

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

PRINTED: 04/30/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345574	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/22/2019
NAME OF PROVIDER OR SUPPLIER BELLAROSE NURSING AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 200 BELLAROSE LAKE WAY GARNER, NC 27529		
(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	
E 000	Initial Comments	E 000			
F 000	An unannounced Recertification survey was conducted on 3/17/2019 through 3/22/2019. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness, Event ID F57V11.	F 000			
F 645 SS=D	INITIAL COMMENTS No deficiencies were cited as a result of the Complaint Investigation, Event ID F57V11 on 3/22/2019. PASARR Screening for MD & ID CFR(s): 483.20(k)(1)-(3) §483.20(k) Preadmission Screening for individuals with a mental disorder and individuals with intellectual disability. §483.20(k)(1) A nursing facility must not admit, on or after January 1, 1989, any new residents with: (i) Mental disorder as defined in paragraph (k)(3) (i) of this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission, (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and (B) If the individual requires such level of services, whether the individual requires specialized services; or (ii) Intellectual disability, as defined in paragraph (k)(3)(ii) of this section, unless the State intellectual disability or developmental disability authority has determined prior to admission- (A) That, because of the physical and mental	F 645		3/24/19	

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

TITLE

(X6) DATE

Electronically Signed

04/13/2019

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 645	<p>Continued From page 1</p> <p>condition of the individual, the individual requires the level of services provided by a nursing facility; and</p> <p>(B) If the individual requires such level of services, whether the individual requires specialized services for intellectual disability.</p> <p>§483.20(k)(2) Exceptions. For purposes of this section-</p> <p>(i)The preadmission screening program under paragraph(k)(1) of this section need not provide for determinations in the case of the readmission to a nursing facility of an individual who, after being admitted to the nursing facility, was transferred for care in a hospital.</p> <p>(ii) The State may choose not to apply the preadmission screening program under paragraph (k)(1) of this section to the admission to a nursing facility of an individual-</p> <p>(A) Who is admitted to the facility directly from a hospital after receiving acute inpatient care at the hospital,</p> <p>(B) Who requires nursing facility services for the condition for which the individual received care in the hospital, and</p> <p>(C) Whose attending physician has certified, before admission to the facility that the individual is likely to require less than 30 days of nursing facility services.</p> <p>§483.20(k)(3) Definition. For purposes of this section-</p> <p>(i) An individual is considered to have a mental disorder if the individual has a serious mental disorder defined in 483.102(b)(1).</p> <p>(ii) An individual is considered to have an intellectual disability if the individual has an intellectual disability as defined in §483.102(b)(3)</p>	F 645			

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F 645	<p>Continued From page 2</p> <p>or is a person with a related condition as described in 435.1010 of this chapter. This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview and record review, the facility failed to initiate a screening for a level II Pre-Admission Screening and Resident Review (PASRR) for one of one residents reviewed for PASRR (Resident #63).</p> <p>Findings included:</p> <p>A review of the medical record revealed Resident #63 was admitted 10/18/2018 with diagnoses including Parkinson's disease, Diabetes, Bi-polar disorder and depression.</p> <p>The Admission Minimum Data Set (MDS) dated 10/25/2018 noted Resident #63 to be severely impaired for cognition and needed supervision to limited assistance for all Activities of Daily Living with the physical help of one person. The MDS indicated Resident #63 had a PASRR level I. A level II screening would indicate if Resident #63 had a need for certain services appropriate for his mental diagnosis.</p> <p>On 3/20/2019 at 11:21 AM, in an interview, the facility Social Worker stated she did not know why Resident #63 did not have a Level II PASRR screening, and she would call the former facility and find out. The Social Worker noted Resident #63 should have had a PASRR level II screening because of the Bi-polar diagnosis.</p> <p>In an interview on 3/20/2019 at 3:00 PM, the facility Administrator stated he had spoken with the Director of the NC MUST (Medicaid Uniform Screening Tool), and was told that the hospital</p>	F 645	<p>A change of condition review was keyed into NCMUST immediately upon discovering that the PASRR was not correct. All pertinent staff related to the PASRR were inserviced on 03/20/2019 on identifying PASRRs upon admission and conducting a manual diagnosis review to ensure that the correct PASRR was issued. A 100% audit of all the other residents in the facility was conducted on 03/20/2019 to ensure that all residents had the appropriate PASRR number issued to them. All residents will be reviewed upon admission by the social worker, admissions director, and mds coordinator to ensure that all admitting PASRRs are correct and accurate for each resident being admitted to the facility. If a PASRR is found to be incorrect, the social worker will key in a change of condition within the same week for review into the NCMUST system for a re-evaluation. PASRRs on all admits will be added to the daily review for admissions. All PASRRs that require re-evaluation by NCMUST will be brought to the monthly QA meeting for review and evaluation.</p>		

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F 645	Continued From page 3 had not revealed the Bi-polar diagnosis when Resident #63 was placed in the facility. The Administrator stated a change in condition would be filed with MUST and a screener would come to the facility to perform a level II PASRR screening. On 3/22/2019 at 11:16 AM the facility Administrator stated his expectation was the PASRR level II screening should have been completed.	F 645			
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its	F 656		3/24/19	

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F 656	<p>Continued From page 4</p> <p>rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview and record review, the facility failed to develop a comprehensive care plan for pressure ulcers for one of three residents reviewed for pressure ulcers (Resident #60).</p> <p>Findings included:</p> <p>A review of the medical record revealed Resident #60 was admitted 2/4/2019 with diagnoses of fractures and Chronic Obstructive Pulmonary Disease.</p> <p>The Admission Minimum Data Set (MDS) dated 2/11/2019 noted Resident #60 to be cognitively intact and needed extensive assistance for all Activities of Daily Living with the help of one to two persons. The Care Area Assessment noted a focus of pressure ulcer and indicated that area went to care plan.</p> <p>On 3/20/2019 at 9:40 AM, an observation was made of the treatment for Resident #60's</p>	F 656	<p>The resident was immediately care planned for the pressure ulcer on 03/21/2019. The MDS coordinator, MDS nurse, and wound nurse were all in-serviced on 03/22/2019 of the importance of care planning wounds upon discovery of a skin integrity issue. An audit was conducted for all other residents with skin issues to ensure that skin integrity was care planned accordingly and timely on 03/22/2019. The wound nurse will be required to attend the daily morning meeting and will communicate any skin integrity changes to the MDS department in this meeting so that the care plans can be formulated on the date of onset. The wounds will continue to be discussed weekly in the wound/weight meeting and the MDS department will be required to provide the date of care plan onset to the wound nurse to ensure that they match. Any wounds will be</p>		

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F 656	<p>Continued From page 5</p> <p>pressure ulcer. The treatment nurse stated the treatment was ordered by the physician.</p> <p>Interview with the MDS Nurse on 3/21/2019 at 10:31 AM, who stated the care plan had not been put into place yet. The MDS Nurse indicated areas for care plan are brought up in the facility morning meeting and she care plans the same day. The MDS Nurse stated she did not know why she had not developed a pressure ulcer care plan for Resident #60 yet, but would put the care plan in that day.</p> <p>In an interview on 3/22/2019 at 9:25 AM, the MDS Nurse stated the care plan was usually started when the pressure ulcer was found or was discussed in the morning meeting. The MDS Nurse stated she attended the weekly wound meetings and Resident #60's pressure ulcer would have been discussed in that meeting. The Nurse agreed the pressure ulcer was found on 3/12/2019 and the wound meeting was on 3/13/2019, and again on 3/20/2019, but was not care planned until 3/21/2019. The MDS Nurse indicated the wound meetings discussed how the pressure ulcers were doing. The MDS Nurse stated her expectation was the care plan would be done right away when the pressure ulcer was found, since the plan of care for the wound should be written.</p> <p>On 3/22/2019 at 9:52 AM, in an interview, the facility Administrator stated his expectation was that staff would do their jobs and the care plan would be developed timely.</p>	F 656	discussed in the monthly QAPI meeting to ensure compliance with care plan development was maintained.		