

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345502	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/29/2018
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NAME OF PROVIDER OR SUPPLIER LAKE PARK NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3315 FAITH CHURCH ROAD INDIAN TRAIL, NC 28079
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F 000	INITIAL COMMENTS	F 000		
F 644 SS=D	<p>Coordination of PASARR and Assessments CFR(s): 483.20(e)(1)(2)</p> <p>§483.20(e) Coordination. A facility must coordinate assessments with the pre-admission screening and resident review (PASARR) program under Medicaid in subpart C of this part to the maximum extent practicable to avoid duplicative testing and effort. Coordination includes:</p> <p>§483.20(e)(1) Incorporating the recommendations from the PASARR level II determination and the PASARR evaluation report into a resident's assessment, care planning, and transitions of care.</p> <p>§483.20(e)(2) Referring all level II residents and all residents with newly evident or possible serious mental disorder, intellectual disability, or a related condition for level II resident review upon a significant change in status assessment. This REQUIREMENT is not met as evidenced by: Based on observations, resident interview, staff interviews, facility policy review and medical record review, the facility failed to refer a resident with new diagnoses of schizophrenia and psychotic disorders for a Pre-Admission Screening and Annual Resident Review (PASARR) Level II screen for 1 of 4 sampled residents reviewed (Resident #1).</p> <p>The findings included:</p>	F 644	Lake Park 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.	4/18/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 04/18/2018
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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 correction is requisite to continued program participation.

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F 644	<p>Continued From page 1</p> <p>Review of facility PASARR policy "Overview of the Admission Process" dated 10/2005, recorded in part "Each resident admitted to a nursing home (NH) will be screened to determine if they have mental retardation (MR) or mental illness (MI) if they have MR/MI it will be determined whether or not they need NH placement instead of treatment in a special facility for residents with their special needs. This is a level 1 screen. If NH placement is determined to be appropriate they are screened to determine whether or not they need active treatment while placed in the NH. This is the level 2 screen."</p> <p>Resident #1 was admitted to the facility 9/15/15 with a PASARR Level I screen effective 8/13/08 which indicated the screen did not go to Level 2. Diagnoses included anxiety disorder and major depressive disorder. The facility's resident matrix assessed Resident #1 with MI.</p> <p>Review of the annual Minimum Data Set dated 9/21/17 Section A 1500 indicted Resident #1 was not currently considered by the State Level 2 PASARR process to have a serious mental and/or intellectual disability or a related condition.</p> <p>Review of Resident #1's September 2017 care plan revealed identified problems to include behaviors of ineffective coping, verbal abuse/aggression related to anger/impaired problem solving, manipulative/paranoia delusional behavior, feeling unsafe and worried that the hospital would not admit her. The care plan indicated Resident #1 was at risk for mental psychological adjustment difficulties related to changes in her customary routines. Interventions included psychiatric referrals.</p>	F 644	<p>The plan of correcting the specific deficiency:</p> <p>The position of Lake Park Nursing and Rehabilitation center regarding the process that lead to this deficiency was failure of staff to follow the policy for PASRR screening.</p> <ol style="list-style-type: none"> 1. Address how the corrective action will be accomplished for those residents found to have been affected by the deficient practice <p>Resident #1's PASRR new level II screen will be submitted and completed by 4/23/2018 by the Social Worker (SW). No other PASRR level II screening were noted to be due for re-screening, review and submission.</p> <ol style="list-style-type: none"> 2. Address how the corrective actions will be accomplished for those residents having the potential to be affected by the same deficient practice. <p>On 4/17/2018 an audit of all residents with a level II PASRR was completed by the facility Social Worker. On 4/17/2018 there were no resident currently on Level II PASSR and no other negative findings were noted related to other resident's current PASRR level screening and review.</p> <ol style="list-style-type: none"> 3. Address what measures will be put in place or systemic changes made to ensure that the deficient practice will not occur 		

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F 644	<p>Continued From page 2</p> <p>Her medical record recorded a new diagnosis of psychosis as of 9/27/17.</p> <p>A physician's order dated 10/3/17 recorded to add the diagnosis of unspecified psychosis not due to a substance or known physiological condition to the Medication Administration Record (MAR).</p> <p>A Behavioral Health initial psychiatric evaluation dated 11/14/17 recorded Resident #1 was referred due to anxiety, increasing paranoia, hoarding behaviors, and weight loss/poor appetite. The evaluation added unspecified schizophrenia spectrum and other psychotic disorders to her list of diagnoses. During the evaluation, Resident #1 was observed guarded and anxious with underlying psychiatric issues. A recommendation was made to start Prozac (antidepressant) 10 mg each morning and Zyprexa (antianxiety) 2.5 mg each evening for psychotic symptoms, paranoid delusions, disorganized/incoherent speech and/or behavior, impaired activities of daily living, poor appetite, social isolation/withdrawal, agitation, severe restlessness disruptive repetitive behaviors/vocalizations, non-compliance with treatment, and resistance to care.</p> <p>Review of nursing progress notes from February 2018 - March 2018 revealed documented behaviors to include refusal of medication, showers, and weight monitoring. The nursing progress notes documented the Resident's responses as "I will not be taking showers" and when staff offered nursing care, she responded "Leave me alone, I am fine."</p> <p>A Behavioral Health follow up evaluation dated 3/16/18 recorded the reason for follow up was a</p>	F 644	<p>On 3/26/2018 the SW was provided the NC PASRR manual with forms. The Administrator completed an in-service for the Social Workers related to PASRR level II screenings completion for any Level I which are positive for Mental Disorders, Intellectual disabilities and related conditions. SW will review and audit all Level I PASSR upon admission, monthly and with any new related diagnosis. Level II screening will be submitted accordingly and timely.</p> <p>4. Indicate how the facility plans to monitor its performance to make sure solutions are sustained. The POC is to be integrated into the quality assurance system of the facility.</p> <p>The Social worker will complete a 100% audit of Level I or II PASRR upon admission, monthly and as needed with any new MD or ID or related condition. The social worker will report her audit to the Administrator and QAPI Committee monthly 3 x months for compliance. Social will continue regular and consistent audits of PASSR levels at least monthly thereafter.</p> <p>The title of the person responsible for implementing the acceptable plan of correction:</p> <p>The Social Worker is responsible for implementing the acceptable plan of correction</p>		

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

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F 644	<p>Continued From page 3</p> <p>medication check for anxiety and paranoia. Resident #1 presented confused and paranoid during the visit, became upset, and made accusations staff treated her unkind. She expressed feeling agitated, frustrated, and irritable at times and refused medication management at the time of the evaluation.</p> <p>Review of the March 2018 MAR for Resident #1 revealed she did not receive medication management for the diagnoses of psychosis or schizophrenia.</p> <p>Resident #1 was observed on 03/26/18 at 5:36 PM in her room lying on her bed on her right side facing the door. Her bed was stored with large quantities of personal items (clothing, books, papers, food, and accessories) in close proximity to the resident. She asked the surveyor to come into her room and stated "What's your name? The nurse won't come in here, I am not doing good, but you can't do anything about it. The hospital won't take me." A nurse came to the Resident's door, asked permission to enter, when permission was granted by the Resident, the Resident said to the nurse, "I am not doing good, but the nurse won't come in, so don't worry about it."</p> <p>An interview on 03/29/18 at 3:26 PM with the Admissions Coordinator (AC) revealed she started at the facility as the Social Worker (SW) in November 2017 and transitioned into the role of AC in January 2018. The AC stated that Resident #1 had a PASARR Level 1 screen prior to admission, but should have been referred since admission for a PASARR Level 2 screen due to her new diagnoses, psychiatric referral and significant changes. The AC stated the</p>	F 644	Substantial compliance will be attained by 4/26/2018.		

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F 644	Continued From page 4 referral may have been missed because she had just come to the facility as the SW. An interview with the Director of Nursing occurred on 03/29/18 at 3:27 PM and revealed that she would have expected the PASARR Level 2 policy to have been followed. During an interview with the Administrator on 03/29/18 at 3:37 PM, she stated "We should have made the PASARR Level 2 referral for this Resident and we should do an annual review for each resident to determine if a PASARR Level 2 referral is needed."	F 644			
F 812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by:	F 812		4/18/18	

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F 812	<p>Continued From page 5</p> <p>Based on observations, staff interviews and record review, the facility failed to clean and sanitize insulated lids/bottoms, trays, cups, bowls and utensils with the use of a high temperature dishwasher as evidenced by a wash cycle temperature less than 150 degrees (F) and a rinse cycle temperature less than 180 degrees Fahrenheit (F).</p> <p>The findings included:</p> <p>An observation of the high temperature dishwasher while in use occurred on 03/26/18 from 10:10 AM - 10:34 AM. The wash cycle temperature was observed at 144 degrees F and the rinse cycle temperature ranged from 140 -144 degrees F. The hot water booster heater was observed turned off. During this observation, dietary aide (DA) #1 was observed to wash insulated lids/bottoms, trays, cups, bowls and utensils. DA #2 was observed to store these items on delivery carts, storage carts and storage racks for use.</p> <p>An interview with DA #1 occurred on 03/26/18 at 10:11 AM and revealed that she was a new employee with the facility and was not aware of what the wash or rinse cycle temperatures for the dishwasher should be. She stated "I am new, there is another staff person who usually checks the water temperatures. I have not checked the dishwasher temperatures this morning."</p> <p>An interview with DA #2 occurred on 03/26/18 at 10:12 AM and revealed she was a new employee with the facility and was not aware of what the wash or rinse cycle temperatures for the dishwasher should be. She stated "I'm new, I don't know what the temperatures should be."</p>	F 812	<p>Lake Park 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>The plan of correcting the specific deficiency:</p> <p>The position of Lake Park Nursing and Rehabilitation center regarding the process that lead to this deficiency was failure of staff to follow the policy for dishwasher rinse cycle temperature less than 180 degrees Fahrenheit.</p> <p>1.Address how the corrective action will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>On 3/26/18 the booster for the dish machine was turned off and the wash temperature was noted to be 140 degrees F and rinse temperature was 160 degrees F.</p> <p>On 3/26/18 the dishwasher temperature single use test strip failed during the time the wash temperature was noted to be 140 degrees and rinse temperature was 160 degrees.</p> <p>On Monday, 3/26/18, the Maintenance Director was notified that the rinse cycle temperature on the dish machine was not</p>		

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F 812	Continued From page 6 The dietary manager (DM) stated in an interview on 03/26/18 at 10:15 AM that she put in a work order for the temperature gauge to be repaired "a while ago." She further stated that staff checked the rinse cycle water temperature at each meal using a "test strip" that changed colors, from "blue to orange" when the water for the rinse cycle was hot enough. On 03/26/18 at 10:20 AM, the DM was observed to use a "Dishwasher Temperature Test Strip" to wash a cup and a fork (a strip was placed on each dish). The instructions recorded on the strip read, "Pass when blue bar turns orange." The test strip color turned from a dark blue to a slightly lighter shade of blue/grey. The wash cycle temperature was 144 degrees F and the rinse cycle temperature was 140 degrees F. The hot water booster remained off. The DM stated "That's what we have been using and the color today is the same it has been each time we check with the test strip." The DM further stated "We actually use the test strip when staff report a problem or if we see a problem, myself or my supervisor will check the water temperature and whenever the gauge is not registering hot enough for the rinse cycle, we use the test strip." The DM also stated she could not say how many times staff used the test strip and stated "We don't keep it (test strip), we discard it." On 03/26/18 at 10:35 AM, the maintenance director stated in interview that he placed several work orders for dishwasher repairs over the last few months which included a repair to the temperature gauge, which he stated had been fixed. He stated each time the repair company serviced the dishwasher, he received a report	F 812	meeting standards; he immediately contacted Support Services and contract service was requested immediately. The Maintenance Director informed the Administrator of the issue. The Administrator asked the Maintenance Director to return to dietary and see if there was anything that could be done to correct the temperature issue. Maintenance Director returned to the kitchen and found the booster heater to be turned off. He immediately turned it on. The wash temperature was 155 degrees F and the rinse temperature was 180 once the booster heater was turned on. 2. Address how the corrective actions will be accomplished for those residents having the potential to be affected by the same deficient practice: The Dishwasher contracted service was requested and arrived on 3/26/2018 prior to lunch. The service repair staff confirmed that there was no issue with the dish machine but the booster must be turned on prior to dish machine use. They confirmed the temperature to be above 180 degrees F. The Dietary Manager reported that the affected dishes were re-washed and lunch meal preparation was re-set for lunch trays on on 3/26/2018 by the Dietary Manager. On 3/28/18 the Dietary Consultant performed a dish machine temperature test strip in with the surveyor present and the dish machine test strip passed the test.		

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F 812	<p>Continued From page 7</p> <p>that the dishwasher temperature was fine. The maintenance director further stated that he did not monitor water temperatures in the kitchen, that was done by dietary staff and he was informed if there was a problem.</p> <p>A review of documentation of dishwasher work orders revealed a repair to the dishwasher rinse cycle temperature gauge was completed on 10/10/17.</p> <p>A follow up interview with DA #2 on 3/26/18 at 10:41 AM revealed she stored the following dishes that were washed on racks ready for use: 20 trays 40 green mugs 40 clear dessert bowls 60 insulated lids 60 insulated bottoms 89 sets of flatware 40 tea cups 50 green bowls</p> <p>A follow up interview with the DM occurred on 03/26/18 at 1:15 PM and she stated "The booster was off, that's why the water was not getting hot enough, sometimes when staff mop, the power switch gets hit, I think the booster switch was off all night which explains why the water was not hot, the temperature gauge is working."</p> <p>An interview with the dietary consultant on 03/28/18 at 5:25 PM revealed that she expected dishes to be properly washed/sanitized. She stated "If the test strip did not change colors to a bright orange that means the hot water was not hot enough."</p>	F 812	<p>3. Address what measures will be put in place or systemic changes made to ensure that the deficient practice will not occur:</p> <p>A written in-service was started on 3/27/18 by the Dietary Manager that the dishwasher booster must be turned on. This in-service will be for all dietary staff members. In-service will be completed for all dietary staff by 3/28/18. Any staff not in-serviced by 3/28/18 will not be allowed to work until in-service is completed. This in-service will be added to the orientation for all new dietary employees.</p> <p>A written in-service was started on 03/28/18 by the Dietary Consultant for all dietary staff on the correct temperatures for dish machine wash and final rinse. In-service also includes actions to take when temperature is not within acceptable range. This in-service will be completed by 3/28/18. No dietary staff will be allowed to work after 3/28/18 until in-service is completed. This in-service will be added to the orientation for all new dietary employees.</p> <p>A written in-service was started on 3/28/18 by Administrator , Dietary & Nurse Consultant related to the proper reading of the dish machine temperature test strip to ensure dishes are being appropriately sanitized. This in-service will be completed by 3/28/18. No dietary staff will be allowed to work after 3/28/18 until in-service is complete. This in-service will be added to the orientation for all new dietary employees.</p>		

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F 812	Continued From page 8 During an interview with the administrator on 03/28/18 at 6:00 PM she stated "I was told the booster was off and that the test strip showed the hot water was hot enough, so I did not expect a problem." The administrator stated that she expected staff to ensure the hot water booster was turned on before the dishwasher was used and that staff should monitor the temperature of the dishwasher while in use.	F 812	Dietary Manager or cook will immediately report to Administrator and Maintenance Supervisor if dishwasher wash and rinse cycle are not meeting temperature requirements. 4. Indicate how the facility plans to monitor its performance to make sure solutions are sustained. The POC is to be integrated into the quality assurance system of the facility: The Dietary Manager, Administrator, and/or Director of Nursing will audit the wash and rinse temperatures twice daily for 12 weeks. This will be documented on the dishwasher temperature log. The Dietary Manager or Cook will report dishwasher temperature ranges at least daily to the Administrator thereafter. The title of the person responsible for implementing the acceptable plan of correction: The Dietary Manager is responsible for implementing the acceptable plan of correction Substantial compliance will be attained by 4/26/2018.		