

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

PRINTED: 11/19/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345415	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/10/2015
NAME OF PROVIDER OR SUPPLIER PINEVILLE REHABILITATION AND LIVING CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 1010 LAKEVIEW DRIVE PINEVILLE, NC 28134		
(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 285 SS=D	<p>483.20(m), 483.20(e) PASRR REQUIREMENTS FOR MI & MR</p> <p>A facility must coordinate assessments with the pre-admission screening and resident review program under Medicaid in part 483, subpart C to the maximum extent practicable to avoid duplicative testing and effort.</p> <p>A nursing facility must not admit, on or after January 1, 1989, any new residents with:</p> <p>(i) Mental illness as defined in paragraph (m)(2)(i) of this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission;</p> <p>(A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and</p> <p>(B) If the individual requires such level of services, whether the individual requires specialized services for mental retardation.</p> <p>(ii) Mental retardation, as defined in paragraph (m)(2)(ii) of this section, unless the State mental retardation or developmental disability authority has determined prior to admission--</p> <p>(A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and</p> <p>(B) If the individual requires such level of services, whether the individual requires specialized services for mental retardation.</p> <p>For purposes of this section:</p> <p>(i) An individual is considered to have "mental illness" if the individual has a serious mental illness defined at §483.102(b)(1).</p>	F 285		11/13/15	

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

TITLE

(X6) DATE

Electronically Signed

10/29/2015

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 285	<p>Continued From page 1</p> <p>(ii) An individual is considered to be "mentally retarded" if the individual is mentally retarded as defined in §483.102(b)(3) or is a person with a related condition as described in 42 CFR 1009.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and multiple interviews it was determined that the facility failed to submit an accurate Preadmission Screening Resident Review (PASRR) for 1 of 3 residents reviewed (#1). The facility failed to include all related mental health diagnosis for the resident and that Resident #1 was a resident of another state. Per review of the residents PASRR history, the facility submitted a Pre-Admission Screening Resident Review on 7/13/15. Per interview with DMA staff, the PASRR submitted did not include the resident ' s diagnosis of depression, schizoaffective disorder or mood disorder. The submitted PASRR also failed to indicate that the resident was not a resident of the state of NC. The facility also indicated that the resident's location was facility's address in Pineville, NC. Resident #1 was admitted to the facility on 8/2/15. Per review of physician ' s orders 10/10/15 the resident was ordered Wellbutrin HCL 75 mg tab for depression and Zoloft HCL 100 mg daily for depression. Review of the resident's medical record on 10/10/15 revealed that she was transferred directly from a geriatric center to Pineville Nursing and Rehabilitation Center.</p>	F 285	<p>The statements made in this plan of correction are not an admission and do not constitute agreement with the alleged deficiencies herein.</p> <p>To remain in compliance with all state and federal regulations, the center has taken or will take the actions set forth in this Plan of Correction. In addition, the following plan constitutes the center's allegation of compliance. All alleged deficiencies have been or will be corrected by the dates indicated.</p> <p>Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>The facility has ensured that the resident had a Level II PASRR screening initiated on 7/20/15 and completed with correct information, prior to her admission on 8/2/15 as presented during the survey.</p> <p>Address how corrective action will be accomplished for those residents having the potential to be affected by the same deficient practice.</p>		

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F 285	Continued From page 2	F 285	<p>The facility audited the PASRR forms initiated at the facility level from July 1, 2015 to October 25, 2015, and any other residents affected by the alleged deficient were corrected as needed.</p> <p>Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not occur.</p> <p>The admissions, marketing, and social work staff attended training on ¿Understanding Mental Health and Admission/Discharge Process for LTC Facilities¿ on 11/13/15 presented by the Centralina Area Agency on Aging. The facility requested a PASRR virtual training seminar through DHHS for admissions, marketing, business office, and social work staff on 10/26/15. The admissions office has been equipped with a PASRR reference tool, based on print-outs from the DHHS PASRR website. The facility will no longer use the Provider Link portal to complete PASRR forms since it auto-fills the facility address and cannot be changed; the facility will use only the NCMUST system for completion of PASRR requests. PASRR forms initiated by the facility will be verified for accuracy by another trained staff member, who did not complete the form, prior to final submission for review by NCMUST; these checks will occur for 3-months.</p>		

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F 285	Continued From page 3	F 285	<p>Indicate how the facility plans to monitor its performance to make sure that solutions are sustained.</p> <p>The PASRR reviews will be submitted to the QAPI committee for review for 3 months. The QAPI committee will review trends and corrections and make recommendations for further training or systemic changes as indicated. Any staff failing to submit a correct PASRR will be disciplined following the progressive discipline process.</p>		