

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345465</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/08/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>BAYVIEW NURSING &amp; REHAB CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3003 KENSINGTON PARK DRIVE NEW BERN, NC 28560</b>		
(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 code Minimum data Set (MDS) section E for physical and verbal behaviors for 1 of 1 sampled resident (Resident # 57) and Failed to code MDS Section I for diagnosis of Depression for 1 of 1 sampled resident (Resident # 31).</p> <p>Findings Included:</p> <p>1-Record review indicated Resident # 57 was admitted to the facility on 3/7/2018 with diagnoses which included hypertension, dementia and Alzheimer's.</p> <p>The quarterly Minimum Data Set (MDS) dated 10/10/2018 revealed Resident # 57 was severely cognitively impaired, required extensive assist with bed mobility, transfer, dressing and personal hygiene. The MDS did not code behavioral symptoms section E to indicate Resident # 57 behaviors for the month of October 2018.</p> <p>A review of Resident # 57's Care Plan dated 10/9/2018 revealed the facility had developed a comprehensive Care Plan which was resident centered with measurable goals and comprehensive interventions including: Requires extensive to total dependence from staff with Activity of Daily Living (ADL) care due to diagnosis of status post left hip, hemiarthroplasty, and chronic kidney disease stage 3.</p>	F 641	<p>Bayview Nursing &amp; Rehabilitation Center acknowledges receipt of the Statement of Deficiency and proposes the plan of correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and the provision of quality care to residents.</p> <p>The below response to the Statement of Deficiency and plan of correction does not denote agreement with citation by Bayview Nursing and Rehabilitation Center. The facility reserves the right to submit documentation to refute the stated deficiency through informal appeals procedures and/or other administrative or legal proceedings.</p> <p>F641: It is the intent of the facility to code section E of the MDS correctly for physical and verbal behaviors and section I for diagnoses of depression.</p> <p>On 11/8/18 the correction to the MDS section I was completed to reflect diagnoses of depression and submitted for resident #31.</p> <p>On 11/16/18 a correction to the MDS section E 200A/200B to reflect physical and verbal behaviors was completed for resident #57 and submitted.</p>	11/21/18	

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

TITLE

(X6) DATE

Electronically Signed

11/21/2018

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345465</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/08/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>BAYVIEW NURSING &amp; REHAB CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3003 KENSINGTON PARK DRIVE NEW BERN, NC 28560</b>		
(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	<p>Continued From page 1</p> <p>Review of the Behavioral monitoring sheet for the Month of October 2018 revealed the resident exhibited following behaviors: Grabbing others, pushing others, kicking others, scratching others and hitting others.</p> <p>An interview with the MDS nurse was conducted on 11/7/2018 at 1:56 pm. During this interview she revealed she completed the quarterly assessment for Resident # 57. The MDS nurse stated she did not code the behavioral symptoms because she had already coded behavioral symptoms in the admission MDS.</p> <p>An interview with the Director of Nursing (DON) was completed on 11/7/2018 at 2:09 pm. During this interview she stated she expected the MDS to be coded correctly.</p> <p>2- Record review indicated Resident # 31 was admitted to the facility on 7/31/2018 with diagnoses which included Chronic Obstructive Pulmonary Disease (COPD), dementia and Alzheimer's.</p> <p>Pharmacy review dated 7/31/2018 revealed the resident was taking Lexapro medication for mood disorder (Depression) diagnosis.</p> <p>Review of Resident # 31 care plan reviewed 8/14/2018 indicated the resident was at risk for adverse reaction due to use of antidepressant medication (Escitalopram). She has diagnosis of Alzheimer disease, dementia, and mood disorder</p> <p>The Quarterly Minimum Data Set (MDS) dated 9/28/2018 revealed Resident # 31 cognition was intact , required extensive assist with bed</p>	F 641	<p>An in service was completed with the Medical Records Director on 11/9/18 regarding: Scanning all clinical information into the system and giving a copy of the FL2 to the MDC Coordinator.</p> <p>On 11/19/18 an audit was completed by the Medical Records Director to review all admission diagnoses verses medications of all residents admitted with a FL2 within the last 90 days. Any missed coded diagnoses identified will be corrected immediately. One (1) out of (1) was corrected.</p> <p>On 11/19/18 the Social Service Director completed an audit of MDS section E for all other residents with psyche medications and/or behavior problems. Any assessments identified without the documented behavior was corrected. One (1) out of 18 was corrected and submitted.</p> <p>The Medical Records Director/designee will continue to review the new admission orders/orders within 24 hours to monitor and link diagnoses to medications ordered using the revised 5 Day Post Admission Checklist. Any identified problems will be reported to the QI Committee.</p> <p>The Social Service Director/designee will monitor the residents MAR for identified behaviors with each assessment and code the MDS section E 200A/200B</p>		

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

PRINTED: 01/04/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345465</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/08/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>BAYVIEW NURSING &amp; REHAB CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3003 KENSINGTON PARK DRIVE</b> <b>NEW BERN, NC 28560</b>		
(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	<p>Continued From page 2 mobility, transfer, dressing and personal hygiene. The MDS did not code Depression as a diagnosis section I mood disorder.</p> <p>An interview with the MDS nurse was conducted on 11/7/2018 at 1:56 pm. During this interview she revealed she completed the quarterly assessment for Resident # 31. The MDS nurse stated she did not code the depression diagnosis because she did not identify the diagnosis during the resident's admissions to the facility.</p> <p>An interview with the Director of Nursing (DON) was completed on 11/7/2018 at 2:09 pm. During this interview she stated she expected the MDS to be coded correctly.</p>	F 641	<p>appropriately. Any identified problems will be reported to the QI Committee.</p> <p>The QI Committee will monitor the data weekly times 1 month, monthly times 3 months then randomly.</p> <p>Any identified problems will be corrected immediately to maintain compliance.</p>		