

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345496	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/14/2018
NAME OF PROVIDER OR SUPPLIER LIBERTY COMMONS N&R ALAMANCE			STREET ADDRESS, CITY, STATE, ZIP CODE 791 BOONE STATION DRIVE BURLINGTON, NC 27215		
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F 636 SS=D	<p>Comprehensive Assessments & Timing CFR(s): 483.20(b)(1)(2)(i)(iii)</p> <p>§483.20 Resident Assessment The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.</p> <p>§483.20(b) Comprehensive Assessments §483.20(b)(1) Resident Assessment Instrument. A facility must make a comprehensive assessment of a resident's needs, strengths, goals, life history and preferences, using the resident assessment instrument (RAI) specified by CMS. The assessment must include at least the following:</p> <ul style="list-style-type: none"> (i) Identification and demographic information (ii) Customary routine. (iii) Cognitive patterns. (iv) Communication. (v) Vision. (vi) Mood and behavior patterns. (vii) Psychological well-being. (viii) Physical functioning and structural problems. (ix) Continence. (x) Disease diagnosis and health conditions. (xi) Dental and nutritional status. (xii) Skin Conditions. (xiii) Activity pursuit. (xiv) Medications. (xv) Special treatments and procedures. (xvi) Discharge planning. (xvii) Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS). (xviii) Documentation of participation in assessment. The assessment process must include direct observation and communication 	F 636		3/7/18	

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

TITLE

(X6) DATE

Electronically Signed

02/28/2018

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 636	<p>Continued From page 1</p> <p>with the resident, as well as communication with licensed and nonlicensed direct care staff members on all shifts.</p> <p>§483.20(b)(2) When required. Subject to the timeframes prescribed in §413.343(b) of this chapter, a facility must conduct a comprehensive assessment of a resident in accordance with the timeframes specified in paragraphs (b)(2)(i) through (iii) of this section. The timeframes prescribed in §413.343(b) of this chapter do not apply to CAHs.</p> <p>(i) Within 14 calendar days after admission, excluding readmissions in which there is no significant change in the resident's physical or mental condition. (For purposes of this section, "readmission" means a return to the facility following a temporary absence for hospitalization or therapeutic leave.)</p> <p>(iii) Not less than once every 12 months.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews, the facility failed to complete an admission Minimum Data Set (MDS) within 14 days of admission for 2 of 4 sampled residents whose MDS assessments were reviewed (Resident #3 and Resident #1).</p> <p>The findings included:</p> <p>1) Resident #3 was admitted to the facility on 1/25/18 from a hospital with a cumulative diagnoses which included a femoral neck fracture (hip fracture).</p> <p>A review of Resident #3 's Minimum Data Set (MDS) records from her electronic chart revealed the admission MDS assessment had an Assessment Reference Date (ARD) of 2/1/18.</p>	F 636	<p>The statements made on this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all Federal and State Regulations the facility has taken or will take the actions set forth in this Plan of Correction. The Plan of Correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>F636 COMPREHENSIVE ASSESSMENTS AND TIMING.</p> <p>1. The plan of correcting the specific</p>		

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F 636	<p>Continued From page 2</p> <p>On the date of the review (2/13/18), Resident #3 ' s admission MDS assessment had not been completed. The MDS record was noted to be in progress. The incomplete portions of the MDS included: Sections A, B, G, H, J, L, M, N, O, and Section P.</p> <p>An interview was conducted on 2/13/18 at 2:38 PM with the facility ' s MDS nurse. Upon inquiry, the MDS nurse reviewed Resident #3 ' s MDS record and reported the due date for completion of the admission MDS assessment was 2/7/18. The nurse confirmed Resident #3 ' s MDS assessment had not been completed as of the date of the review (2/13/18).</p> <p>An interview was conducted on 2/13/18 at 3:58 PM with the facility ' s Director of Nursing (DON). Upon inquiry, the DON her expectation was for MDS assessments to be completed on a time. The DON stated, "They should have been done."</p> <p>2) Resident #1 was admitted to the facility on 1/26/17 from a hospital with a cumulative diagnoses which included influenza A virus (a flu virus) and acute bronchiolitis (a common illness of the respiratory tract that affects the tiny airways, called the bronchioles, that lead to the lungs).</p> <p>A review of Resident #1 ' s Minimum Data Set (MDS) records from her electronic chart revealed the admission MDS assessment had an Assessment Reference Date (ARD) of 2/2/18. On the date of the review (2/13/18), Resident #1 ' s admission MDS assessment had not been completed. The MDS record was noted to be in progress. The incomplete portions of the MDS included: Sections A, B, F, G, H, J, L, M, N, O</p>	F 636	<p>deficiency. The plan should address the processes that lead to the deficiency cited;</p> <p>The facility failed to complete an admission Minimum Data Set (MDS) within 14days of admission for 2 of 4 sampled residents whose Minimum Data Set (MDS) assessments were reviewed (Resident #3 and Resident #1)</p> <p>Resident #3. Resident Minimum Data Set (MDS) Assessment (Admission Comprehensive Assessment) with Assessment Reference Date (ARD) of 2/1/2018 was completed on 2/13/2018. The assessment was submitted to the state QIES system on 2/15/2018 and was accepted on 2/15/2018. Submission ID 14273594.</p> <p>Resident #1. Resident Minimum Data Set (MDS) Assessment (Admission Comprehensive Assessment) with Assessment Reference Date (ARD) of 2/2/2018 was completed on 2/13/2018. The assessment was submitted to the state QIES system on 2/15/2018 and was accepted on 2/15/2018. Submission ID 14273594.</p> <p>2. The procedure for implementing the acceptable plan of correction for the specific deficiency cited;</p> <p>On 2/13/2018 through 2/26/2018, the Director of Nursing, Administrator, and Minimum Data Set (MDS) Coordinator reviewed all Admission Comprehensive</p>		

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F 636	<p>Continued From page 3 and Section P.</p> <p>An interview was conducted on 2/13/18 at 2:38 PM with the facility ' s MDS nurse. Upon inquiry, the MDS nurse reviewed Resident #1 ' s MDS record and reported the due date for completion of the admission MDS assessment was 2/8/18. The nurse confirmed Resident #1 ' s MDS assessment had not been completed as of the date of the review (2/13/18).</p> <p>An interview was conducted on 2/13/18 at 3:58 PM with the facility ' s Director of Nursing (DON). Upon inquiry, the DON her expectation was for MDS assessments to be completed on a time. The DON stated, "They should have been done."</p>	F 636	<p>Assessments for all current residents due 14days after admission. No other residents were determined to have Admission Comprehensive assessment due 14days after admission that were not completed.</p> <p>By 2/27/2018 The Minimum Data Set (MDS) Coordinator, Director of Nursing, Social Worker, Dietary Manager, Therapy Manager and any other interdisciplinary team member who participates in completing an Minimum Data Set (MDS) assessment, were in serviced /educated by the Administrator on conducting a comprehensive assessment of a resident within 14 calendar days after admission, excluding readmissions in which there is no significant change in the resident's physical or mental condition. (For purposes of this section, readmission means a return to the facility following a temporary absence for hospitalization or for therapeutic leave).</p> <p>The Director of Nursing ,or Minimum Data Set (MDS) Coordinator or Registered Nurse Manager will review new admissions excluding readmissions in which there is no significant change in the resident's physical or mental condition. (For purposes of this section, readmission means a return to the facility following a temporary absence for hospitalization or for therapeutic leave).</p> <p>The Director of Nursing ,or Minimum Data Set (MDS) Coordinator or Registered Nurse Manager will ensure that each resident who has a Comprehensive</p>		

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

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F 636	Continued From page 4	F 636	<p>Assessment due 14days after admission, must have the assessment conducted and completed with the 14day calendar day and submitted to the QIES database.</p> <p>Any issues will be reported to the Administrator for appropriate action. During the daily Stand up Meeting (Monday through Friday), the Minimum Data Set (MDS) Coordinator will review assessment reference dates for all comprehensive assessments due 14days after admission for each day. The Minimum Data Set (MDS) Coordinator will discuss about the due date of each Comprehensive Assessment 14days after admission.</p> <p>The Daily Stand Up Meeting is attended by the Director of Nursing, Unit Managers, Minimum Data Set (MDS) Coordinators, Therapy, Health Information Manager (HIM), Dietary Manager, Social Worker, Administrator and others as needed.</p> <p>Effective 2/27/2018 this training is incorporated into the new employee orientation program. This information has been integrated into the standard orientation training and in the required in-service refresher courses for all employees and will be reviewed by the Quality Assurance Process to verify that the change has been sustained.</p> <p>3. The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the</p>		

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F 636	Continued From page 5	F 636	<p>regulatory requirements;</p> <p>The Administrator will conduct a review using the Quality Assurance (QA) Minimum Data Set (MDS) Assessment Tool. Five residents with Comprehensive assessments 14days after admission will be reviewed weekly for 4 weeks, and then monthly for three months. The items reviewed on the Quality Assurance (QA) Minimum Data Set (MDS) Assessment Tool will include: Date of Admission, Assessment Reference Date of Comprehensive Assessment 14days after admission, and Date of completion Section Z0500A. Identified issues will be addressed with appropriate action. Reports will be presented to the weekly QA committee by the Administrator to ensure corrective action for trends or ongoing concerns is initiated as appropriate. The weekly QA Meeting is attended by the Director of Nursing, MDS Coordinator, Unit Manager, Therapy, Health Information Manager (HIM), Dietary Manager and the Administrator</p> <p>4. The title of the person responsible for implementing the acceptable plan of correction; Administrator</p> <p>5. Date of Compliance: March 7th, 2018</p>		