

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345049	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 5/20/2015
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NAME OF PROVIDER OR SUPPLIER RALEIGH REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 616 WADE AVENUE RALEIGH, NC
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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F 274	<p>483.20(b)(2)(ii) COMPREHENSIVE ASSESS AFTER SIGNIFICANT CHANGE</p> <p>A facility must conduct a comprehensive assessment of a resident within 14 days after the facility determines, or should have determined, that there has been a significant change in the resident's physical or mental condition. (For purpose of this section, a significant change means a major decline or improvement in the resident's status that will not normally resolve itself without further intervention by staff or by implementing standard disease-related clinical interventions, that has an impact on more than one area of the resident's health status, and requires interdisciplinary review or revision of the care plan, or both.)</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to complete a significant change in status assessment for one of one sampled residents who experienced a significant improvement in cognition, activities of daily living and continence (Resident #131). The findings included:</p> <p>Resident #131 was admitted to the facility 5/16/13. Cumulative diagnoses included: congestive heart failure, chronic obstructive pulmonary disease, chronic kidney disease stage one, myalgia (muscular pain) and bipolar disease.</p> <p>A Significant Change Minimum Data Set (MDS) assessment dated 12/16/14 indicated Resident #131 was moderately impaired in cognition. Extensive assistance was needed for bed mobility, dressing, toilet use and bathing. Limited assistance was needed with transfers, ambulation in the room and corridor, eating and personal hygiene. Resident #131 was noted to be occasionally incontinent of bladder and bowel.</p> <p>A Quarterly MDS dated 3/10/15 indicated Resident #131 was cognitively intact. She was independent with bed mobility, transfers, ambulation in the room and corridor, locomotion on and off the unit, and eating. Supervision was required with dressing, toilet use, personal hygiene and bathing. She was continent of bladder and bowel</p> <p>On 05/20/2015 at 1:47PM, MDS nurse #2 stated she would do a significant change in status assessment if a resident had changes in two functional areas and that a significant change in status assessment would be done for improvement as well as for decline. After reviewing the assessment dated 12/16/14 and the quarterly MDS dated 3/10/15 for Resident #131, she stated she should have completed a significant change in status assessment in March and it was an oversight.</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