STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345101	A. BUILDING _____ B. WING _____	C 04/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENFIELD OAKS NURSING AND REHABILITATION CENTER	208 CARY STREET ENFIELD, NC 27823

(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 An unannounced Recertification survey was conducted on 4/9/19 through 4/11/19. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID # 2JVV11.	E 000		
F 000	INITIAL COMMENTS No deficiencies were cited as a result of the complaint investigation survey on 4/9/19 through 4/11/19. Event ID #2JVV11.	F 000		
F 625 SS=B	Notice of Bed Hold Policy Before/Upon Trnsfr CFR(s): 483.15(d)(1)(2) §483.15(d) Notice of bed-hold policy and return- §483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies- (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any; (iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and (iv) The information specified in paragraph (e)(1) of this section. §483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing	F 625		5/9/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 04/25/2019

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F 625	Continued From page 1 facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to provide the resident or resident representative a bed hold policy when transfer to the hospital was necessary for 2 of 3 residents (Resident #7 and Resident #12) reviewed for hospitalization. The findings included: Resident # 7 was admitted to the facility 1/8/18 with diagnoses of dementia. A review of Resident #7's annual Minimum Data Set (MDS) dated 1/21/19 identified the resident as having short term and long term memory problems and severely impaired for decision making. A review of Resident # 7's medical record indicated a family member was his responsible party (RP). A review of the nurse note dated 1/14/19 read in part, "the resident hasn't taken either breakfast or lunch. Resident is quiet, not responding when touched. Today is somewhat lethargic. MD (Medical Doctor) called and made aware of status. Received order to send to ED (emergency department) for further evaluation". During an interview on 4/10/19 at 3:12 PM, Nurse #1 stated when a resident was discharged to the hospital, she sent the E-Interact form, Medication	F 625	Enfield Oaks Nursing and Rehabilitation acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Corrections is submitted as a written allegation of compliance. Enfield Oaks Nursing and Rehabilitation response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Enfield Oaks Nursing and Rehabilitation reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding. F 625 On April 18, 2019 written notification of the bed hold policy was provided to the Resident/ Resident Representative by the Administrator for notification of residents transfers/discharge to the hospital for Residents # 7 and Resident # 12. 100% audit of current residents	

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F 625	Continued From page 2 Administration Record, Physician notes, last discharge summary and labs. She said she did not know anything about a bed hold policy. She stated she did not handle that and the bed hold policy was usually handled by admissions. During an interview on 4/11/19 at 12:42 PM, the Administrator stated nurses were supposed to be in serviced on the bed hold policy, but she could not find the in service record on bed hold policy. She revealed her expectation was that the bed hold policy was to be sent with a resident when a resident was discharged to the hospital. #2 Resident #12 was originally admitted to the facility on 5/5/17. The resident was discharged to the hospital on 10/27/18, 12/29/18, 1/9/19 and 3/17/19. Resident #12 was readmitted to the facility on 11/8/18, 1/3/19, 1/18/19 and 3/25/19. During an interview on 4/10/19 at 3:12 PM, Nurse #1 stated when a resident was discharged to the hospital, she sent the E-Interact form, Medication Administration Record, Physician notes, last discharge summary and labs. She said she did not know anything about a bed hold policy. She stated she did not handle that and the bed hold policy was usually handled by admissions. During an interview on 4/11/19 at 10:50 AM, the facility Social Worker revealed if she was in the facility when a resident was discharged to the hospital, she would tell the emergency services staff that she had a face sheet and bed hold policy to send with the resident to the hospital. She said if she was not in the facility when a resident was discharged to the hospital, she did	F 625	transfer/discharges x 30 days to include Resident # 7 and Resident # 12 was completed by the Director of Nursing to ensure resident and/or resident representative received written notification of the bed hold policy when transferred to the hospital/discharge from the facility. During the audit, all areas of concern were addressed by the Administrator by providing written notification on April 18, 2019. On April 11, 2019 an in-service regarding, providing written notification to the Resident/ Resident Representative for the Bed Hold Policy Before/Upon Hospital transfer with documentation in the clinical record was initiated by the Director of Nursing with all nurses and completed on May 1, 2019. All newly hired staff nurses will receive the in-service upon hire in orientation. 10% audit of current resident transfers/discharges will be completed by the Director of Nursing weekly x 8 weeks then monthly x 1 month utilizing the Transfer/ Discharge Audit Tools. This audit is to ensure the resident and/or resident representative received a written notification of bed hold policy before/upon hospital transfer with documentation in the clinical record. The nurse will be retrained for any identified areas of concerns during the audit. The Administrator will review the Transfer/ Discharge Audit Tools weekly x 8 weeks, and then monthly x 1 month for completion and to ensure all areas of concern were addressed. The Director of Nursing will forward the Transfer/ Discharge Audit Tools to the	

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F 625	Continued From page 3 not know how it was handled. During an interview on 4/11/19 at 12:42 PM, the Administrator stated nurses were supposed to be in serviced on the bed hold policy, but she could not find the in service record on bed hold policy. She revealed her expectation was that the bed hold policy was to be sent with a resident when a resident was discharged to the hospital.	F 625	Executive QA Committee monthly x 3 months. The Executive QA Committee will review the Tools monthly x 3 months to determine trends and / or issues that may need further interventions put into place and to determine the need for further and/or frequency of monitoring.	
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §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 the Minimum Data Set (MDS) assessment accurately for 1 of 5 residents (resident #26) reviewed for unnecessary medications, and 1 of 2 residents (Resident #23) reviewed for Preadmission Screening and Resident Review (PASRR). The findings included: 1. Resident #26 was admitted to the facility 8/5/2015 with diagnoses to include diabetes, hyperlipidemia (HLD), and glaucoma. A review of resident #26's quarterly MDS assessment dated 2/28/2019 did not include diagnoses of diabetes, HLD or glaucoma. Section N of the MDS assessment indicated resident #26 received insulin injections for 7 days of the look back period. A review of Resident #26's Physician orders for	F 641	F 641 Resident # 26, Minimum Data Set (MDS) assessment had a significant correction of prior quarterly assessment completed by the MDS Nurse on 4/25/19 to reflect an accurate coding of the diagnosis of Diabetes, Glaucoma and Hyperlipidemia. Resident # 23, MDS assessment was modified by the MDS Consultant on 4/11/19 to reflect level 2 PASRR. MDS for Resident #26 was transmitted and accepted into the National Repository on 4/25/19 and the MDS for Resident # 23 was transmitted and accepted into the National Repository 4/11/19. A 100% audit of all residents' most current MDS assessments will be reviewed by the Director of Nursing (DON) to include Resident # 26 and resident # 23 to ensure all completed MDS assessments are	5/9/19

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F 641	Continued From page 4 2/2019 revealed cosopt ophthalmic drops and xalatan ophthalmic drops were ordered for glaucoma; Lipitor was ordered for HLD, and Levemir insulin and metformin were ordered for diabetes. On 4/11/2019 at 10:35 AM, an interview was conducted with the MDS nurse, who stated she had help with the MDS from the corporate nurses and was not sure who coded the MDS for Resident #26. The MDS nurse stated the diagnoses of diabetes, HLD, and glaucoma were not included on the MDS because the diagnoses were not current in the 60-day look back period. The nurse could not recall if the Physician had been notified to update the diagnoses for resident #26. On 4/11/2019 at 10:46 AM, an interview was conducted with the Director of Nursing, who stated she expected the MDS to be coded accurately. 2. Resident #23 was admitted to the facility on 2/13/2018 with diagnoses to include bipolar disorder, major depressive disorder and dementia with behavioral disturbance. Resident #23's admission forms indicated identification as a Level II PASRR (a resident identified as having a serious mental illness or intellectual debility as defined by state and federal guidelines). A review of Resident #23's annual MDS assessment dated 2/20/2019 did not indicate identification as a Level II PASRR, in Section A.	F 641	coded accurately to include diagnosis of Diabetes, Glaucoma and Hyperlipidemia and level 2 PASRR. This audit will be completed by the DON using a resident census by 4/25/19. Modifications, significant corrections, or new MDS assessment will be completed by the MDS nurse during the audit for any identified areas of concern with the oversight from the DON to be completed by 5/ 9/ 2019. The MDS Nurse and DON were educated on 4/25/19 regarding Accurate Coding of the MDS Assessment Tool by viewing CMS videos on accuracy in MDS coding for Sections A and I to include coding active diagnosis and level 2 PASAR. All newly hired MDS nurses will be in-serviced during orientation by the DON regarding the proper coding of MDS assessments as indicated in the RAI manual with emphasis that all MDS assessments are completed accurately and coded correctly to include a diagnosis and level 2 PASRR. 10% of all current residents completed MDS assessments to include Resident # 26 and resident # 23, will be reviewed by the DON to ensure accurate coding of the MDS assessments, including for a diagnosis of diabetes, glaucoma, Hyperlipidemia and level 2 PASRR utilizing an MDS Accuracy QI Toot weekly for 8 weeks and monthly X 1 month. Any identified areas of concern will be immediately addressed by the DON to include additional training and modifications to the MDS assessment as	

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F 641	Continued From page 5 On 4/11/2019 at 10:30 AM, an interview was conducted with the MDS nurse, who stated she had help with the MDS from the corporate nurses and was not sure who coded Section A for Resident #23's current MDS. The MDS nurse stated it was the nurse responsibility to code the section A correctly. On 4/11/2019 at 10:46 AM, an interview was conducted with the Director of Nursing who stated she expected the MDS to be coded accurately.	F 641	indicated. The Administrator will review and initial the MDS Accuracy QI Tool weekly for eight weeks and then monthly for one month for accuracy and to ensure all areas of concerns have been addressed. The Administrator will forward the results of the MDS Accuracy QI Tool to the Executive QA Committee monthly x 3 months. The Executive QA Committee will meet monthly x 3 months to review the MDS Accuracy QI Tool to determine trends and/or issues that may need further interventions put into place and to determine the need for further and/or frequency of monitoring.	