

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345441	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 10/19/2016
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NAME OF PROVIDER OR SUPPLIER ALEXANDRIA PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1770 OAK HOLLOW ROAD GASTONIA, NC
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F 159	<p>483.10(c)(2)-(5) FACILITY MANAGEMENT OF PERSONAL FUNDS</p> <p>Upon written authorization of a resident, the facility must hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility, as specified in paragraphs (c)(3)-(8) of this section.</p> <p>The facility must deposit any resident's personal funds in excess of \$50 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.)</p> <p>The facility must maintain a resident's personal funds that do not exceed \$50 in a non-interest bearing account, interest-bearing account, or petty cash fund.</p> <p>The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf.</p> <p>The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident.</p> <p>The individual financial record must be available through quarterly statements and on request to the resident or his or her legal representative.</p> <p>The facility must notify each resident that receives Medicaid benefits when the amount in the resident's account reaches \$200 less than the SSI resource limit for one person, specified in section 1611(a)(3)(B) of the Act; and that, if the amount in the account, in addition to the value of the resident's other nonexempt resources, reaches the SSI resource limit for one person, the resident may lose eligibility for Medicaid or SSI.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, staff and resident interview the facility failed to provide a cognitively intact resident (Resident #25) with a personal funds statement for 1 of 3 sampled residents.</p> <p>The findings included:</p> <p>Record review for Resident #25 revealed she was readmitted on 07/04/12 . An annual Minimum Data Set (MDS) dated 07/13/16 noted her to be cognitively intact and required set up help only for most activities of daily living.</p> <p>An interview was conducted with Business Office Manager on 10/18/16 at 1:37 PM. The Business Office Manager stated the quarterly personal funds account statements were mailed to the address on the chart which</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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F 159	<p>Continued From Page 1</p> <p>was the responsible party. She further stated the resident could be given a statement if they requested it.</p> <p>During an interview with Resident #25 on 10/19/16 at 8:43 AM the Resident stated she would like to receive a statement of her personal fund account.</p> <p>A form titled "Policy Regarding Resident Funds" was provided by the Social Worker on 10/19/16 at 11:50 AM that noted Resident #25 understood the above stated policy and checked that she decided to have a resident fund account. Resident #25 signed the form on 02/14/12.</p> <p>An interview with the Administrator on 10/19/16 at 3:13 PM revealed the facility automatically sent the quarterly personal funds account statements to the residents' responsible party. She further stated that the alert and oriented residents' should receive a statement of their quarterly personal funds account.</p>
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 000	INITIAL COMMENTS	F 000			
F 272 SS=D	<p>483.20(b)(1) COMPREHENSIVE ASSESSMENTS</p> <p>The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.</p> <p>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.</p>	F 272		11/16/16	

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

TITLE

(X6) DATE

Electronically Signed

11/09/2016

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F 272	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on record reviews and staff interviews, the facility failed to complete Care Area Assessments that addressed the underlying causes, contributing factors, and risk factors related to mood state, behavioral symptoms, psychotropic drug use, and dental care for 8 of 15 sampled residents reviewed for the most recent comprehensive minimum data set (Residents #1, #62, #44, #2, #15, #65, #68, and #47) The finding included: 1. Resident #1 was admitted to the facility on 02/05/14 with diagnoses including depressive disorder and schizophrenia. Review of the significant change Minimum Data Set (MDS) dated 07/25/16 revealed Resident #1 had severely impaired cognition and was able to make her needs known. The significant change MDS also revealed Resident #1 was evaluated by Level II PASRR (Preadmission Screening and Resident Review) and determined to have serious mental illness. The significant change MDS noted rejection of care occurred 1 to 3 days during the assessment period. During the Resident Mood Interview Resident #1 reported feeling tired 2 to 6 days during the assessment period. The significant change MDS further revealed Resident #1 received antipsychotic and antidepressant medications daily during the	F 272	Plan of Correction Disclaimer Alexandria Place's response to this survey report does not constitute agreement with the statement of deficiencies; nor does it constitute an admission that any stated deficiency is accurate. We are submitting the POC because it required by law. A. Address how corrective action will be accomplished for each resident found to be affected by the deficient practice: Resident # 1's CAA has been re-worked and now addresses the Resident's Mood State, Behavioral Symptoms, and Psychotropic Drug Use in a manner that readily paints a picture of the resident's status, talks about the resident's individual cognition, and includes how the triggered areas affected the resident in the analysis of findings. . Resident # 62's CAA has been re-worked to address why the resident's edentulous status was triggered as a problem, when the resident was last seen by the Dentist, and why the resident was not wearing her dentures. The CA also now paints a picture of the resident's status, addresses the resident's		

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F 272	<p>Continued From page 2 assessment period.</p> <p>a. Review of the Care Area Assessment (CAA) Summary for Mood State dated 08/08/16 revealed Resident #1 had diagnoses including schizophrenia and depression and received antidepressant medications and antipsychotic medications as ordered. The CAA Summary indicated Resident #1 was alert and verbal most of the time but was noted with some increased lethargy and inattention. It was noted she was currently being treated for a urinary tract infection. The CAA Summary referred to a diagnosis list, physician notes, and the Medication Administration Record but did not include dates or any details regarding these documents. The CAA Summary restated the data included in the significant change assessment but the analysis of findings did not mention Resident #1's Mood Interview, how the triggered area impacted her day to day life, or if there had been a change in Resident #1's mood state.</p> <p>b. Review of the CAA Summary for Behavioral Symptoms dated 08/08/16 revealed Resident #1 had diagnoses including schizophrenia and depression and was currently being treated for a urinary tract infection. The CAA Summary indicated Resident #1 was noted with some increased lethargy and inattention and had frequently refused meals recently. The CAA Summary referred to a diagnosis list and physician notes but did not include dates or any details regarding these documents. The CAA Summary restated the data included in the significant change assessment but the analysis of findings did not mention how the triggered area impacted her day to day life and what interventions had been implemented.</p>	F 272	<p>individual condition, and how the triggered areas affected the resident in the analysis of findings.</p> <p>3. Resident # 44's CAA has been re-worked to address how the resident's psychoactive medications affect the resident's day to day living, to address any documentation of adverse reactions to the medications, and if any referrals have been necessary. The CAA also now addresses the resident's strengths and weaknesses and how the triggered areas affected the resident's day to day function.</p> <p>4. Resident # 2's CAA has been re-worked to include how the psychoactive medications affected the resident's day to day living, any documentation concerning adverse drug reactions, and if any referrals have been necessary. The CAA also now addresses the resident's strengths and weaknesses and how the triggered areas affected the resident's day to day function.</p> <p>5. Resident # 15's CAA has been re-worked to include how the resident's psychoactive drug use affected the resident's day to day living and documentation concerning adverse drug reactions and if any referrals have been necessary. The CAA also now addresses the resident's strengths and weaknesses and how the triggered areas affected the resident's day to day function.</p> <p>6. Resident # 65's CAA has been re-worked to include analysis of how the psychotropic medications affected the resident's day to day function and activities and whether or not they were</p>		

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F 272	Continued From page 3 c. Review of the CAA Summary for Psychotropic Drug Use dated 08/08/16 revealed Resident #1 had diagnoses including schizophrenia and depression, received antidepressant and antipsychotic medications daily and had an increased risk for adverse effects from these medications. It was noted she was currently being treated for a urinary tract infection. The CAA Summary indicated Resident #1 was noted with a cognitive decline, some increased lethargy, and inattention. The CAA Summary referred to a diagnosis list and physician notes but did not include dates or any details regarding these documents. The CAA Summary did not state if the psychotropic medications were effective in treating her symptoms, analyze how the psychotropic medications affected her day to day function, or indicate if a gradual dose reduction (GDR) of her antipsychotic medication had been attempted. The CAA Summary also did not state if there had been any any adverse drug reactions or if Resident #1 received psychological services. An interview was conducted with the MDS Nurse on 10/19/16 at 3:48 PM. The MDS Nurse stated she had been employed by the facility as the MDS Nurse for 3 years and was responsible for all of the MDS Assessments and CAA Summaries. The MDS Nurse noted she received MDS training from the Director of Nursing and the MDS Consultant when she was first hired and had received additional MDS training in March of 2016 in Raleigh. The MDS Nurse did not recall what she learned specifically about CAA Summaries during the March training. The MDS Nurse revealed she was taught to summarize all the checked blocks in the MDS assessment when completing the analysis of findings for the CAA	F 272	effective in treating her anxiety and depression. The CAA also now addresses the resident's strengths and weaknesses and how the triggered areas affected the resident's day to day function. 7. Resident # 68's CAA has been re-worked to include analysis of how the psychotropic medications affected the resident's day to day function and activities and whether or not they were effective in treating her anxiety and depression. The CAA also now addresses the resident's strengths and weaknesses and how the triggered areas affected the resident's day to day function. 8. Resident # 47's CAA has been re-worked to include analysis of how the psychotropic medications affected the resident's day to day function and activities and whether or not they were effective in treating her psychosis and depression. The CAA also now addresses the resident's strengths and weaknesses and how the triggered areas affected the resident's day to day function. " Any resident has the potential to be affected by this practice. A sample of 15 Resident's CAAs with psychotropic drug use or dental needs will be reviewed. If it is discovered that the CAAs are not descriptive, another 15 will be reviewed. This review will be conducted by the DON and Administrator and will be completed by November 16, 2016. " The DON will review/audit 10 resident CAAs monthly for 3 months and then quarterly for 3 quarters to ensure that each one paints a full picture of the		

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F 272	<p>Continued From page 4</p> <p>Summary. The interview further revealed the MDS Nurse was not aware she needed to paint a picture of the resident's status, talk about the resident's individual condition, or include how the triggered affected the resident when writing the analysis of findings.</p> <p>2. Review of the medical record revealed Resident #62 was admitted on 10/05/15 wit diagnoses including cerebral infarction and hemiplegia.</p> <p>Review of the annual Minimum Data Set dated 08/28/16 revealed Resident #62 was cognitively intact and able to make her needs known. The annual MDS also noted Resident #62 was edentulous and had a mechanically altered diet.</p> <p>Review of the Care Area Assessment (CAA) Summary for Dental Care dated 09/11/16 revealed Resident #62 was edentulous and did not wear her dentures at that time. The CAA Summary stated her oral mucosa was pink and moist and noted she was at risk for oral discomfort. The CAA Summary indicated Resident #62 had limited mobility due to a previous cerebrovascular accident and referred to nurse's notes but did not include dates or any details regarding these documents. The CAA Summary analysis of findings did not include why this area was a problem, if she had been seen by the Dentist, or address why Resident #62 was not wearing her dentures.</p> <p>An interview was conducted with the MDS Nurse on 10/19/16 at 3:48 PM. The MDS Nurse stated she had been employed by the facility as the MDS Nurse for 3 years and was responsible for all of the MDS Assessments and CAA</p>	F 272	<p>resident and that they fully address underlying causes, contributing risk factors, and risk factors related to mood state, behavioral symptoms, psychotropic drug use, and dental care. Any CAAs found to not be thorough will be returned to the MDS Coordinator with instructions of what areas are lacking and for the CAA to be re-worked to fix the issue found on audit. Once re-worked, the DON will review the CAA again to ensure completeness. The DON will record the results of these audits on a QA form and will present the results of the audits at the next scheduled Weekly Department Head Meeting for review to ensure that the solution is achieved and sustained.</p> <p>" The results of the DON's audit will be presented to the Medical Director at the monthly QA meeting for 3 months and a the quarterly QA meetings for 3 quarters thereafter, for review, to ensure that the correction is achieved and is sustained.</p>		

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F 272	Continued From page 5 Summaries. The MDS Nurse noted she received MDS training from the Director of Nursing and the MDS Consultant when she was first hired and had received additional MDS training in March of 2016 in Raleigh. The MDS Nurse did not recall what she learned specifically about CAA Summaries during the March training. The MDS Nurse revealed she was taught to summarize all the checked blocks in the MDS assessment when completing the analysis of findings for the CAA Summary. The interview further revealed the MDS Nurse was not aware she needed to paint a picture of the resident's status, talk about the resident's individual condition, or include how the triggered affected the resident when writing the analysis of findings. Resident #62's CAA Summary for Dental Care dated 09/11/16 was reviewed during the interview and the MDS Nurse stated the nurse aides told her Resident #62 did not always wear her dentures but she did not ask them why nor did she interview Resident #62 regarding her dentures. 3. Resident #44 was readmitted to the facility on 04/23/16 with diagnoses including cerebral vascular accident with left hemiplegia, diabetes mellitus, dementia and depression. Review of the annual Minimum Data Set (MDS) dated 11/09/15 Resident #44 made herself	F 272			

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F 272	<p>Continued From page 6</p> <p>understood as well as understood others and had severely impaired cognitive skills for daily decision making. Resident #44 had no negative behaviors and received psychoactive medications during the assessment period.</p> <p>Resident #44's Care Area Assessment (CAA) Summary for Psychotropic Drug Use dated 11/23/15 revealed she was alert and verbal with impaired cognition. Resident #44 had a diagnoses of depression and anxiety and received both antidepressant and anti-anxiety medications in the assessment period. The CAA further stated a care plan would be developed to reduce the risk for adverse effects from medication use. The CAA did not include how the psychoactive medications affected Resident #44's day to day living nor was there documentation of adverse drug reactions or if any referrals had been necessary.</p> <p>During an interview conducted on 10/19/16 at 3:48 PM the MDS Nurse stated she had been the MDS Nurse for three years and her most recent MDS training was in March 2016 in Raleigh with the State MDS Trainer. She stated she wrote the CAA summaries by elaborating on the checked boxes in the MDS. She further stated she was not aware she needed to describe the individual's strengths and weaknesses and how the triggered areas affected their day to day function.</p> <p>4. Resident #2 was admitted to the facility on 01/18/16 with diagnoses including diabetes mellitus, thyroid disorder and depression.</p> <p>Review of the annual Minimum Data Set (MDS)</p>	F 272			

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F 272	<p>Continued From page 7</p> <p>dated 01/25/16 revealed Resident #2 made herself understood as well as understood others, was cognitively intact and she felt tired or had little energy for several days during the assessment period.</p> <p>Resident #2's Care Area Assessment (CAA) Summary for Psychotropic Drug Use dated 01/31/16 noted she had a diagnosis of depression and was currently receiving antidepressant medication. The CAA also noted she was at risk for adverse effects from psychotropic drug use. The CAA did not include how the psychoactive medication affected Resident #2's day to day living nor was there documentation of adverse drug reactions or if any referrals had been necessary.</p> <p>During an interview conducted on 10/19/16 at 3:48 PM the MDS Nurse stated she had been the MDS Nurse for three years and her most recent MDS training was in March 2016 in Raleigh with the State MDS Trainer. She stated she wrote the CAA summaries by elaborating on the checked boxes in the MDS. She further stated she was not aware she needed to describe the individual's strengths and weaknesses and how the triggered areas affected their day to day function.</p> <p>5. Resident #15 was readmitted to the facility on 09/22/16 with diagnoses including atrial fibrillation, heart failure, dementia and depression.</p> <p>Review of Resident #15's annual Minimum Data Set (MDS) dated 10/02/16 revealed he usually made himself understood as well as understood others and had severely impaired cognitive skills</p>	F 272			

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F 272	<p>Continued From page 8</p> <p>for daily decision making. The MDS also noted he rejected care for one to three days in the assessment period.</p> <p>Resident #15's Care Area Assessment (CAA) Summary for Psychotropic Drug Use dated 10/05/16 noted he had a diagnosis of depression for which he received an antidepressant medication daily. The CAA further noted he was at risk for adverse effects from psychotropic drug use and a care plan would be developed to reduce the risk of the adverse effects. The CAA did not include how the psychoactive medication affected Resident #15's day to day living nor was there documentation of adverse drug reactions or if any referrals had been necessary.</p> <p>During an interview conducted on 10/19/16 at 3:48 PM the MDS Nurse stated she had been the MDS Nurse for three years and her most recent MDS training was in March 2016 in Raleigh with the State MDS Trainer. She stated she wrote the CAA summaries by elaborating on the checked boxes in the MDS. She further stated she was not aware she needed to describe the individual's strengths and weaknesses and how the triggered areas affected their day to day function.</p>	F 272			

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F 272	<p>Continued From page 9</p> <p>6. Resident #65 was admitted to the facility on 04/06//16 with diagnoses of non-Alzheimer's dementia, anxiety, depression, hallucinations and delusional disorder.</p> <p>Review of the admission Minimum Data Set (MDS) dated 05/25/16 revealed Resident #65 was severely cognitively impaired. The MDS further revealed Resident #65 received antipsychotic and antidepressant medication 7 days out of the 7 day look back period and received antianxiety medication 4 days out of the 7 day look back period.</p> <p>Review of the Care Area Assessment (CAA) dated 05/31/16 and written by the MDS Nurse for Psychotropic Drug Use stated Resident #65 had a diagnoses of dementia, depression and anxiety. She was receiving antianxiety and antidepressant medications as ordered. Resident #65 was at risk for adverse effects from psychotropic drug use. The CAA did not analyze how the psychotropic medications actually affected her day to day function and activities or if they were effective in treating her anxiety and depression.</p> <p>During an interview conducted on 10/19/16 at 3:48 PM the MDS Nurse stated she had been the MDS Nurse at the facility for 3 years and her most recent training was in March 2016 in Raleigh with the State MDS Trainer. She stated she wrote her CAA by elaborating on the check boxes in the MDS. She further stated she was not aware she needed to describe the individual's strengths and weakness and how the triggered areas affected their day to day function.</p> <p>7. Resident #68 was admitted to the facility on</p>	F 272			

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F 272	<p>Continued From page 10</p> <p>09/09/16 with diagnoses of Alzheimer's disease, anxiety and depression.</p> <p>Review of the admission Minimum Data Set (MDS) dated 09/19/16 revealed Resident #68 was moderately cognitively impaired. The MDS further revealed Resident #68 received antipsychotic and antianxiety medication 7 days out of the 7 day look back period and she received antidepressant medication 6 days out of the 7 day look back period.</p> <p>Review of the Care Area Assessment dated 09/22/16 and written by the MDS Nurse for Psychotropic Drug Use stated Resident #68 had diagnoses of Alzheimer's disease, dementia, depression and anxiety. She was receiving antianxiety, antidepressant and antipsychotic medications as ordered. She was at risk for adverse effects from psychotropic drug use. The CAA did not analyze how the psychotropic medications actually affected her day to day function and activities or if they were effective in treating her anxiety and depression.</p> <p>During an interview conducted on 10/19/16 at 3:48 PM the MDS Nurse stated she had been the MDS Nurse at the facility for 3 years and her most recent training was in March 2016 in Raleigh with the State MDS Trainer. She stated she wrote her CAA by elaborating on the check boxes in the MDS. She further stated she was not aware she needed to describe the individual's strengths and weakness and how the triggered areas affected their day to day function.</p> <p>8. Resident #47 was admitted to the facility on 01/23/15 with diagnoses of non-Alzheimer's dementia, anxiety, depression and psychosis.</p>	F 272			

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F 272	Continued From page 11 Review of the annual Minimum Data Set (MDS) dated 02/03/16 revealed Resident #47 was moderately cognitively impaired. The MDS further revealed Resident #47 received antipsychotic and antidepressant medication 7 days out of the 7 day look back period. Review of the Care Area Assessment (CAA) dated 02/17/16 and written by the MDS Nurse for Psychotropic Drug Use revealed Resident #47 had a diagnoses of depression, dementia, psychosis and anxiety. She was receiving antipsychotic and antidepressant medication daily as ordered. She was at risk for adverse effects from psychotropic drug use. The CAA did not analyze how the psychotropic medications actually affected her day to day function and activities or if they were effective in treating her psychosis and depression. During an interview conducted on 10/19/16 at 3:48 PM the MDS Nurse stated she had been the MDS Nurse at the facility for 3 years and her most recent training was in March 2016 in Raleigh with the State MDS Trainer. She stated she wrote her CAA by elaborating on the check boxes in the MDS. She further stated she was not aware she needed to describe the individual's strengths and weakness and how the triggered areas affected their day to day function.	F 272			
F 278 SS=D	483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED The assessment must accurately reflect the resident's status. A registered nurse must conduct or coordinate	F 278		11/16/16	

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F 278	<p>Continued From page 12</p> <p>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 record review and staff interview, the facility failed to accurately code information on an Minimum Data Set regarding falls for 1 of 4 sampled residents reviewed for falls (Resident #69).</p> <p>The findings included:</p> <p>Resident #69 was admitted on 05/26/16 with diagnoses including dementia, muscle weakness, and peripheral neuropathy.</p>	F 278	<p>Alexandria Place's response to this survey report does not constitute agreement with the statement of deficiencies; nor does it constitute an admission that any stated deficiency is accurate. We are submitting the POC because it is required by law.</p> <p>A. Address how corrective action will be accomplished for each resident found to</p>		

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F 278	<p>Continued From page 13</p> <p>Review of the admission Minimum Data Set (MDS) dated 06/02/16 revealed Resident #69 had severely impaired cognition and was able to make her needs known. The admission MDS further revealed Resident #69 required extensive assistance with bed mobility, transfer occurred only once or twice, and she did not walk in her room or the corridor. The admission MDS noted Resident #69 had no falls prior to her admission to the facility.</p> <p>Review of a fall investigation revealed Resident #69 was found on the floor in her room on 07/07/16 at 6:45 PM. Resident #69 told staff she was standing and trying to turn down her bed and had fallen.</p> <p>Review of the quarterly MDS dated 08/25/16 revealed Resident #69 was cognitively intact and was able to make her needs known. The quarterly MDS noted Resident #69 required extensive assistance with bed mobility, transfer, and walking in her room. The quarterly MDS indicated Resident #69 had no falls since her admission to the facility.</p> <p>During an interview on 10/19/16 at 4:05 PM the MDS Nurse stated she was informed of residents' falls during morning meeting and the weekly falls meeting. The MDS Nurse confirmed she had completed Resident #69's quarterly MDS dated 08/25/16 and should have coded the MDS assessment to reflect the fall since admission. The MDS Nurse further stated she was not sure how she missed coding the quarterly MDS to include Resident #69's fall on 07/07/16.</p>	F 278	<p>be affected by the deficient practice: Resident # 69's MDS has been updated to include the fall from 07/07/2016 that was missed on the 08/25/2016 MDS.</p> <p>B. Address how corrective action will be accomplished for those residents having a potential to be affected by the same deficient practice: " Any resident has the potential to be affected by this practice. The MDS of all residents having had falls within the last 90 days have been reviewed and all falls were correctly coded on those MDS's. The MDS Coordinator will now use the report from the Weekly Fall Committee Meeting to ensure that she captures on the MDS any and all falls that have occurred during the period that is addressed by the MDS when completing the section on falls. The DON will review/audit all MDS's of individuals that have had falls to ensure that the MDS Coordinator has accurately captured all falls and has not missed one in the future. The DON will document the results of this review/audit on a QA form.</p> <p>C. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not occur. " The MDS Coordinator will now use the report from the Weekly Fall Committee Meeting to ensure that she captures on the MDS any and all falls that</p>		

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F 278	Continued From page 14	F 278	<p>have occurred during the period that is addressed by the MDS when completing the section on falls. The DON will review/audit all MDS □s of individuals that have had falls monthly for one year to ensure that the MDS Coordinator has accurately captured all falls and has not missed one in the future. The DON will document the results of this review/audit on a QA form and will present the results at the next scheduled Weekly Department Head Meeting for one year for review to ensure that the solution is achieved and sustained.</p> <p>D. Indicate how the facility plans to monitor the measures to make sure that solutions are sustained. The facility must develop a plan for ensuring that corrections are achieved and sustained. The plan must be implemented and the corrective action evaluated for its effectiveness. The POC must be integrated into the Quality Assurance system of the facility.</p> <p>" The MDS Coordinator will now use the report from the Weekly Fall Committee Meeting to ensure that she captures on the MDS any and all falls that have occurred during the period that is addressed by the MDS when completing the section on falls. The DON will review/audit all MDS □s of individuals that have had falls monthly for one year to ensure that the MDS Coordinator has accurately captured all falls and has not missed one in the future. The DON will</p>		

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F 278	Continued From page 15	F 278	document the results of this review/audit on a QA form and will present the results at the next scheduled Weekly Department Head Meeting for one year for review to ensure that the solution is achieved and sustained. Additionally, the results of the DON's monthly audit will be presented to the Medical Director at the Quarterly QA meeting for one year for review to ensure that the correction is achieved and is sustained.		
F 371 SS=E	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to maintain the kitchen ice machine in clean and sanitary condition and air dry plastic cups and bowls before stacking in storage. The findings included: 1. Observations of the ice machine during the initial tour of the kitchen on 10/16/16 at 9:51 AM revealed the interior of the ice bin had an angled piece of black plastic (ice deflector) mounted at	F 371	Alexandria Place's response to this survey report does not constitute agreement with the statement of deficiencies; nor does it constitute an admission that any stated deficiency is accurate. We are submitting the POC because it required by law. A. Address how corrective action will be	11/16/16	

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F 371	<p>Continued From page 16</p> <p>the top of the ice bin. The ice deflector extended across the entire top of the ice bin and extended down approximately 6 inches. A thin film of condensation covered the entire surface of the ice deflector as well. A white paper towel was wiped across the surface of the ice deflector and black matter came off on to the paper towel.</p> <p>An interview was conducted with the Dietary Manager (DM) on 10/16/16 at 10:04 AM. The DM stated cleaning the interior of the ice bin was not on the cleaning schedule but she had observed the dietary aides wiping it down regularly. The DM observed while a white paper towel was wiped across the surface of the ice deflector and black matter came off on to the paper towel. The DM stated the interior of the ice machine would need to be cleaned including the ice deflector.</p> <p>During a follow up interview on 10/16/16 at 10:06 AM the DM stated the ice machine was cleaned and serviced by refrigeration contractor on 07/08/16 and they were contracted to come every three months. The DM indicated she did not know how the black matter had accumulated on the ice deflector. The DM further stated she would talk with the Maintenance Supervisor and they would decide what action to take.</p> <p>During an interview on 10/17/16 at 12:30 PM the Administrator stated the condition of the interior of the kitchen ice machine observed on 10/16/16 was not acceptable. The Administrator noted the refrigeration contractor had been out earlier that day and cleaned and serviced the ice machine.</p> <p>An interview with Dietary Aide #1 on 10/18/16 at 11:44 AM revealed she was never instructed to touch the inside of the ice machine.</p>	F 371	<p>accomplished for each resident found to be affected by the deficient practice:</p> <p>" 1. The ice machine in the kitchen was thoroughly cleaned by the Dietary Manager and the Maintenance Supervisor on the morning of 10/16/2016 after discussion with the surveyor noted the need for cleaning. Additionally, the company contracted to provide quarterly cleaning of the ice machine arrived at the facility and performed a thorough clean on 10/17/2016. The service tech also showed the Dietary Manager and the Maintenance Supervisor how to properly clean the inside of the ice machine including the ice deflector.</p> <p>2. The Dietary Manager immediately removed the bowls and glasses that were noted by the Surveyor to not be dry and had these items rewashed/sanitized and properly set out for air drying as required by regulation. The Dietary Manager also spoke to the staff member that was responsible for stacking the wet items at that time and reiterated the importance of allowing the items to fully air dry before stacking.</p> <p>B. Address how corrective action will be accomplished for those residents having a potential to be affected by the same deficient practice.</p> <p>1. All dietary staff will be in serviced on the proper way to check and clean the ice machine. The dietary manager and</p>		

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F 371	Continued From page 17 During an interview on 10/18/16 at 2:36 PM Dietary Aide #2 stated she was not trained to do anything with the ice machine except wipe of the outside. 2. Observations of a kitchen storage rack on 10/16/16 at 9:18 AM revealed 14 plastic bowls stored on a tray face down with moisture noted inside of all 14 bowls. In addition, there were 2 stacks of five clear plastic cups with moisture noted in the top 4 cups in each of the two stacks. During an interview on 10/16/16 at 10:09 AM the DM stated the dietary aides were expected to air dry all kitchenware including bowls and cups before placing them on the storage rack for use. The DM observed the bowls and cups on the storage rack and stated they should not have been stacked until they were dry inside. She was not sure when the bowls and cups had been placed on the storage rack. The DM removed the cups and bowls from the storage rack and placed them on the dish line to be washed.	F 371	maintenance supervisor have been in serviced by the contract cleaning company on how to disassemble and thoroughly clean the ice machine. Dietary staff will conduct daily checks and cleaning on the ice machine and the dietary manager and maintenance supervisor will disassemble and thoroughly clean the ice machine every 2 weeks. The dietary manager and or her designee will conduct daily checks of the ice machine for cleanliness and the results of all cleaning schedules will be recorded. These daily checks will last for 3 weeks and then will be conducted on a random basis for 3 weeks and then monthly for one year. The bi-weekly cleaning will be done for one year. The results of all QA checks and cleanings will be recorded on a QA form. 2. Any resident has the potential to be affected by this practice. All Dietary Staff will be in serviced on the proper way to wash and dry all dinnerware and why items cannot be stacked until completely dry. The Dietary Manager and/or her designee will conduct daily checks of all dinnerware following the washing of these items to ensure that no dinnerware is being stacked before being completely dry. These daily checks will last for 3 weeks and will then be conducted on a random bases for 3 weeks and then monthly for 1 year. C. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not occur.		

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F 371	Continued From page 18	F 371	<p>1.All dietary staff will be in serviced on the proper way to check and clean the ice machine. The dietary manager and maintenance supervisor have been in serviced by the contract cleaning company on how to disassemble and thoroughly clean the ice machine. Dietary staff will conduct daily checks and cleaning on the ice machine and the dietary manager and maintenance supervisor will disassemble and thoroughly clean the ice machine every 2 weeks. The dietary manager and or her designee will conduct daily checks of the ice machine for cleanliness and the results of all cleaning schedules will be recorded. These daily checks will last for 3 weeks and then will be conducted on a random basis for 3 weeks and then monthly for one year. The bi-weekly cleaning will be done for one year. The results of all QA checks and cleanings will be recorded on a QA form. The results of these checks will be presented at the weekly department head meeting for review to ensure that the solution is achieved.</p> <p>2.All Dietary Staff will be in serviced on the proper way to wash and dry all dinnerware and why items can not be stacked until completely dry. The Dietary Manager and/or her designee will conduct daily checks of all dinnerware following the washing of these items to ensure that</p>		

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F 371	Continued From page 19	F 371	<p>no dinnerware is being stacked before being completely dry. These daily checks will last for 3 weeks and will then be conducted on a random bases for 3 weeks and then monthly for 1 year. The results of these checks will be recorded on a QA form. The Dietary Manager will present the results of these QA checks at the Weekly Department Head Meeting for review to ensure that the solution is achieved.</p> <p>D. Indicate how the facility plans to monitor the measures to make sure that solutions are sustained. The facility must develop a plan for ensuring that corrections are achieved and sustained. The plan must be implemented and the corrective action evaluated for its effectiveness. The POC must be integrated into the Quality Assurance system of the facility.</p> <p>1.All dietary staff will be in serviced on the proper way to check and clean the ice machine. The dietary manager and maintenance supervisor have been in serviced by the contract cleaning company on how to disassemble and thoroughly clean the ice machine. Dietary staff will conduct daily checks and cleaning on the ice machine and the dietary manager and maintenance supervisor will disassemble and thoroughly clean the ice machine every 2 weeks. The dietary manager and or her designee will conduct daily checks of the</p>		

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F 371	Continued From page 20	F 371	<p>ice machine for cleanliness and the results of all cleaning schedules will be recorded. These daily checks will last for 3 weeks and then will be conducted on a random basis for 3 weeks and then monthly for one year. The bi-weekly cleaning will be done for one year. The results of all QA checks and cleanings will be recorded on a QA form. The results of these checks will be presented at the weekly department head meeting for review to ensure that the solution is achieved. The results of the QA checks will also be presented and reviewed at the monthly QA committee meeting and presented and reviewed to the medical director at the quarterly QA meeting for review to ensure that the solution is achieved and sustained. The QA checks will continue to be reviewed by the QA committee for a time period of one year and then ongoing as determined by the interdisciplinary team.</p> <p>2.The Dietary Manager and/or her designee will conduct daily checks of all dinnerware following the washing of these items to ensure that no dinnerware is being stacked before being completely dry. These daily checks will last for 3 weeks and will then be conducted on a random bases for 3 weeks and then monthly for 1 year. The results of these checks will be recorded on a QA form. The Dietary Manager will present the results of these QA checks at the Weekly Department Head Meeting for review to ensure that the solution is achieved. The results of the QA checks will also be presented and reviewed at the monthly</p>		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345441	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/19/2016
NAME OF PROVIDER OR SUPPLIER ALEXANDRIA PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 1770 OAK HOLLOW ROAD GASTONIA, NC 28054		
(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 371	Continued From page 21	F 371	QA committee meeting and presented and reviewed to the medical director at the quarterly QA meeting for review to ensure that the solution is achieved and sustained. The QA checks will continue to be reviewed by the QA committee for a time period of one year and then ongoing as determined by the interdisciplinary team.		