

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #  <b>345370</b>	MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	DATE SURVEY COMPLETE:  <b>1/8/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PINEHURST HEALTHCARE &amp; REHAB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>300 BLAKE BOULEVARD PINEHURST, NC</b>
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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<b>F 278</b>	<p>483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED</p> <p>The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview, the facility failed to code the Minimum Data Set (MDS) for the use of antipsychotic medications for one of five sampled residents (Resident #69) and failed to accurately code weight gain for one of five sampled residents (Resident #124). The findings included:</p> <ol style="list-style-type: none"> <li>1. Resident #69 was admitted to the facility 11/30/10 with last readmission 10/7/14. Cumulative diagnoses included: anxiety and depression.</li> </ol> <p>A Quarterly MDS dated 10/14/14 indicated Resident #69 was cognitively intact. Medications noted as administered during the assessment period included: 7 days of injection, 7 days of insulin, 7 days of antianxiety medication, 7 days of antidepressant medication, 7 days of diuretic medication and 3 days of antibiotics. The use of antipsychotic medication was noted as " 0 " .</p> <p>A review of the medical record for Resident #69 revealed that Resident #69 received Seroquel 25 mg. by mouth every hs (bedtime) during the seven day observation period (10/8/14 through 10/14/14). Seroquel is an antipsychotic medication.</p> <p>On 1/7/15 at 11:58AM, the MDS nurse stated information used to code the MDS is obtained by the MDS nurse from the Medication Administration sheets and the use of Seroquel was overlooked. She stated it should have been included on the MDS as given 7 days.</p>
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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

The above isolated deficiencies pose no actual harm to the residents

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<b>F 278</b>	<p>Continued From Page 1</p> <p>2. Resident #124 was admitted to the facility on 6/11/14 with diagnoses including diabetes, cerebral vascular accident and depression.</p> <p>The Quarterly Minimum Data Set (MDS) Assessment dated 12/17/14 revealed resident #124 was cognitively intact and had no or unknown weight loss.</p> <p>Review of the Resident Weight information in the medical record revealed the following weights for Resident #124:</p> <p>1/3/15 155 lbs (pounds) 12/1/14 157 lbs 10/2/14 153 lbs 7/1/14 135 lbs</p> <p>The resident ' s weight on 1/3 15 was 20 pounds more than it was six months prior in July 2014 and the total percentage of weight gain over this 6 month period was 12.9% (percent).</p> <p>Interview with the MDS Nurse on 1/8/14 at 11:30 AM revealed that a weight gain of 10% or greater in a 6 month period should be coded as weight gain. She stated that the facility was aware of the weight gain and felt that it was a data entry error by a new MDS Staff Member. She added that the error would be corrected.</p>
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