

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

PRINTED: 08/15/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345314	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/01/2013
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF FOREST CITY			STREET ADDRESS, CITY, STATE, ZIP CODE 830 BETHANY CHURCH RD FOREST CITY, NC 28043		
(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 272 SS=D	483.20(b)(1) COMPREHENSIVE ASSESSMENTS The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity. A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and Documentation of participation in assessment.	F 272	Residents #'s 32, 89, & 23 experienced no negative outcomes. Signed certification from the physician has been obtained for each of these residents certifying 6 months or less to live. Resident #32, 89, & 23 MDS were modified and coded as "yes" under section J1400 to reflect this status. A 100% audit of all residents receiving hospice was completed and no other residents were identified with this concern. MDS nurses were in-serviced by the administrator, for reviewing hospice data for certification and accurate coding of the MDS. A QA tool has been designed to monitor any new residents on hospice to ensure accurate coding on the MDS.	8-23-2013	8/19/13

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

[Signature]

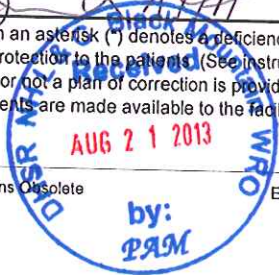
TITLE

[Signature]

(X6) DATE

8/23/13

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 272	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observations, medical record review, and staff interviews the facility failed to accurately document on the Minimum Data Set (MDS) assessment the Prognosis section under "Health Conditions" for residents with a life expectancy of less than 6 months for 3 of 3 established Hospice sampled residents, (Resident #23, #32 and #89) and assess dental status for 2 of 3 sampled residents, (Resident #134 and # 152). The findings included: 1. Resident #32 was admitted to the facility on 04/05/2005 with diagnoses which included Parkinson's Disease and high blood pressure. Review of the medical record revealed Resident #32 was admitted to Hospice on 09/13/12 with the additional diagnoses of failure to thrive. Review of Resident #32's Minimum Data Set Assessments (MDS) since her admission to Hospice care revealed no MDS's documented with the prognosis of a life expectancy of less than 6 months (12/26/12, 03/28/13, 06/28/13). Resident #32's latest MDS dated 06/28/13 documented the resident had short and long term memory problems. The Resident's current care plan included the area: Terminal/Pallative care needs. On 08/01/13 at 11:00 AM in an interview the County Hospice Home Care Coordinator revealed	F 272	The QA tool includes the following: 1. Resident's name 2. Signed certification from MD that resident has 6 months or less to live. 3. Coded under section J1400 of MDS 4. Coded under hospice MDS, section O100. The DON audits all new residents with hospice orders, hospice residents are audited weekly to ensure accurate coding on MDS. The DON is responsible for compliance & reports findings to QA committee quarterly.		

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F 272	<p>Continued From page 2</p> <p>when a resident enters into Hospice Care it means they have 6 months or less life expectancy. He confirmed that Resident #32 was documented as Hospice at this facility and currently receiving Hospice Care and Services.</p> <p>On 08/01/13 at 12:10 PM in an interview the Hospice Nurse (HN) assigned to the facility confirmed Resident #32 was under the care and services of Hospice. The HN revealed when a resident was admitted to Hospice Care it meant the resident had 6 months or less life expectancy.</p> <p>On 08/01/13 at 2:30 PM in an interview MDS Coordinator #1 revealed her responsibility was to assess those residents in the even numbered rooms which included Resident #32. Further interview revealed she was notified by the Social Worker or nursing when a resident came under Hospice Care. MDS Coordinator #1 noted once notified she initiated a significant change assessment but the SW initiated the terminal care plan and let all the other departments know so they could document in their MDS section. MDS Coordinator #1 confirmed she would mark MDS section O for Hospice care under the "Special Treatments, Procedures, and Programs" section but unless she saw the actual physician signed documentation of a life expectancy of less than 6 months she did not check the Prognosis section. MDS Coordinator #1 stated she had looked through the scanned documents on the computer but had not seen documentation that stated Resident #32 had a life expectancy of less than 6 months so she had not checked the prognosis section. MDS Coordinator #1 confirmed when a resident was under Hospice Care it meant a resident had a life expectancy of less than 6 months and Resident #32 had been</p>	F 272			

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F 272	<p>Continued From page 3</p> <p>admitted to Hospice Care but she had not documented her with that prognosis on the MDS assessments.</p> <p>On 08/01/13 at 3:30 PM in an interview the Medical Records Staff (MRS) confirmed it was her responsibility to scan documents into the medical record on computer. The MRS further revealed that once the initial contract when a resident entered Hospice care was scanned she gave it back to the Social Worker (SW).</p> <p>On 08/01/13 at 3:40 PM in an interview the Social Worker (SW) revealed there was a basket at each nurse's station where documents were put to be scanned. The SW noted once the documents were scanned they came to her to be processed. The SW further revealed when the Hospice papers were signed by the family it was official and at that time she initiated the care plan for the Hospice resident which was: "Terminal/Palliative Care", notified the MDS Coordinator who had that resident for assessment and documented in the chart the date the resident went into Hospice Care. The SW confirmed the date of origination of the care plan was within the week the family signed the contract as Hospice had to have permission from the family for full Hospice services.</p> <p>On 08/01/13 at 4:30 PM in an interview the Director of Nurses (DON) confirmed the MDS coordinator had a deadline of 14 days to make the Significant Change required by a resident being admitted to Hospice Care. The DON revealed there was sometimes a delay getting the papers back from Hospice but she would expect the MDS Coordinators to have the information they needed in a timely manner so they could</p>	F 272			

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F 272	<p>Continued From page 4</p> <p>meet the MDS Requirements for a resident entering Hospice. The DON noted she expected all the MDS assessments to accurately reflect what was going on with the resident and it would be up to the person responsible for a particular section to make sure the assessment documentation reflected the resident.</p> <p>On 08/01/13 at 4:40 PM in an interview the Administrator revealed she expected the MDS assessments to correctly reflect the resident.</p> <p>2. Resident #89 was admitted to the facility on 04/03/13 already on Hospice care with diagnoses that included diabetes, muscle weakness, respiratory failure and dysphagia. Review of the MDS assessments revealed the initial Admission MDS assessment (04/10/13) signed by MDS Coordinator #2 was marked with the prognosis of a life expectancy of less than 6 months. The latest MDS assessment of 07/11/13 now the responsibility of MDS Coordinator #1 did not have the prognosis section marked. Review of the 07/11/13 MDS assessment documented the resident had short and long term memory problems. The Residents current care plan included the area: Terminal/Pallative care needs.</p> <p>On 08/01/13 at 11:00 AM in an interview the County Hospice Home Care Coordinator revealed when a resident enters into Hospice Care it meant they have 6 months or less life expectancy. He confirmed that Resident #89 was documented as Hospice at this facility and currently receiving Hospice Care and Services.</p> <p>On 08/01/13 at 12:10 PM in an interview the Hospice Nurse (HN) assigned to the facility</p>	F 272			

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F 272	<p>Continued From page 5</p> <p>confirmed Resident #89 was under the care and services of Hospice. The HN revealed when a resident was admitted to Hospice Care it meant the resident had 6 months or less life expectancy.</p> <p>On 08/01/13 at 2:30 PM in an interview MDS Coordinator #1 revealed her responsibility was to assess those residents in the even numbered rooms which included Resident #89. Further interview revealed she was notified by the Social Worker or nursing when a resident came under Hospice Care. MDS Coordinator #1 noted once notified she initiated a significant change assessment but the SW initiated the terminal care plan and let all the other departments know so they could document in their MDS section. MDS Coordinator #1 confirmed she would mark MDS section O for Hospice care under the "Special Treatments, Procedures, and Programs" section but unless she saw the actual physician signed documentation of a life expectancy of less than 6 months she did not check the Prognosis section. MDS Coordinator #1 stated she had looked through the scanned documents on the computer but had not seen documentation that stated Resident #89 had a life expectancy of less than 6 months so she had not checked the Prognosis section. MDS Coordinator #1 confirmed when a resident was under Hospice Care it meant a resident had a life expectancy of less than 6 months and Resident #89 was under Hospice Care but she had not documented her with that Prognosis on her MDS assessments.</p> <p>On 08/01/13 at 3:30 PM in an interview the Medical Records Staff (MRS) confirmed it was her responsibility to scan documents into the medical record on computer. The MRS further revealed that once the initial contract when a</p>	F 272			

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F 272	<p>Continued From page 6</p> <p>resident entered Hospice care was scanned she gave it back to the Social Worker (SW).</p> <p>On 08/01/13 at 3:40 PM in an interview the Social Worker (SW) revealed there was a basket at each nurse 's station where documents were put to be scanned. The SW noted once the documents are scanned they came to her to be processed. The SW further revealed when the Hospice papers were signed by the family it was official and at that time she initiated the care plan for the Hospice resident which was: "Terminal/Pallitive Care", notified the MDS Coordinator who had that resident for assessment and documented in the chart the date the resident went into Hospice Care. The SW confirmed the date of origination of the care plan was within the week the family signed the contract as Hospice had to have permission from the family for full Hospice services.</p> <p>On 08/01/13 at 4:30 PM in an interview the Director of Nurses (DON) confirmed the MDS coordinator had a deadline of 14 days to make the Significant Change required by a resident being admitted to Hospice Care. The DON revealed there was sometimes a delay getting the papers back from Hospice but she would expect the MDS Coordinators to have the information they needed in a timely manner so they could meet the MDS Requirements for a resident entering Hospice. The DON noted she expected all the MDS assessments to accurately reflect what was going on with the resident and it would be up to the person responsible for a particular section to make sure the assessment documentation reflected the resident.</p> <p>On 08/01/13 at 4:40 PM in an interview the</p>	F 272			

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F 272	<p>Continued From page 7</p> <p>Administrator revealed she expected the MDS assessments to correctly reflect the resident.</p> <p>3. Resident #23 was admitted to the facility on 06/16/2011 with diagnoses which included heart failure, Parkinson's Disease, and dementia. Review of the medical record revealed Resident #23 was admitted to Hospice on 04/03/2013 with diagnoses of failure to thrive. Review of Resident #23 's Minimum Data Set Assessments (MDS) since his admission to Hospice care revealed no MDS's documented with the prognosis of a life expectancy of less than 6 months.(MDS dated 04/16/13 and 07/16/13) Resident #23's latest MDS dated 07/16/13 documented the resident had short and long term memory problems. The Resident's current care plan included the area: Terminal/Pallative care needs.</p> <p>On 08/01/13 at 11:00 AM in an interview the County Hospice Home Care Coordinator revealed when a resident enters into Hospice Care it meant they have 6 months or less life expectancy. He confirmed that Resident #23 was documented as Hospice at this facility and currently receiving Hospice Care and Services.</p> <p>On 08/01/13 at 12:10 PM in an interview the Hospice Nurse (HN) assigned to the facility confirmed Resident #23 was under the care and services of Hospice. The HN revealed when a resident was admitted to Hospice Care it meant the resident had 6 months or less life expectancy.</p> <p>On 08/01/13 at 3:00 PM in an interview MDS Coordinator #2 revealed her responsibility was to assess those residents in the odd numbered rooms which included Resident #23. Further</p>	F 272			

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F 272	<p>Continued From page 8</p> <p>interview revealed the facility process was for the Social Worker to notify the MDS Coordinators when a resident came under Hospice Care so they could initiate a significant change within the 14 days time line. MDS Coordinator #2 further revealed she had to notify all the departments so they could fill out their part of the assessment and she would mark MDS section O for Hospice care under the "Special Treatments, Procedures, and Programs" section but unless she saw the actual physician signed documentation of a life expectancy of less than 6 months she did not check the Prognosis section. MDS Coordinator #2 noted sometimes the Hospice documentation was not scanned in right away and she was on a deadline. MDS Coordinator #2 confirmed when a resident was under Hospice Care it meant a resident had a life expectancy of less than 6 months and Resident #23 had been admitted to Hospice Care but she had not documented him with that prognosis on the MDS assessments.</p> <p>On 08/01/13 at 3:30 PM in an interview the Medical Records Staff (MRS) confirmed it was her responsibility to scan documents into the medical record on computer. The MRS further revealed that once the initial contract when a resident entered Hospice care was scanned she gave it back to the Social Worker (SW).</p> <p>On 08/01/13 at 3:40 PM in an interview the Social Worker (SW) revealed there was a basket at each nurse's station where documents were put to be scanned. The SW noted once the documents are scanned they came to her to be processed. The SW further revealed when the Hospice papers were signed by the family it was official and at that time she initiated the care plan</p>	F 272		
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F 272	<p>Continued From page 9</p> <p>for the Hospice resident which was: "Terminal/Pallitive Care", notified the MDS Coordinator who had that resident for assessment and documented in the chart the date the resident went into Hospice Care. The SW confirmed the date of origination of the care plan was within the week the family signed the contract as Hospice had to have permission from the family for full Hospice services.</p> <p>On 08/01/13 at 4:30 PM in an interview the Director of Nurses (DON) confirmed the MDS coordinator had a deadline of 14 days to make the Significant Change required by a resident being admitted to Hospice Care. The DON revealed there was sometimes a delay getting the papers back from Hospice but she would expect the MDS Coordinators to have the information they needed in a timely manner so they could meet the MDS Requirements for a resident entering Hospice. The DON noted she expected all the MDS assessments to accurately reflect what was going on with the resident and it would be up to the person responsible for a particular section to make sure the assessment documentation reflected the resident.</p> <p>On 08/01/13 at 4:40 PM in an interview the Administrator revealed she expected the MDS assessments to correctly reflect the resident.</p> <p>4. Resident #134 was admitted to the facility on 03/04/13 with diagnoses which included Alzheimer's Disease and leukocytosis.</p> <p>The Admission Minimum Data Set (MDS) date 03/11/13 documented the resident had short and long term memory problems, was cognitively impaired and required 1 person physical assist for</p>	F 272			

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F 272	<p>Continued From page 10</p> <p>activities of daily living (ADL). In addition, the resident was documented under the section personal hygiene, which included brushing teeth, as needing no set up or physical help. The MDS was documented under the section for dental status that Resident #134 had no dental problems.</p> <p>Review of the Care Plan dated 03/16/13 revealed Resident #134 had oral/dental needs, needed set up and staff assistance and dental consult PRN (whenever necessary).</p> <p>On 07/30/13 at 9:51 AM Resident #134 was observed sitting in her room. When spoken to Resident #134 smiled to reveal her broken front tooth. On interview Resident #134 took her denture partial out of her table drawer and stated she did not wear her partial because of the gap with two teeth missing. Resident #134 further stated she would like her partial repaired so she could wear it.</p> <p>On 08/01/13 at 2:30 PM in an interview MDS Coordinator #1 revealed her responsibility was to assess those residents in the even numbered rooms which included resident #134. MDS Coordinator #1 noted the facility had a dentist that came every few months and the Social Worker was responsible for setting the appointments. MDS Coordinator #1 confirmed the MDS assessments should coordinate with the Care Plan and that Resident #134 did have poor dentition but she did not think it fit exactly the choices under the oral/dental status so she had checked "none of the above was present".</p> <p>On 08/01/13 at 4:14 PM in an interview the Social</p>	F 272			

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F 272	<p>Continued From page 11</p> <p>Worker (SW) confirmed resident #134's dentition was poor but she had not put her on the list to see the facility dentist at his next visit.</p> <p>On 08/01/13 at 4:30 PM in an interview the Director of Nurses (DON) confirmed she expected all the MDS assessments to accurately reflect what was going on with the resident and it would be up to the person responsible for a particular section to make sure the assessment documentation reflected the resident.</p> <p>On 08/01/13 at 4:40 PM in an interview the Administrator revealed she expected the MDS assessments to correctly reflect the resident.</p> <p>5. Resident #152 was admitted to the facility on 07/12/13 with diagnoses which included diabetes mellitus and peripheral vascular disease.</p> <p>A review of Resident #152's Admission Minimum Data Set (MDS) dated 07/19/13 revealed the resident was cognitively intact and needed limited assistance with her activities of daily living (ADL). Further review of the MDS revealed Resident #152 under the section of personal hygiene; which included brushing teeth, as needing no set up or physical assistance with the task. The MDS documented under the section for dental status that Resident #152 had no oral/dental problems.</p> <p>Review of the Care Plan dated 07/22/13 revealed Resident #152 had oral/dental needs, needed dental consult PRN (as needed) related to missing teeth/broken/carious teeth.</p> <p>On 07/31/13 at 2:45 PM Resident #152 was observed sitting in her room. When Resident #152 was spoken to her smile revealed her top teeth missing except for 2 broken teeth in the</p>	F 272			

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

PRINTED: 08/15/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345314	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/01/2013
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NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF FOREST CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 830 BETHANY CHURCH RD FOREST CITY, NC 28043
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F 272	<p>Continued From page 12 front.</p> <p>On interview Resident #152 stated she had no problems with eating or chewing and performed her own mouth care. Resident #152 further stated she would like to have a dental consult.</p> <p>On 08/01/13 at 2:30 PM in an interview MDS Coordinator #1 revealed her responsibility as 1 of 2 MDS Coordinators was to assess those residents in the even numbered rooms which included Resident #152. MDS Coordinator #1 noted the facility had a dentist that came every few months and the Social Worker was responsible for setting the appointments. MDS Coordinator #1 confirmed the MDS assessments should coordinate with the Care Plan and that Resident #152 did have missing teeth and poor dentition. MDS Coordinator #1 further stated the Oral/Dental Assessment Area on MDS were not checked related to Resident #152's status so she had checked "none of the above were present".</p> <p>On 08/01/13 at 3:00 PM in an interview MDS Coordinator #2 revealed her responsibility as 1 of 2 MDS Coordinators was to assess those residents in the odd numbered rooms. MDS Coordinator #2 stated the facility had a dentist that came every few months and the Social Worker was responsible for setting the appointments. MDS Coordinator #2 confirmed the MDS assessments should coordinate with the Care Plan. MDS Coordinator #2 further stated the Oral/Dental Assessment Area on MDS should be checked "none of the above were present" when a resident's assessment would not fit in a category an explanation should have been noted.</p> <p>On 08/01/13 @ 3:20 PM in an interview the Social Worker revealed a dentist came to the facility</p>	F 272		
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F 272	Continued From page 13 every 3 months but Resident #152's dental consult was pending for the next date the dentist would visit the facility. On 08/01/13 @ 3:55 PM in an interview the Director of Nursing (DON) confirmed she expected all the MDS assessments to have accurately reflected the individual resident and would be the responsibility of the MDS Coordinators or Social Worker to accurately check and have documented the particular sections to have reflected the resident. On 08/01/13 @ 4:40 PM in an interview the Administrator revealed she expected the MDS assessments to correctly reflect the resident.	F 272			