STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345413	A. BUILDING _____ B. WING _____	C 05/22/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FLESHERS FAIRVIEW HEALTH CARE	3016 CANE CREEK ROAD FAIRVIEW, NC 28730

(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 5/19/19 thru 5/22/19. The facility was found in compliance with the requriement CFR 483.73, Emergency Preparedness. Event ID 5B7G11.	E 000		
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 accurately code the Minimum Data Set (MDS) assessment in the area of active diagnosis for 1 of 5 sampled residents reviewed for unnecessary medications (Resident #16). Findings included: Resident #16 was readmitted to the facility on 01/18/18 with diagnosis of history of transient (not lasting) ischemic (blood flow reduced) attack (TIA) and cerebral infarction (tissue death) without residual deficits. A review of the quarterly Minimum Data Set (MDS) assessment dated 02/18/19 indicated Resident #16 had not been coded under Section I Active Diagnosis as having a diagnosis of Cerebrovascular Accident (CVA), Transient Ischemic Attach (TIA). A review of the physician's monthly orders for February 2019 that were signed by the physician indicated Resident #16 was to receive one	F 641	483.20 Accuracy of Assessments Resident #16. The MDS section I-I4500 Active Diagnosis was not coded for Transient Ischemic Attack (TIA) or Cerebrovascular Accident (CVA) to justify use of anti-coagulant therapy (Xarelto). Although the diagnosis is through out the resident's clinical record it was not recorded on the MDS. This was an oversight by the MDS Coordinator. The Diagnosis was corrected at the time it was brought to her attention by the surveyor and the 2/18/19 modified MDS was submitted to reflect the CVA/TIA diagnosis for the anti-coagulant use. Plan of correcting the specific deficiency: MDS Coordinators reviewed the guidelines, steps for assessment, intent and coding instructions outlined in the MDS Manual for Section I on 6/5/19. MDS Coordinators did online in-service education for the MDS Section I through	6/14/19

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

Electronically Signed | 06/05/2019

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F 641	Continued From page 1 Xarelto (blood thinner) 20 milligram (mg) tablet by mouth daily for personal history of TIA and cerebral infarct without residual deficits. A review of the medication administration record (MAR) revealed per nursing documentation on the MAR that Resident #16 received Xarelto 20 mg 1 tablet daily during the look back period from 02/12/19 to 02/18/19. On 05/15/19 at 04:20 PM an interview was conducted with the MDS Coordinator who stated she was responsible for coding Section I Active Diagnosis on Resident #16's quarterly MDS assessment dated 02/18/19. The MDS Coordinator stated she missed coding that Resident #16 had a diagnosis of Cerebrovascular Accident (CVA), Transient Ischemic Attach (TIA). The MDS Coordinator stated she would have to submit a modification to the quarterly MDS assessment dated 02/18/19 to accurately reflect Resident #16 had diagnosis of Cerebrovascular Accident (CVA), Transient Ischemic Attach (TIA). On 05/20/19 at 04:49 PM an interview was conducted with the Director of Nursing (DON) who stated her expectation was that the quarterly MDS assessment dated 02/18/19 would have been accurately coded to reflect Resident #16 had diagnoses of Cerebrovascular Accident (CVA), Transient Ischemic Attach (TIA). The DON stated her expectation was that the MDS Coordinator would submit a modification to the quarterly MDS dated 02/18/19 to accurately reflect Resident #16 had a diagnosis of Cerebrovascular Accident (CVA), Transient Ischemic Attach (TIA). On 05/20/19 at 04:59 PM an interview was	F 641	CMS (CMS.gov/medicare/quality-initiatives-patient-assessment-instruments/nursinghomrqualityinits/NHQIMDS30trainingmaterials.html)Related link: Section I/N/L (YouTube)on 6/11/19. A corrected MDS was filed for the affected resident. Plan for implementing the plan of correction: MDS Coordinator reviewed all resident's on anti-coagulants most recent MDS to ensure that the diagnosis was appropriately marked on 6/5/19. ADON is randomly checking 10 residents most recent MDS's to ensure that all active diagnosis are coded correctly on the MDS this week (thru 6/14/19) and documentation will be maintained and presented to the QAPI committee. Any discrepancies will be corrected and resubmitted. Monitoring Plan of Correction: Director of Nursing and Assistant Director of Nursing audit Section I of all MDS's completed each week starting 6/10/19 to ensure that all active diagnosis are coded correctly on the MDS. Documentation of the audits will be maintained and presented by the Assistant Director of Nursing quarterly at the QAPI meetings where the corrective action will be evaluated for effectiveness and changes to corrective action made as needed. The audits will continue until compliance is maintained for a minimum of 3 months or longer per the QAPI committee recommendations. Person responsible to implement: MDS	

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F 641	Continued From page 2 conducted with the Administrator who stated it was her expectation that the MDS Coordinator would have accurately coded the quarterly MDS assessment dated 02/18/19 to reflect Resident #16 had a diagnosis of Cerebrovascular Accident (CVA), Transient Ischemic Attach (TIA). The Administrator stated the facility had worked hard to assure a diagnosis was associated with each medication and that Resident #16 was missed for coding.	F 641	Coordinator Person responsible to monitor compliance: Director of Nursing and Assistant Director of Nursing Corrective action completed: 6//2019	