

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

PRINTED: 10/31/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345325	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/28/2017
NAME OF PROVIDER OR SUPPLIER CORNERSTONE NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 711 SUSAN TART ROAD BOX 948 DUNN, NC 28334		
(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 No deficiencies were cited as a result of a complaint investigation conducted on 9-28-17. Event ID# TH4011	F 000			
F 278 SS=D	483.20(g)-(j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED (g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. (h) Coordination A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. (i) Certification (1) A registered nurse must sign and certify that the assessment is completed. (2) Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. (j) Penalty for Falsification (1) Under Medicare and Medicaid, an individual who willfully and knowingly- (i) 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 (ii) Causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty or not more than \$5,000 for each assessment.	F 278		10/26/17	

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

TITLE

(X6) DATE

Electronically Signed

10/13/2017

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 278	<p>Continued From page 1</p> <p>(2) Clinical disagreement does not constitute a material and false statement. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews, the facility failed to accurately code the MDS (Minimum Data Set) to reflect the diagnosis of depression for 1 of 5 residents (Resident #96) reviewed for unnecessary medication use.</p> <p>Findings included:</p> <p>Resident #96 was admitted to the facility on 8/26/14 with diagnoses that included Peripheral Vascular Disease, non-Alzheimer's Dementia and Schizophrenia.</p> <p>Review of Resident #96's most recent MDS was dated 7/20/17, coded as a quarterly assessment, had documentation that the resident received antidepressant medication 7 out of 7 days of the assessment period. Depression was not coded on the assessment as an active diagnosis.</p> <p>Review of a Psychiatric Progress Note dated 5/16/17 included documentation of Resident #96's diagnoses. The diagnoses listed on the progress note included a diagnosis of Depression.</p> <p>Review of another Psychiatric Progress Note dated 7/11/17 included documentation of Resident #96's diagnoses. The diagnoses listed on the progress note included a diagnosis of Depression.</p> <p>An interview was conducted with the MDS nurse on 9/28/17 at 3:25 pm. During the interview, the MDS nurse stated the quarterly assessment</p>	F 278	<p>Cornerstone Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance.</p> <p>Cornerstone Nursing and Rehabilitation Center response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Cornerstone Nursing and Rehabilitation Center reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding.</p> <p>Resident #96 Minimum Data Set (MDS) assessment was modified by the MDS nurse on 09/28/2017 to reflect an accurate coding of the diagnosis of depression with oversight by the Director of Nursing (DON).</p> <p>A 100% audit of all residents' most current MDS assessments will be reviewed by the Quality Improvement (QI) nurse and the</p>		

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F 278	Continued From page 2 dated 7/20/17 had an error and the diagnosis of Depression should have been marked on the 7/20/17 MDS. She further stated she would modify the assessment. An interview was conducted with the Director of Nursing (DON) on 9/28/17 at 4:30 pm. During the interview, the DON stated it was her expectation that if a resident was receiving antidepressant medications, the diagnosis of Depression would be marked on the MDS assessment.	F 278	Staff Facilitator (SF) nurse to include Resident #96 to ensure all completed MDS assessments are coded accurately to include a diagnosis of depression. This audit will be completed by 10/20/17 using a resident census. Modifications will be completed by the MDS nurse during the audit for any identified areas of concern with the oversight from the Director of Nursing (DON). An in-service was completed on 10/13/2017 for 100% of all MDS nurses as well as the QI and SF nurses by the MDS Consultant regarding the proper coding of MDS assessments as indicated in the Resident Assessment Instrument (RAI) manual with emphasis that all MDS assessments are completed accurately and coded correctly to include a diagnosis of depression. All newly hired MDS nurses will be provided the in-service during orientation by the DON regarding the proper coding of MDS assessments as indicated in the RAI manual with emphasis that all MDS assessments are completed accurately and coded correctly to include a diagnosis of depression. 10% of all current residents completed MDS assessments to include Resident #96 will be reviewed by the QI nurse and SF nurse to ensure accurate coding of the MDS assessments, including for a diagnosis of depression. This audit will be conducted utilizing an MDS Accuracy QI Tool three times a week for four weeks, weekly for four weeks, then monthly for one month. Any identified areas of		

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F 278	Continued From page 3	F 278	<p>concern will be immediately addressed by the DON to include additional training and modifications to the MDS assessment as indicated. The DON will review and initial the MDS Accuracy QI Tool weekly for eight weeks and then monthly for one month to ensure all areas of concerns have been addressed.</p> <p>The DON will forward the results of the MDS Accuracy QI Tool to the Executive QI Committee monthly x 3 months. The Executive QI Committee will meet monthly x 3 months to review the audit results of the MDS Accuracy QI Tool. Any issues, concerns, and/or trends identified will be addressed by implementing changes as necessary, to include continued frequency of monitoring.</p>		