

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>05/31/2019</b>
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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E 000	Initial Comments	E 000			
F 000	INITIAL COMMENTS	F 000			
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 resident interviews, interviews with staff and record review, the facility failed to conduct a staff assessment for mental status, section C0700, on an annual Minimum Data Set assessment, for a resident who was unable to complete the brief interview for mental status (Resident #48) and failed conduct a brief interview for mental status in a resident's primary language (Resident #346 ) to obtain an accurate assessment of cognitive patterns. This occurred for 2 of 23 sampled residents reviewed.</p> <p>The findings included:</p> <p>1. Resident #48 was admitted to the facility 1/23/15. Diagnoses included dementia, among others.</p> <p>Resident #48's annual Minimum Data Set (MDS) assessment dated 1/12/19 assessed the</p>	F 641	<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 it is required by the provisions of Federal and State law.</p> <p>MDS Coordinator determined there is not a need for a Significant Change in Status assessment for Resident #48 and Resident #346. The MDS Coordinator will complete a Significant Correction to Prior Comprehensive Assessment for Resident #48 and Resident # 346, updating the care plans as well. The rationale is that per the RAI manual, a Significant</p>	6/28/19	

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

TITLE

(X6) DATE

Electronically Signed

06/24/2019

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 641	<p>Continued From page 1</p> <p>Resident with clear speech, usually understood, sometimes understands and recorded a summary score of 99 (an incomplete assessment for a resident who can communicate, but chose not to participate) for section C0500, Cognitive Patterns. The Staff Assessment for Mental Status, section C0700 was incomplete.</p> <p>Resident #48 was interviewed on 5/28/19 at 11:00 AM. When asked how long she had been a Resident in the facility, she responded "I don't know."</p> <p>An interview with the MDS Coordinator occurred on 5/30/19 at 12:47 PM and revealed the Activities Director (AD) completed the Cognitive Patterns section of Resident #48's annual MDS. The MDS Coordinator also stated that she reviewed all sections of the MDS to ensure it was accurate and complete before signing it.</p> <p>An interview with the AD occurred on 5/30/19 at 1:45 PM. The interview revealed the AD attempted to complete a Brief Interview of Mental Status (BIMS) for Resident #48 on the annual MDS, but the AD stated Resident #48 did not cooperate that day. The AD stated she also spoke with the Resident's nurse that day who verified the same. The AD further stated she did not know who would have been responsible to complete the Staff Assessment for Cognitive Patterns, but that she did not complete that section of the MDS.</p> <p>An interview with the MDS Coordinator and the Social Worker (SW) occurred on 5/28/19 at 2:00 PM. The interview revealed that the SW would have been responsible to complete the Staff Assessment of Cognitive Patterns for Resident</p>	F 641	<p>Correction in Prior Comprehensive Assessment should be completed, as the prior Quarterly and/or Admission assessments cannot be modified because the interviews were not accurately completed during the assessment look back period (preferably the ARD or the day before). Additionally, the current assessments do not give a full and up-to-date picture of the residents' status.</p> <p>Director of Case Mix &amp; Compliance will provide data per an Electronic Medical Record search of the last 30 days for any additional residents identified as not having a resident and/or staff interview completed. MDS Coordinator will review coding of BIMS interview sections (C0100-C1000) for those assessments identified as being affected. After reviewing coding, MDS Coordinator will assess for the need to complete a Significant Change in Status assessment. If it is determined one is not needed, MDS Coordinator will complete a Significant Correction to Prior Assessments for all assessments identified as being affected by the deficient practice.</p> <p>The Director of Nursing (DON) educated the MDS Coordinators, Social Workers and Activities staff on the federal and state regulations to ensure MDS assessment accuracy in conducting and coding resident interviews. The education included the instructions per the RAI manual on how to complete the cognitive patterns section in the MDS. DON or</p>		

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F 641	<p>Continued From page 2</p> <p>#48's annual MDS. The SW stated that she reviewed the Resident's medical record and because there was no nursing documentation related to the Resident's cognitive status during the review period of the annual MDS, the SW stated she did not complete the Staff Assessment of Cognitive Patterns for this MDS. The MDS Coordinator stated before she signed the MDS she reviewed the Resident's medical record and also did not see any nursing documentation during the review period to support the Resident's cognitive status. The Resident Assessment Instrument (RAI) manual (a tool that describes how to complete the MDS) was reviewed during the interview and gave additional steps for completion of the Cognitive Patterns section of the MDS (interview the Resident, observe the Resident across shifts, interview staff and review the medical record). The MDS Coordinator and SW both stated they did not follow the instructions in the RAI manual to complete the Cognitive Patterns section of the annual MDS for Resident #48.</p> <p>An interview with the Director of Nursing (DON) occurred on 5/30/19 at 5:10 PM and revealed that she reviewed the RAI manual with the MDS Coordinator and SW. The DON stated that the MDS Coordinator and SW completed the Cognitive Patterns section of the MDS based on their previous knowledge, but now after reviewing the RAI manual more closely, they both understand that there are other components of the Cognitive Patterns assessment that should be completed when a BIMS score of 99 is obtained.</p>	F 641	<p>Designee will review MDS assessments for July and forward to ensure MDS assessment accuracy in conducting and coding resident interviews.</p> <p>DON or Designee will conduct weekly 10% audits on Section C of the MDS assessment (Cognitive Patterns) from July 1, 2019 to September 30, 2019. Any identified issues will be corrected at that time. Results of the auditing will be shared with the Administrator and DON on a weekly basis and with QAPI monthly for a period of three months at which time frequency of monitoring will be determined by the QAPI Committee.</p> <p>This plan of corrective action will be fully implemented by 6/28/19.</p>		

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F 641	<p>Continued From page 3</p> <p>2. Resident #346 was admitted to the facility on 5/2/19 with medical diagnoses inclusive of nontraumatic intracranial hemorrhage (ICH) (accumulation of blood within the skull).</p> <p>A review of the admission Minimum Data Set dated 5/9/19 for Resident #346, revealed his cognition was not assessed. A review of the Care Area Assessment dated 5/9/19 for Resident #346 revealed the diagnosis of ICH resulted in dysphasia and aphasia, disorders that affect speech and language use. Resident #346 primary language was Spanish. He understood simple English and replied appropriately to some questions asked in English. Resident #346's speech was noted to be soft and slightly mumbled. Resident #346's hearing was noted to be adequate without the use of hearing aids.</p> <p>During an observation on 5/29/19 at 10:00 AM, the Physical Therapist Assistant (PTA) communicated with Resident #346 in Spanish. Observations included the PTA gave directives for therapy in Spanish and Resident #346 responded to the PTA in Spanish.</p> <p>On 5/29/19 at 8:45 AM, Nurse #1 reported nursing staff communicated with Resident #346 using the language line, interpreter services and his family members.</p> <p>On 5/30/19 at 10:57 AM, Nurse #2 reported Resident #346 did not communicate with others unless Spanish was spoken. Nurse #2 also stated nursing staff used the language line and interpreter services to communicate with Resident #346.</p>	F 641			

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F 641	Continued From page 4  An interview with the Occupational Therapist Assistant (OTA) on 5/30/19 at 2:52 PM revealed she used an internet translation application for English to Spanish to communicate with Resident #346. The OTA stated Resident #346 understood some English and responded to her in English at times.  During an interview on 5/30/19 at 4:46 PM, Social Worker (SW) #1 reported she attempted to complete the cognition section of the MDS in English. SW #1 stated Resident #346 did not respond verbally or nonverbally during the assessment, so she reviewed the nursing notes following the attempted assessment to determine his cognition. She reported no documentation was provided in his medical record during the review period regarding his memory recall and she did not asked nursing staff how communication was established with Resident #346. SW #1 further stated she did not use the language line, interpreter service or the family members of Resident #346 during the assessment for cognition and had no explanation why she did not access these services for the interview with Resident #346.  During an interview with the Director of Nursing on 5/31/19 at 4:38 PM, she stated her expectation was the Social Worker should interview Resident #346 in English and if not successful to use the language line, interpreter service and family members of Resident #346 to complete the assessment of his cognition.	F 641			
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2)	F 761		6/28/19	

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F 761	<p>Continued From page 5</p> <p>§483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>§483.45(h) Storage of Drugs and Biologicals</p> <p>§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews, and record review the facility failed to store medications including controlled medications, insulin and influenza vaccine securely in 1 of 2 medication storage refrigerators.</p> <p>Findings included:</p> <p>Review of the facility's Pharmacy medication storage policy number 10.1 dated 10/18 letter E. revealed the procedure for medication storage was refrigerated controlled medications were</p>	F 761	<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 it is required by the provisions of Federal and State law.</p>		

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F 761	<p>Continued From page 6</p> <p>stored in locked boxes in a locked refrigerator.</p> <p>Observation on 05/28/2019 at 9:20 AM of the medication refrigerator in the 300/400 nurses' station was unlocked. There was no one in the nurses' station at that time. The door to the nurses' station was propped open.</p> <p>Observation on 05/28/2019 at 9:23 AM of the contents of the unlocked medication refrigerator in the 300/400 nurses station included 23 syringes of an antianxiety medication, a controlled medication, 4 vials of insulin, and 1 vial of influenza vaccine.</p> <p>Interview with the Nurse Manager on 5/28/2019 at 9:25 AM revealed that the medication refrigerator should always be kept locked. She stated the nurses on the medication carts have keys to the medication refrigerators and the controlled medication lock boxes in the refrigerators for their residents' medications.</p> <p>Interview on 05/30/2019 at 8:30 AM with Nurse #3 revealed she had keys to get into the medication refrigerator in the 300/400 nurses' station. She stated the medication refrigerator was always to be locked and the controlled medications were locked in boxes in the refrigerator and the nurses had keys to them for their residents' medications. Each nurse on each cart had keys to the medication refrigerator in the nurses' station.</p> <p>An interview on 05/31/2019 at 10:55 AM with the Director of Nursing revealed the medication refrigerators were to be locked and the controlled medications in them were to be locked in another box inside the locked refrigerator. She stated her</p>	F 761	<p>The lock on the medication refrigerator was replaced by Maintenance on 5/30/19.</p> <p>All medication refrigerators and medication carts were assessed for proper security and locking by the pharmacy consultant on 5/31/19.</p> <p>All nurses will receive re-education on medication storage safety from nursing leadership by 6/28/19. Any nurses who do not receive the re-education by 6/28/19 (due to FMLA, leave, etc.) will be required to complete training prior to working a scheduled shift. Education on medication storage safety will be included in our orientation program for new nurses. Nurse Managers will be educated by 6/28/19 by the Director of Nursing (DON) or Nurse Educator to document daily that all medication refrigerators are secured with a lock. Any Nurse Mangers who do not receive the education by 6/28/19 (due to FMLA, leave, etc.) will be required to complete training prior to working a scheduled shift.</p> <p>The daily documentation by Nurse Managers will be logged in a newly-created document titled Medication Storage Safety Log. The Medication Storage Safety Log will be completed from July 1, 2019 to September 30, 2019. The DON or Designee will audit the Medication Storage Safety Log weekly. Results of the auditing will be shared with the Administrator and DON on a weekly basis and with QAPI monthly for a period of three months at which time frequency</p>		

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F 761	Continued From page 7 expectation was that the medication storage procedure was followed. The medication refrigerators were always to be locked except when the nurse was getting medication out of the refrigerator.	F 761	of monitoring will be determined by the QAPI Committee.  This corrective action will be fully implemented by 6/28/19.		