

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345542	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/14/2018
NAME OF PROVIDER OR SUPPLIER THE FOREST AT DUKE INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2701 PICKETT ROAD DURHAM, NC 27705	
(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 641 SS=D	<p>Accuracy of Assessments CFR(s): 483.20(g)</p> <p>§483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to accurately code the Minimum Data Set (MDS) assessment to reflect the active diagnosis for 1 of 2 residents (Resident #9) reviewed for unnecessary medications.</p> <p>The findings included:</p> <p>Resident # 9 was admitted to the facility 10/12/18 with diagnosis that included depression, Parkinson's, multiple falls and stroke like symptoms.</p> <p>A review of resident # 9's most recent comprehensive Minimum Data Set (MDS) assessment dated 10/19/18 which was coded as an admission assessment was completed. The assessment had documentation of the resident being cognitively intact. Further review of the assessment revealed the resident received an antidepressant medication for 1 of 7 days of the look back period. The assessment was not coded as the resident having a diagnosis of depression.</p> <p>A review of the Care Area Assessment (CAA) summary revealed the resident triggered for Psychotropic Drug use and that it would be care planned. The CAA summary worksheet dated 10/19/18 under description of problem read in part: The resident "has a new order for Remeron with DX: Depression. He is just started on this medication</p>	F 641	<p>1. The MDS nurse completed a new MDS and CAA for the admission assessment and resubmitted to surveyors on 11/14/18</p> <p>2. The Director of Nursing, RN managers and MDS nurse reviewed all Medicare MDS assessments to ensure accuracy and completion of all diagnoses on assessment by 11/15/18</p> <p>3. The MDS nurse and RN managers will be re-educated by the SDC on the admission policy regarding -admission assessments -MDS for comprehensive diagnoses completed by 11/26/18</p> <p>4. The above plan will be implemented and corrective action evaluated for effectiveness. The RN managers will conduct audits of the MDS assessment within 72 hours for accuracy for every new admission.</p> <p>The Director of Nursing will review the audits for every new admission:</p> <p>-The threshold is 100% compliance; once achieved for 90 consecutive days admissions will be randomly audited for compliance on a quarterly basis.</p>	11/26/18

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

TITLE

(X6) DATE

Electronically Signed

11/29/2018

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 641	Continued From page 1 and we will monitor the effect. Will update MD if any signs of side effects should present with med use. The will increase his risk for falls and he is aware of increased risk factors." A review of the physician's orders revealed an order dated 10/18/18 which read Remeron 7.5 milligrams (mg) by mouth at bedtime daily for depression. A review of the resident's October 2018 Medication Administration Record (MAR) revealed the resident received Remeron on 10/19/18. An interview was conducted with the facility's MDS Coordinator on 11/14/18 at 12:42 PM. During the interview, the MDS Coordinator reviewed the admission MDS assessment and CAA summary worksheet for resident # 9. When the MDS Coordinator was asked if Section I should have been coded to reflect a diagnosis of "Depression" she indicated it should have been. She indicated that the absence of the diagnosis must have been an oversight and that she would do a correction today. During an interview with the Director of Nursing (DON) on 11/14/18 at 1:38 PM she stated that the assessment should have been coded to reflect the diagnosis of depression.	F 641	Audit results will be reported to the QAPI committee for review and ongoing compliance		
F 655 SS=D	Baseline Care Plan CFR(s): 483.21(a)(1)-(3) §483.21 Comprehensive Person-Centered Care Planning §483.21(a) Baseline Care Plans §483.21(a)(1) The facility must develop and	F 655		12/3/18	

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

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F 655	<p>Continued From page 2</p> <p>implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must-</p> <ul style="list-style-type: none"> (i) Be developed within 48 hours of a resident's admission. (ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to- <ul style="list-style-type: none"> (A) Initial goals based on admission orders. (B) Physician orders. (C) Dietary orders. (D) Therapy services. (E) Social services. (F) PASARR recommendation, if applicable. <p>§483.21(a)(2) The facility may develop a comprehensive care plan in place of the baseline care plan if the comprehensive care plan-</p> <ul style="list-style-type: none"> (i) Is developed within 48 hours of the resident's admission. (ii) Meets the requirements set forth in paragraph (b) of this section (excepting paragraph (b)(2)(i) of this section). <p>§483.21(a)(3) The facility must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to:</p> <ul style="list-style-type: none"> (i) The initial goals of the resident. (ii) A summary of the resident's medications and dietary instructions. (iii) Any services and treatments to be administered by the facility and personnel acting on behalf of the facility. (iv) Any updated information based on the details of the comprehensive care plan, as necessary. 	F 655			

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F 655	<p>Continued From page 3</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to develop a baseline care plan within 48 hours of admission with measurable objectives and timetables to address the immediate needs of Continuous Positive Airway Pressure (CPAP) for 1 of 2 residents (Resident # 111) reviewed.</p> <p>Findings included:</p> <p>Resident # 111 was admitted to the facility on 11/02/18. The resident's cumulative diagnoses included Atrial Fibrillation with Rapid Ventricular Response, Hypertension, Diabetes Mellitus, Chronic Obstructive Pulmonary Disease and Obstructive Sleep Apnea.</p> <p>The admission Minimum Data Set (MDS) assessment was in progress and had not been completed.</p> <p>A review of the physician orders dated 11/2/18 revealed the following: "CPAP Machine-on at bedtime and off in AM-Sleep Apnea."</p> <p>A review of the baseline care plan dated 11/2/18 revealed no mention of CPAP or its use.</p> <p>During an interview with the facility's nurse manager on 11/14/18 she stated that the admitting nurse completes the base line care plan. She also indicated that the baseline care plan was expected to include activities of daily living, assistive devices, toileting to include types of assistance needed as well as any skin conditions. She indicated that a "care card" (Nurse Aide's Information Sheet) is also</p>	F 655	<ol style="list-style-type: none"> 1. Baseline careplan was corrected prior to survey exit. CPAP was added to baseline careplan. No adverse reaction found. Completed on 11/14/18 2. The Facility revised the baseline careplan policy to ensure the adoption of a comprehensive tool for use by MDS nurse to include items as stated by F655. To completed by 11/26/18. 3. The RN managers will review baseline careplan tool on all new admissions within 72 hours to ensure all diagnoses and necessary information are listed on the careplan. The RN managers will ensure 100% completion and the Director of Nursing will act upon audit information as necessary to ensure 100% accuracy. To be completed by 12/3/18 <p>-The Medical Records Manager will audit all new admissions for completion of baseline careplan tool. To be completed by 12/3/18</p> <ol style="list-style-type: none"> 4. The Director of Nursing will review the audits as follows for every new admission: <ul style="list-style-type: none"> -The threshold is 100% compliance; once achieved for 90 consecutive days admissions will be randomly audited for compliance on a quarterly basis. 		

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F 655	<p>Continued From page 4</p> <p>completed on admission. She indicated that the care card is posted in the resident's room and staff do a "huddle" and the nurse manager and staff complete this care card together to discuss the resident's needs.</p> <p>The care card titled "Nurse Aide's Information Sheet" was in resident # 111's medication cabinet (to protect privacy) taped to the inside. Review of this revealed no mention of a CPAP machine.</p> <p>During an interview with the MDS nurse on 11/14/18 at 1:05 PM she stated she was unaware the baseline care plan should include the use of a CPAP.</p> <p>An interview was conducted with the Director of Nursing on 11/14/18 at 1:45 PM. During the interview she stated that she expected the CPAP to be included on the base line care plan.</p>	F 655	Audit results will be reported to the QAPI committee for review and recommendations	