

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345331</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/18/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SARDIS OAKS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5151 SARDIS ROAD</b> <b>CHARLOTTE, NC 28270</b>
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F 657 SS=D	<p>Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii)</p> <p>§483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be-</p> <p>(i) Developed within 7 days after completion of the comprehensive assessment.</p> <p>(ii) Prepared by an interdisciplinary team, that includes but is not limited to--</p> <p>(A) The attending physician.</p> <p>(B) A registered nurse with responsibility for the resident.</p> <p>(C) A nurse aide with responsibility for the resident.</p> <p>(D) A member of food and nutrition services staff.</p> <p>(E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.</p> <p>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.</p> <p>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews, the facility failed to update the care plan to include hospice end of life care for 1 of 4 sampled residents reviewed for hospice (Resident #1).</p> <p>The finding included:</p> <p>Resident #1 was admitted to the facility on</p>	F 657	<p>DISCLAIMER: Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in this statement of deficiencies. The Plan of Correction is prepared and/or executed solely because</p>	2/15/19
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE <b>02/12/2019</b>
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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 657	<p>Continued From page 1</p> <p>2/16/18 with medical diagnoses inclusive of chronic pain and dementia.</p> <p>Review of the physician's orders dated 9/5/18 revealed Resident #1 was admitted to hospice.</p> <p>The significant change Minimum Data Set (MDS) dated 9/24/18 indicated Resident #1 received hospice care.</p> <p>Review of Resident #1's care plan revealed there was no care area for hospice end of life.</p> <p>An interview with the MDS Coordinator on 1/18/18 at 12:30 PM, the MDS Coordinator reported she had not included the care area of hospice end of life for Resident #1 following the assessment for significant change on 9/24/18. The MDS Coordinator indicated at the time of the assessment she was not using an electronic power plan that included a plan for hospice end of life. The MDS Coordinator confirmed the area of hospice end of life should have been included on Resident #1's care plan.</p> <p>An interview with the Director of Nursing (DON) on 1/18/18 at 1:50 PM, the DON stated she expected care plans to be updated and revised when a resident had a significant change in condition. The DON confirmed the area of hospice end of life should have been included on the Resident #1's care plan.</p>	F 657	<p>it is required by the provisions of Federal and State law.</p> <p>Resident #1's care plan was reviewed and analyzed by the MDS (Minimum Data Set) Coordinator. Resident #1 expired prior to complaint survey. All other residents under hospice care at the time of survey had the appropriate care plans in place which addressed end of life care.</p> <p>MDS Coordinators will be provided education by the Director of Case Mix &amp; Compliance regarding Federal and State regulation to ensure care plans are reviewed and revised after each significant change MDS assessment.</p> <p>Facility-wide audit was conducted on 1/18/19 and determined each resident receiving hospice services, had a care plan addressing hospice end of life care. A systemic change was made in this area in November 2018 related to our electronic medical record (EMR) software . Our EMR includes a hospice end of life component that prompts our MDS Coordinators to complete the care plan.</p> <p>Director of Nursing (DON) or designee, will conduct weekly 100% care plan audit of new residents receiving hospice services to ensure compliance. Any identified issues will be corrected at that time. Results of the monitoring will be</p>		

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

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F 657	Continued From page 2	F 657	shared with the Administrator and Director of Nursing on a weekly basis and with QAPI monthly for a period of 90 days at which time frequency of monitoring will be determined by the QAPI Committee. Audits will start on 2/20/19 and will have a planned end date of 5/29/19. The end date may be extended at the direction of the QAPI Committee.		