

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

PRINTED: 06/14/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345568	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/10/2018
NAME OF PROVIDER OR SUPPLIER DAVIS HEALTH & WELLNESS CTR AT CAMBRIDGE VILLAG			STREET ADDRESS, CITY, STATE, ZIP CODE 83 CAVALIER DRIVE WILMINGTON, NC 28405		
(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 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		5/14/18	

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

TITLE

(X6) DATE

Electronically Signed

05/18/2018

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. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews the facility failed to complete a comprehensive assessment using the Resident Assessment Instrument (RAI) for 3 of 11 residents (Resident #8, Resident #5 and Resident #4) whose records were reviewed. Findings included:</p> <p>1. Review of the quarterly Minimum Data Set (MDS) dated 01/15/18 revealed Resident #8 was admitted to the facility on 04/25/17 with diagnoses of seizure disorder, major depressive disorder, and anxiety disorder. Resident #8 was severely cognitively impaired.</p> <p>Review of the undated facility Assessment Schedule revealed Resident #8 was scheduled to have a comprehensive assessment completed on</p>	F 636	<p>1. Identified assessments completed as required. Process for completion of MDS reviewed and revised. MDS Coordinator and Director of Clinical Services (MDS RN Coordinator) educated on the requirements for timely completion per the RAI Manual.</p> <p>Administrator Responsible for audit. MDS Coordinator responsible for MDS completion Director of Clinical Services responsible for signature of completion</p> <p>2. Audit completed of MDS assessments. Assessments completed as required. MDS scheduling process reviewed and</p>		

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F 636	<p>Continued From page 2 04/09/18.</p> <p>In an interview on 05/09/18 at 4:15 PM the MDS Coordinator indicated she had an assessment schedule that showed her which assessments needed to be done. She stated she knew the assessments were late but that she had been working on them. The MDS Coordinator indicated she had not informed the facility Administrator or the Director of Nursing Services (DNS) that the comprehensive assessments were late. She indicated she could have asked for help completing the assessments but she had not.</p> <p>In an interview on 05/09/18 at 5:05 PM the DNS stated she had just learned that the comprehensive assessments had not been completed on time. She indicated when an assessment was completed she was informed and went into the computer and validated the completion and signed off on the assessment. She indicated she did not have a list which showed when assessments were due. The DNS stated the MDS Coordinator had informed her periodically that she was behind in completing the assessments but that the MDS Coordinator was catching up and had not requested assistance.</p> <p>In an interview on 05/09/18 at 5:20 PM the Administrator stated she did not know the MDS Coordinator was so far behind in completing the assessments. She indicated there were other resources that could have been implemented had she known. The Administrator stated there appeared to be a problem with the assessment process. She indicated it was her expectation that the comprehensive assessments be completed on time and that the DNS oversee the completion.</p>	F 636	<p>revised. MDS completion process reviewed and revised from scheduling to completing signature attestation.</p> <p>The Quality Care Committee responsible for the QAPI Plan established an MDS Action Team. The Action team will monitor the MDS schedule for required MDS completion with RN completion attestation.</p> <p>Administrator responsible</p> <p>3. The MDS Action Team will monitor MDS completion on a weekly basis for 4 weeks to ensure the staff training was successful and the monitoring system is effective. The monitoring results will be reported to the Quality Care Committee monthly for 3 months to ensure ongoing compliance.</p> <p>Administrator Responsible</p>		

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F 636	<p>Continued From page 3</p> <p>2. Review of the quarterly MDS dated 11/26/17 revealed Resident #5 was readmitted to the facility on 04/07/17 with diagnoses of vascular dementia, hemiplegia, and aphasia. Resident #5 had short and long term memory problems and was severely impaired in cognitive skills for daily decision making.</p> <p>Review of the undated facility Assessment Schedule revealed Resident #5 was scheduled to have a comprehensive assessment completed on 02/20/18.</p> <p>In an interview on 05/09/18 at 4:15 PM the MDS Coordinator indicated she had an assessment schedule that showed her which assessments needed to be done. She stated she knew the assessments were late but that she had been working on them. The MDS Coordinator indicated she had not informed the facility Administrator or the DNS that the comprehensive assessments were late. She indicated she could have asked for help completing the assessments but she had not.</p> <p>In an interview on 05/09/18 at 5:05 PM the DNS stated she had just learned that the comprehensive assessments had not been completed on time. She indicated when an assessment was completed she was informed and went into the computer and validated the completion and signed off on the assessment. She indicated she did not have a list which showed when assessments were due. The DNS stated the MDS Coordinator had informed her periodically that she was behind in completing the assessments but that the MDS Coordinator was catching up and had not requested assistance.</p>	F 636			

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F 636	<p>Continued From page 4</p> <p>In an interview on 05/09/18 at 5:20 PM the Administrator stated she did not know the MDS Coordinator was so far behind in completing the assessments. She indicated there were other resources that could have been implemented had she known. The Administrator stated there appeared to be a problem with the assessment process. She indicated it was her expectation that the comprehensive assessments be completed on time and that the DNS oversee the completion.</p> <p>3. Review of the quarterly MDS dated 11/24/17 revealed Resident #4 was readmitted to the facility on 04/03/17 with diagnoses of heart failure, malnutrition and atrial fibrillation. Resident #4 was not cognitively impaired.</p> <p>Review of the undated facility Assessment Schedule revealed Resident #4 was scheduled to have a comprehensive assessment completed on 02/18/18.</p> <p>In an interview on 05/09/18 at 4:15 PM the MDS Coordinator indicated she had an assessment schedule that showed her which assessments needed to be done. She stated she knew the assessments were late but that she had been working on them. The MDS Coordinator indicated she had not informed the facility Administrator or the DNS that the comprehensive assessments were late. She indicated she could have asked for help completing the assessments but she had not.</p> <p>In an interview on 05/09/18 at 5:05 PM the DNS stated she had just learned that the comprehensive assessments had not been</p>	F 636			

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F 636	Continued From page 5 completed on time. She indicated when an assessment was completed she was informed and went into the computer and validated the completion and signed off on the assessment. She indicated she did not have a list which showed when assessments were due. The DNS stated the MDS Coordinator had informed her periodically that she was behind in completing the assessments but that the MDS Coordinator was catching up and had not requested assistance. In an interview on 05/09/18 at 5:20 PM the Administrator stated she did not know the MDS Coordinator was so far behind in completing the assessments. She indicated there were other resources that could have been implemented had she known. The Administrator stated there appeared to be a problem with the assessment process. She indicated it was her expectation that the comprehensive assessments be completed on time and that the DNS oversee the completion.	F 636			
F 638 SS=D	Qrtly Assessment at Least Every 3 Months CFR(s): 483.20(c) §483.20(c) Quarterly Review Assessment A facility must assess a resident using the quarterly review instrument specified by the State and approved by CMS not less frequently than once every 3 months. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to complete quarterly review assessments for 4 of 11 residents (Resident #6, Resident #3, Resident #7 and Resident #9) whose records were reviewed. Findings included:	F 638	1. Identified assessments completed as required. Process for completion of MDS reviewed and revised. MDS Coordinator and Director of Clinical Services (MDS RN Coordinator) educated on the requirements for timely completion per the	5/14/18	

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F 638	<p>Continued From page 6</p> <p>1. Review of the quarterly Minimum Data Set (MDS) dated 11/27/17 revealed Resident #6 was admitted to the facility on 09/30/16 with diagnoses of anemia, hypertension and depression. Resident #6 was moderately cognitively impaired.</p> <p>Review of the undated facility Assessment Schedule revealed Resident #6 was scheduled to have a quarterly assessment completed on 02/21/18.</p> <p>In an interview on 05/09/18 at 4:15 PM the MDS Coordinator indicated she had an assessment schedule that showed her which assessments needed to be done. She stated she knew the assessments were late but that she had been working on them. The MDS Coordinator indicated she had not informed the facility Administrator or the Director of Nursing Services (DNS) that the quarterly assessments were late. She indicated she could have asked for help completing the assessments but she had not.</p> <p>In an interview on 05/09/18 at 5:05 PM the DNS stated she had just learned that the quarterly assessments had not been completed on time. She indicated when an assessment was completed she was informed and went into the computer and validated the completion and signed off on the assessment. She indicated she did not have a list which showed when assessments were due. The DNS stated the MDS Coordinator had informed her periodically that she was behind in completing the assessments but that the MDS Coordinator was catching up and had not requested assistance.</p> <p>In an interview on 05/09/18 at 5:20 PM the Administrator stated she did not know the MDS</p>	F 638	<p>RAI Manual.</p> <p>Administrator Responsible for audit. MDS Coordinator responsible for MDS completion Director of Clinical Services responsible for signature of completion</p> <p>2. Audit completed of MDS assessments. Assessments completed as required. MDS scheduling process reviewed and revised. MDS completion process reviewed and revised from scheduling to completing signature attestation.</p> <p>The Quality Care Committee responsible for the QAPI Plan established an MDS Action Team. The Action team will monitor the MDS schedule for required MDS completion with RN completion attestation.</p> <p>Administrator responsible</p> <p>3. The MDS Action Team will monitor MDS completion on a weekly basis for 4 weeks to ensure the staff training was successful and the monitoring system is effective. The monitoring results will be reported to the Quality Care Committee monthly for 3 months to ensure ongoing compliance.</p> <p>Administrator Responsible</p>		

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F 638	<p>Continued From page 7</p> <p>Coordinator was so far behind in completing the assessments. She indicated there were other resources that could have been implemented had she known. The Administrator stated there appeared to be a problem with the assessment process. She indicated it was her expectation that the quarterly assessments be completed on time and that the DNS oversee the completion.</p> <p>2. Review of the significant change MDS dated 12/18/17 revealed Resident #3 was re-admitted to the facility on 12/11/17 with diagnoses of anemia, malnutrition and Parkinson's disease. Resident #3 was severely cognitively impaired.</p> <p>Review of the undated facility Assessment Schedule revealed Resident #3 was scheduled to have a quarterly assessment completed on 03/12/18.</p> <p>In an interview on 05/09/18 at 4:15 PM the MDS Coordinator indicated she had an assessment schedule that showed her which assessments needed to be done. She stated she knew the assessments were late but that she had been working on them. The MDS Coordinator indicated she had not informed the facility Administrator or the DNS that the quarterly assessments were late. She indicated she could have asked for help completing the assessments but she had not.</p> <p>In an interview on 05/09/18 at 5:05 PM the DNS stated she had just learned that the quarterly assessments had not been completed on time. She indicated when an assessment was completed she was informed and went into the computer and validated the completion and signed off on the assessment. She indicated she</p>	F 638			

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F 638	<p>Continued From page 8</p> <p>did not have a list which showed when assessments were due. The DNS stated the MDS Coordinator had informed her periodically that she was behind in completing the assessments but that the MDS Coordinator was catching up and had not requested assistance.</p> <p>In an interview on 05/09/18 at 5:20 PM the Administrator stated she did not know the MDS Coordinator was so far behind in completing the assessments. She indicated there were other resources that could have been implemented had she known. The Administrator stated there appeared to be a problem with the assessment process. She indicated it was her expectation that the quarterly assessments be completed on time and that the DNS oversee the completion.</p> <p>3. Review of the annual MDS dated 01/07/18 revealed Resident #7 was re-admitted to the facility on 12/16/17 with diagnoses of depression, hypothyroidism, and chronic pain. Resident #7 had short and long term memory problems and was severely impaired in cognitive skills for daily decision making.</p> <p>Review of the undated facility Assessment Schedule revealed Resident #7 was scheduled to have a quarterly assessment completed on 04/01/18.</p> <p>In an interview on 05/09/18 at 4:15 PM the MDS Coordinator indicated she had an assessment schedule that showed her which assessments needed to be done. She stated she knew the assessments were late but that she had been working on them. The MDS Coordinator indicated she had not informed the facility Administrator or the DNS that the quarterly</p>	F 638			

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F 638	<p>Continued From page 9</p> <p>assessments were late. She indicated she could have asked for help completing the assessments but she had not.</p> <p>In an interview on 05/09/18 at 5:05 PM the DNS stated she had just learned that the quarterly assessments had not been completed on time. She indicated when an assessment was completed she was informed and went into the computer and validated the completion and signed off on the assessment. She indicated she did not have a list which showed when assessments were due. The DNS stated the MDS Coordinator had informed her periodically that she was behind in completing the assessments but that the MDS Coordinator was catching up and had not requested assistance.</p> <p>In an interview on 05/09/18 at 5:20 PM the Administrator stated she did not know the MDS Coordinator was so far behind in completing the assessments. She indicated there were other resources that could have been implemented had she known. The Administrator stated there appeared to be a problem with the assessment process. She indicated it was her expectation that the quarterly assessments be completed on time and that the DNS oversee the completion.</p> <p>4. Review of the quarterly MDS dated 01/16/18 revealed Resident #9 was admitted to the facility on 10/04/17 with diagnoses of anxiety disorder, cardiac arrhythmias, and insomnia. Resident #9 was moderately cognitively impaired.</p> <p>Review of the undated facility Assessment Schedule revealed Resident #9 was scheduled to have a quarterly assessment completed on 04/10/18.</p>	F 638			

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F 638	Continued From page 10 In an interview on 05/09/18 at 4:15 PM the MDS Coordinator indicated she had an assessment schedule that showed her which assessments needed to be done. She stated she knew the assessments were late but that she had been working on them. The MDS Coordinator indicated she had not informed the facility Administrator or the DNS that the quarterly assessments were late. She indicated she could have asked for help completing the assessments but she had not. In an interview on 05/09/18 at 5:05 PM the DNS stated she had just learned that the quarterly assessments had not been completed on time. She indicated when an assessment was completed she was informed and went into the computer and validated the completion and signed off on the assessment. She indicated she did not have a list which showed when assessments were due. The DNS stated the MDS Coordinator had informed her periodically that she was behind in completing the assessments but that the MDS Coordinator was catching up and had not requested assistance. In an interview on 05/09/18 at 5:20 PM the Administrator stated she did not know the MDS Coordinator was so far behind in completing the assessments. She indicated there were other resources that could have been implemented had she known. The Administrator stated there appeared to be a problem with the assessment process. She indicated it was her expectation that the quarterly assessments be completed on time and that the DNS oversee the completion.	F 638			
F 642	Coordination/Certification of Assessment	F 642		5/14/18	

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F 642 SS=D	Continued From page 11 CFR(s): 483.20(h)-(j) §483.20(h) Coordination. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. §483.20(i) Certification. §483.20(i)(1) A registered nurse must sign and certify that the assessment is completed. §483.20(i)(2) Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. §483.20(j) Penalty for Falsification. §483.20(j)(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. §483.20(j)(2) Clinical disagreement does not constitute a material and false statement. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to coordinate and certify the completion of comprehensive and quarterly assessments for 7 of 11 residents (Resident #8, Resident #5, Resident #4, Resident #6, Resident #3, Resident #7 and Resident #9) whose records were reviewed. Findings included:	F 642	1. Identified assessments completed as required. Process for completion of MDS reviewed and revised. MDS Coordinator and Director of Clinical Services (MDS RN Coordinator) educated on the requirements for timely completion per the RAI Manual.		

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F 642	<p>Continued From page 12</p> <p>1. Review of the quarterly Minimum Data Set (MDS) dated 01/15/18 revealed Resident #8 was admitted to the facility on 04/25/17 with diagnoses of seizure disorder, major depressive disorder, and anxiety disorder. Resident #8 was severely cognitively impaired.</p> <p>Review of the undated facility Assessment Schedule revealed Resident #8 was scheduled to have a comprehensive assessment completed on 04/09/18.</p> <p>In an interview on 05/09/18 at 4:15 PM the MDS Coordinator indicated she had an assessment schedule that showed her which assessments needed to be done. She indicated a Registered Nurse (RN) was needed to coordinate and sign off the completion of each MDS. The MDS Coordinator stated after the assessments were filled out in the computer she would provide a list to the Director of Nursing Services (DNS), who was an RN, and the DNS would sign the assessments signifying that she had coordinated and completed the assessments. She indicated that unless the RN signed the MDS it was not validated.</p> <p>In an interview on 05/09/18 at 5:05 PM the DNS stated she had just learned that the quarterly and comprehensive assessments had not been filled out and submitted to her for her signature to show completion. She indicated when an assessment was ready for her signature she was informed by the MDS Coordinator and went into the computer and validated the completion and signed off on the assessment. She indicated she did not track when the resident's assessments were due and expected the MDS Coordinator to inform her when the assessments were ready for her</p>	F 642	<p>Administrator Responsible for audit. MDS Coordinator responsible for MDS completion Director of Clinical Services responsible for signature of completion</p> <p>2. Audit completed of MDS assessments. Assessments completed as required. MDS scheduling process reviewed and revised. MDS completion process reviewed and revised from scheduling to completing signature attestation.</p> <p>The Quality Care Committee responsible for the QAPI Plan established an MDS Action Team. The Action team will monitor the MDS schedule for required MDS completion with RN completion attestation.</p> <p>Administrator responsible</p> <p>3. The MDS Action Team will monitor MDS completion on a weekly basis for 4 weeks to ensure the staff training was successful and the monitoring system is effective. The monitoring results will be reported to the Quality Care Committee monthly for 3 months to ensure ongoing compliance.</p> <p>Administrator Responsible</p>		

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F 642	<p>Continued From page 13 signature.</p> <p>In an interview on 05/09/18 at 5:20 PM the Administrator stated she did not know the MDS Coordinator was so far behind in filling out the assessments. The Administrator stated there appeared to be a problem with the assessment process. She stated it was her expectation that the DNS oversee the MDS Coordinator and the MDS process to make sure each resident's MDS was signed as completed and submitted as required.</p> <p>2. Review of the quarterly MDS dated 11/26/17 revealed Resident #5 was readmitted to the facility on 04/07/17 with diagnoses of vascular dementia, hemiplegia, and aphasia. Resident #5 had short and long term memory problems and was severely impaired in cognitive skills for daily decision making.</p> <p>Review of the undated facility Assessment Schedule revealed Resident #5 was scheduled to have a comprehensive assessment completed on 02/20/18.</p> <p>In an interview on 05/09/18 at 4:15 PM the MDS Coordinator indicated she had an assessment schedule that showed her which assessments needed to be done. She indicated an RN was needed to coordinate and sign off the completion of each MDS. The MDS Coordinator stated after the assessments were filled out in the computer she would provide a list to the DNS, who was an RN, and the DNS would sign the assessments signifying that she had coordinated and completed the assessments. She indicated that unless the RN signed the MDS it was not validated.</p>	F 642			

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F 642	Continued From page 14 In an interview on 05/09/18 at 5:05 PM the DNS stated she had just learned that the quarterly and comprehensive assessments had not been filled out and submitted to her for her signature to show completion. She indicated when an assessment was ready for her signature she was informed by the MDS Coordinator and went into the computer and validated the completion and signed off on the assessment. She indicated she did not track when the resident's assessments were due and expected the MDS Coordinator to inform her when the assessments were ready for her signature. In an interview on 05/09/18 at 5:20 PM the Administrator stated she did not know the MDS Coordinator was so far behind in filling out the assessments. The Administrator stated there appeared to be a problem with the assessment process. She stated it was her expectation that the DNS oversee the MDS Coordinator and the MDS process to make sure each resident's MDS was signed as completed and submitted as required. 3. Review of the quarterly MDS dated 11/24/17 revealed Resident #4 was readmitted to the facility on 04/03/17 with diagnoses of heart failure, malnutrition and atrial fibrillation. Resident #4 was not cognitively impaired. Review of the undated facility Assessment Schedule revealed Resident #4 was scheduled to have a comprehensive assessment completed on 02/18/18. In an interview on 05/09/18 at 4:15 PM the MDS Coordinator indicated she had an assessment	F 642			

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F 642	<p>Continued From page 15</p> <p>schedule that showed her which assessments needed to be done. She indicated an RN was needed to coordinate and sign off the completion of each MDS. The MDS Coordinator stated after the assessments were filled out in the computer she would provide a list to the DNS, who was an RN, and the DNS would sign the assessments signifying that she had coordinated and completed the assessments. She indicated that unless the RN signed the MDS it was not validated.</p> <p>In an interview on 05/09/18 at 5:05 PM the DNS stated she had just learned that the quarterly and comprehensive assessments had not been filled out and submitted to her for her signature to show completion. She indicated when an assessment was ready for her signature she was informed by the MDS Coordinator and went into the computer and validated the completion and signed off on the assessment. She indicated she did not track when the resident's assessments were due and expected the MDS Coordinator to inform her when the assessments were ready for her signature.</p> <p>In an interview on 05/09/18 at 5:20 PM the Administrator stated she did not know the MDS Coordinator was so far behind in filling out the assessments. The Administrator stated there appeared to be a problem with the assessment process. She stated it was her expectation that the DNS oversee the MDS Coordinator and the MDS process to make sure each resident's MDS was signed as completed and submitted as required.</p> <p>4. Review of the quarterly Minimum Data Set (MDS) dated 11/27/17 revealed Resident #6 was</p>	F 642			

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F 642	<p>Continued From page 16</p> <p>admitted to the facility on 09/30/16 with diagnoses of anemia, hypertension and depression. Resident #6 was moderately cognitively impaired.</p> <p>Review of the undated facility Assessment Schedule revealed Resident #6 was scheduled to have a quarterly assessment completed on 02/21/18.</p> <p>In an interview on 05/09/18 at 4:15 PM the MDS Coordinator indicated she had an assessment schedule that showed her which assessments needed to be done. She indicated an RN was needed to coordinate and sign off the completion of each MDS. The MDS Coordinator stated after the assessments were filled out in the computer she would provide a list to the DNS, who was an RN, and the DNS would sign the assessments signifying that she had coordinated and completed the assessments. She indicated that unless the RN signed the MDS it was not validated.</p> <p>In an interview on 05/09/18 at 5:05 PM the DNS stated she had just learned that the quarterly and comprehensive assessments had not been filled out and submitted to her for her signature to show completion. She indicated when an assessment was ready for her signature she was informed by the MDS Coordinator and went into the computer and validated the completion and signed off on the assessment. She indicated she did not track when the resident's assessments were due and expected the MDS Coordinator to inform her when the assessments were ready for her signature.</p> <p>In an interview on 05/09/18 at 5:20 PM the Administrator stated she did not know the MDS</p>	F 642			

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F 642	<p>Continued From page 17</p> <p>Coordinator was so far behind in filling out the assessments. The Administrator stated there appeared to be a problem with the assessment process. She stated it was her expectation that the DNS oversee the MDS Coordinator and the MDS process to make sure each resident's MDS was signed as completed and submitted as required.</p> <p>5. Review of the significant change MDS dated 12/18/17 revealed Resident #3 was re-admitted to the facility on 12/11/17 with diagnoses of anemia, malnutrition and Parkinson's disease. Resident #3 was severely cognitively impaired.</p> <p>Review of the undated facility Assessment Schedule revealed Resident #3 was scheduled to have a quarterly assessment completed on 03/12/18.</p> <p>In an interview on 05/09/18 at 4:15 PM the MDS Coordinator indicated she had an assessment schedule that showed her which assessments needed to be done. She indicated an RN was needed to coordinate and sign off the completion of each MDS. The MDS Coordinator stated after the assessments were filled out in the computer she would provide a list to the DNS, who was an RN, and the DNS would sign the assessments signifying that she had coordinated and completed the assessments. She indicated that unless the RN signed the MDS it was not validated.</p> <p>In an interview on 05/09/18 at 5:05 PM the DNS stated she had just learned that the quarterly and comprehensive assessments had not been filled out and submitted to her for her signature to show completion. She indicated when an assessment</p>	F 642			

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F 642	<p>Continued From page 18</p> <p>was ready for her signature she was informed by the MDS Coordinator and went into the computer and validated the completion and signed off on the assessment. She indicated she did not track when the resident's assessments were due and expected the MDS Coordinator to inform her when the assessments were ready for her signature.</p> <p>In an interview on 05/09/18 at 5:20 PM the Administrator stated she did not know the MDS Coordinator was so far behind in filling out the assessments. The Administrator stated there appeared to be a problem with the assessment process. She stated it was her expectation that the DNS oversee the MDS Coordinator and the MDS process to make sure each resident's MDS was signed as completed and submitted as required.</p> <p>6. Review of the annual MDS dated 01/07/18 revealed Resident #7 was re-admitted to the facility on 12/16/17 with diagnoses of depression, hypothyroidism, and chronic pain. Resident #7 had short and long term memory problems and was severely impaired in cognitive skills for daily decision making.</p> <p>Review of the undated facility Assessment Schedule revealed Resident #7 was scheduled to have a quarterly assessment completed on 04/01/18.</p> <p>In an interview on 05/09/18 at 4:15 PM the MDS Coordinator indicated she had an assessment schedule that showed her which assessments needed to be done. She indicated an RN was needed to coordinate and sign off the completion of each MDS. The MDS Coordinator stated after</p>	F 642			

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F 642	<p>Continued From page 19</p> <p>the assessments were filled out in the computer she would provide a list to the DNS, who was an RN, and the DNS would sign the assessments signifying that she had coordinated and completed the assessments. She indicated that unless the RN signed the MDS it was not validated.</p> <p>In an interview on 05/09/18 at 5:05 PM the DNS stated she had just learned that the quarterly and comprehensive assessments had not been filled out and submitted to her for her signature to show completion. She indicated when an assessment was ready for her signature she was informed by the MDS Coordinator and went into the computer and validated the completion and signed off on the assessment. She indicated she did not track when the resident's assessments were due and expected the MDS Coordinator to inform her when the assessments were ready for her signature.</p> <p>In an interview on 05/09/18 at 5:20 PM the Administrator stated she did not know the MDS Coordinator was so far behind in filling out the assessments. The Administrator stated there appeared to be a problem with the assessment process. She stated it was her expectation that the DNS oversee the MDS Coordinator and the MDS process to make sure each resident's MDS was signed as completed and submitted as required.</p> <p>7. Review of the quarterly MDS dated 01/16/18 revealed Resident #9 was admitted to the facility on 10/04/17 with diagnoses of anxiety disorder, cardiac arrhythmias, and insomnia. Resident #9 was moderately cognitively impaired.</p>	F 642			

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F 642	<p>Continued From page 20</p> <p>Review of the undated facility Assessment Schedule revealed Resident #9 was scheduled to have a quarterly assessment completed on 04/10/18.</p> <p>In an interview on 05/09/18 at 4:15 PM the MDS Coordinator indicated she had an assessment schedule that showed her which assessments needed to be done. She indicated an RN was needed to coordinate and sign off the completion of each MDS. The MDS Coordinator stated after the assessments were filled out in the computer she would provide a list to the DNS who was an RN, and the DNS would sign the assessments signifying that she had coordinated and completed the assessments. She indicated that unless the RN signed the MDS it was not validated.</p> <p>In an interview on 05/09/18 at 5:05 PM the DNS stated she had just learned that the quarterly and comprehensive assessments had not been filled out and submitted to her for her signature to show completion. She indicated when an assessment was ready for her signature she was informed by the MDS Coordinator and went into the computer and validated the completion and signed off on the assessment. She indicated she did not track when the resident's assessments were due and expected the MDS Coordinator to inform her when the assessments were ready for her signature.</p> <p>In an interview on 05/09/18 at 5:20 PM the Administrator stated she did not know the MDS Coordinator was so far behind in filling out the assessments. The Administrator stated there appeared to be a problem with the assessment process. She stated it was her expectation that</p>	F 642			

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F 642	Continued From page 21 the DNS oversee the MDS Coordinator and the MDS process to make sure each resident's MDS was signed as completed and submitted as required.	F 642		