22/23. The Functional Status section indicated Resident #6 required extensive assistance with personal hygiene and bathing, but toilet use was coded as the activity did not occur during the look back period. The Bladder and Bowel section indicated Resident #6 was always incontinent.</p> <p>A review of the nursing progress notes from 1/1/23 through 5/23/23 revealed Resident #6</p>	F 641			

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F 641	<p>Continued From page 4</p> <p>required assistance with ADLs to include toilet use.</p> <p>On 5/23/23 at 3:00 PM, an interview with the MDS Nurse was completed. She reviewed the 1/24/23 and 4/22/23 MDS assessments and verified the toilet use portion was marked as the activity did not occur during the seven-day look back period. She explained she was new to the position and had been taught to code the section that way if the resident did not physically use the toilet due to incontinence.</p> <p>Nurse Aide (NA) #2 was interviewed on 5/24/23 at 10:15 AM and explained that Resident #6 was incontinent of bowel and bladder. She required total assistance with incontinence care every two to three hours and as needed.</p> <p>On 5/24/23 at 10:40 AM, the Administrator was interviewed and stated it was his expectation for the MDS assessments to be coded accurately.</p> <p>4. Resident #8 was admitted to the facility on 1/6/23 and discharged to another facility on 2/28/23. Her diagnoses included spinal stenosis and degenerative joint disease.</p> <p>The quarterly MDS assessment dated 2/19/23 indicated Resident #8 received extensive assistance with personal hygiene and bathing, but toilet use was coded as the activity did not occur during the look back period. The Bladder and Bowel section indicated Resident #6 was always incontinent.</p> <p>A review of the nursing progress notes from 1/6/23 to 2/28/23 revealed Resident #8 required</p>	F 641			

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

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F 641	<p>Continued From page 5 assistance with ADLs to include toilet use.</p> <p>Nurse Aide (NA) #1 was interviewed on 5/23/23 at 2:10 PM and explained that Resident #8 was incontinent of bowel and bladder. She required total assistance with incontinence care every two to three hours and as needed.</p> <p>On 5/23/23 at 3:00 PM, an interview with the MDS Nurse was completed. She reviewed the 2/19/23 MDS assessment and verified the toilet use portion was marked as the activity did not occur during the seven-day look back period. She explained she was new to the position and had been taught to code the section that way if the resident did not physically use the toilet due to incontinence.</p> <p>On 5/24/23 at 10:40 AM, the Administrator was interviewed and stated it was his expectation for the MDS assessments to be coded accurately.</p>	F 641		