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

PRINTED: 09/06/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		1, ,	(X3) DATE SURVEY COMPLETED	
345543		B. WING		0	8/15/2019		
NAME OF PROVIDER OR SUPPLIER			<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CODI	•	0.10.2010	
				316 NC HIGHWAY 801 SOUTH			
BERMUDA	A COMMONS NURSING	AND REHABILITATION CENTER		ADVANCE, NC 27006			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
E 000	Initial Comments		E 0	00			
5 044	08/12/19 to 08/15/19 compliance with the Emergency Prepare	vey was conducted from 9. The facility was in requirements of CFR 483.73, dness, Event ID LZ3S11.	5.0			0.000.440	
F 641 SS=E	Accuracy of Assess CFR(s): 483.20(g)	ments	F6	41		8/29/19	
	resident's status. This REQUIREMEN by:	y of Assessments. ust accurately reflect the IT is not met as evidenced views and staff and resident		The statements made on this	. Plan of		
	interviews, the facility Minimum Data Set (history of falls, hosp anticoagulant (blood	ty failed to accurately code MDS) Assessments for ice services and use of an I thinner) for 3 of 6 residents tion reviews (Resident #44,		Correction are not an admission not constitute an agreement walleged deficiencies. To remai compliance with all Federal ar Regulations the facility has tal take the actions set forth in this Correction. The Plan of Corre	vith the n in nd State ken or will is Plan of		
		s admitted to the facility on oses that included leg fracture s.		constitutes the facility alleg compliance such that all alleg deficiencies cited have been c corrected by the date or dates	ed or will be		
	Assessment reveale Resident #44 was c	t #44's admission MDS ad her to be cognitively intact. added as "unable to d a fall any time in the last		F641 Accuracy of Assessmen Corrective Action:	ts		
	month prior to admis determine" if she ha months prior to adm to determine" if she	ession or reentry, "unable to d a fall anytime in the last 2-6 ission or reentry, and "unable had any fracture related to a prior to admission or reentry.		Resident # 69: Resident Minin Set (MDS) assessment (Quar Assessment) with Assessmen Date (ARD) [7/24/2019] was n a Corrective Attestation Date of 8/16/2019. The assessment of	terly it /Reference modified with of		
ADODATORY	from her hospital sta admission to the hos	t #44's discharge summary ay revealed the reason for her spital was due to a fracture		submitted to the state QIES sy 8/16/2019 and was accepted 8/16/2019 Submission ID: 172	ystem on on	(X6) DATE	

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

Electronically Signed

09/05/2019

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.

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

PRINTED: 09/06/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345543	B. WING		08/15/2019
NAME OF P	ROVIDER OR SUPPLIER		•	STREET ADDRESS, CITY, STATE, ZIP CODE	
BERMUD	A COMMONS NURSI	NG AND REHABILITATION CENTER		316 NC HIGHWAY 801 SOUTH ADVANCE, NC 27006	
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETION
F 641	treated at the hosy discharged to the A review of Reside care plans that incomplete for falls related to admission", an risk for adverse si (leg) fracture". During an intervie 08/14/19 at 10:05 the facility for shook home where she is body, During an intervie 08/15/19 at 3:53 For completing MDS A reviewed the history summary from the section regarding reported she could #44's Admission for the section of the facility and Coordinator indicates the correction make the correction resubmit it. During an intervier on 08/15/19 at 4:3 expected MDS As accurately and countere was informal and physical from	age 1 all at her home. Resident was pital and subsequently facility for rehabilitation. Bent #44's care plan revealed cluded "I am [at] increased risk history of fall prior to "I am on pain medication with de effects related to left femur We with Resident #44 on AM, she revealed she was in the term rehab following a fall at suffered a fracture to her lower We with the MDS Coordinator on PM, she revealed she had been assessments since 2012 and any and physical and discharge to hospital to complete the falls and fractures. She do not determine why Resident MDS was coded inaccurately diffractures but surmised it was obking information in her history discharge summary. The MDS atted she would immediately on to her assessment and We with the Director of Nursing 16 PM, she revealed that she sessments be completed ded correctly. She reported if tion in Resident #44's history the hospital regarding Resident and the sand fractures then the MDS and fractures th	F 64	Resident # 68: Resident Minimum Da Set (MDS) assessment (Quarterly Assessment) with Assessment /Refe Date (ARD) [7/22/2019] was modified a Corrective Attestation Date of 8/16/2019. The assessment was submitted to the state QIES system of 8/16/2019 and was accepted on 8/16/2019 Submission ID: 17292091 Resident # 44: Resident Minimum Da Set (MDS) assessment (Admission Assessment) with Assessment /Refe Date (ARD) [7/9/2019] was modified a Corrective Attestation Date of 8/16/2019. The assessment was submitted to the state QIES system of 8/16/2019 and was accepted on 8/16/2019 Submission ID: 17292091 Identification of other residents who rebe involved with this practice: All current residents on hospice servitor on antiplatelet medications or new admissions/readmissions to the facility have the potential to be affected by the alleged practice. On 8/26/2019 through 8/29/2019 an audit was completed by MDS Nurse Consultant to review all Quarterly Minimum Data Set (MDS) assessments in the last 6 months to ensure that all residents who have hospice services provided have Section 00100K Hospice Care coded accura On 8/26/2019 through 8/29/2019 and was completed by the MDS Nurse Consultant to review all Quarterly Minimum Data Set (MDS) assessments in the last 6 months to ensure that all residents who have hospice services provided have Section 0100K Hospice Care coded accura On 8/26/2019 through 8/29/2019 and was completed by the MDS Nurse Consultant to review all Quarterly Minimum Data Set (MDS) assessments in the last 6 months to ensure that all residents who have hospice services provided have Section 0100K Hospice Care coded accura On 8/26/2019 through 8/29/2019 and was completed by the MDS Nurse Consultant to review all Quarterly Minimum Data Set (MDS) assessments in the last 6 months to ensure that the review all Quarterly Minimum Data Set (MDS) assessments in the last 6 months to ensure that all residents who have hospice services provided have Section 0100K Hospice Care coded accura On 8/26/2019 through 8/29/2019	rence I with In In In In In In In In In I

Facility ID: 20070039

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

PRINTED: 09/06/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345543 B. WIN			08/15/2019
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	1 00/10/2013
				316 NC HIGHWAY 801 SOUTH	
BERMUDA	A COMMONS NURSING	AND REHABILITATION CENTER		ADVANCE, NC 27006	
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETION
F 641	Continued From pag	e 2	F 64	1	
	information.	nave accurately reflected that on 08/15/19 at 5:13 PM, the		the last 6 months to ensure that all residents who have anticoagulants antiplatelet provided have Section N0410E Anticoagulant coded accurate.	s and
		it was her expectation for the		On 8/26/2019 through 8/29/2019 a	
	MDS to be coded ac	curately based on		was completed by the MDS Nurse	
	information in the res	sident's medical record.		Consultant to review all Admission	
	0 D:			Minimum Data Set (MDS) assessr	
		s admitted to the facility on uses which included type 2		the last 6 months to ensure that all residents who are new admission	
		dementia, anxiety and		readmissions with fall history have	
	depression.	domenta, armory and		J1700 coded accurately. This was completed on 8/29/2019.	
	A review of a Physici	an's order dated 01/15/19		·	
	I -	Consult to evaluate and treat			
	-	f adult failure to thrive.		Systemic Changes: On 8/26/2019 The Registered Nur	
		ant change Minimum Data		Minimum Data Set (MDS) Coordin	
		24/19 revealed Resident #69		and MDS Support nurse and any o	
		aired in cognition for daily		Interdisciplinary team member that	
	Resident #69 was co	e MDS also indicated		participates in the MDS assessme process was in serviced /educated	
	Resident #09 was co	ded for Flospice.		MDS Nurse consultant.	i by tile
	A review of a quarter	ly MDS dated 07/24/19		The education focused on: The fac	cility
	revealed hospice car	=		must ensure that each assessmen	•
	· ·	MDS also indicated Resident		accurately reflects the resident □s	status.
		ancy of less than 6 months.		Section O0100K, Hospice care Co	
				residents identified as being in a h	ospice
	_	on 08/15/19 at 1:38 PM,		program for terminally ill persons v	
	· ·	vealed she visited with		an array of services is provided for	
		eekly basis to assess her.		palliation and management of term	
		ommunicated with the facility		illness and related conditions. The	
		ow about any changes she		hospice must be licensed by the st	
		and she talked with staff who		a hospice provider and/or certified	
	she was doing.	sident #69 to find out how		the Medicare program as a hospic provider. Section N0410E, Anticoa	
	Sile was dolling.			(e.g., warfarin, heparin, or low- mo	
	During an interview o	on 08/15/19 at 3:53 PM, the		weight heparin): Record the numb	
		rified after review of the		days an anticoagulant medication	

Facility ID: 20070039

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

PRINTED: 09/06/2019 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER BERMUDA COMMONS NURSING AND REHABILITATION CENTER DIVIDIANCE, INC 27008 STREET ADDRESS, CITY, STATE, 2P CODE 316 NO HIGHWAY 80 SOUTH ADVANCE, INC 27008 STREET ADDRESS, CITY, STATE, 2P CODE 316 NO HIGHWAY 80 SOUTH ADVANCE, INC 27008 STREET ADDRESS, CITY, STATE, 2P CODE 316 NO HIGHWAY 80 SOUTH ADVANCE, INC 27008 STREET ADDRESS, CITY, STATE, 2P CODE 316 NO HIGHWAY 80 SOUTH ADVANCE, INC 27008 STREET ADDRESS, CITY, STATE, 2P CODE 316 NO HIGHWAY 80 SOUTH ADVANCE, INC 27008 STREET ADDRESS, CITY, STATE, 2P CODE 316 NO HIGHWAY 80 SOUTH ADVANCE, INC 27008 STREET ADDRESS, CITY, STATE, 2P CODE 316 NO HIGHWAY 80 SOUTH ADVANCE, INC 27008 STREET ADDRESS, CITY, STATE, 2P CODE 316 NO HIGHWAY 80 SOUTH ADVANCE, INC 27008 STREET ADDRESS, CITY, STATE, 2P CODE 316 NO HIGHWAY 80 SOUTH ADVANCE, INC 27008 STREET ADDRESS, CITY, STATE, 2P CODE 316 NO HIGHWAY 80 SOUTH ADVANCE, INC 27008 STREET ADDRESS, CITY, STATE, 2P CODE 316 NO HIGHWAY 80 SOUTH ADVANCE, INC 27008 (FACH CORRECTION. PROCESS SHEPHER STORY IN SIDE AND FOR CORRECTION. SOUTH ADVANCE, INC 27008 (FACH CORRECTIVE, COTON SIDE ADDRESS, CITY, STATE, 2P CODE 316 NO HIGHWAY 80 SOUTH ADVANCE, INC 27008 (FACH CORRECTION. SOUTH ADVANCE, INC 27008 FREEX (FACH CORRECTION. FREEX (FACH CORRECTION	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
BERMUDA COMMONS NURSING AND REHABILITATION CENTER SUMMARY STATEMENT OF DEFICIENCIES 10 PROVIDERS RAN OF CORRECTION (ADMANCE, NC 27006 10 PROVIDER		345543 B. WING		08/	15/2019			
BERMUDA COMMONS NURSING AND REHABILITATION CENTER SUMMARY STATEMENT OF DEPICIENCIES PREFIX SUMMARY STATEMENT OF DEPICIENCIES PREFIX SUMMARY STATEMENT OF DEPICIENCY (PLES CIDENTY NOT INFORMATION) PREFIX TAG PREFIX PREF	NAME OF PI	ROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, STATE, ZIP CODE	1 00/	10/2013
During an interview on 08/15/19 at 4:38 PM, the Director of Nursing verified an error had occurred and Hospice was coded incorrectly for it to have been corrected. During an interview on 08/15/19 at 5:13 PM, the Administrator stated it was her expectation for the MDS to be coded accurately based on information in the resident according to the resident and family are not available to provide the information and medical record, or 70/10/19 with diagnoses which included diabetes and cerebral vascular accident. Review of Resident #8/8 s quarterly MDS dates to 07/22/19 revealed, the Resident #8/8 or 40 put for 7 days of the look back period or 10 for 7 days of the look back period or 10 for 7 days of the look back period or 10 for 7 days of the look back period or 10 for 7 days of the look back period or 10 for 8 for 70 or 10 for 7 days of the look back period or 10 for 8 for 70 for 10 for 8 for 10 for		TWINE OF THOUSER ON OUT ELER						
FRETIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 641 Continued From page 3 Significant Change MDS dated 01/24/29 that Hospice was indicated in Section 0 for Resident #69 and confirmed she had documented a note which indicated Hospice was started on 01/23/19. After review of the quarterly MIDS dated 07/24/19 she confirmed hospice had not been coded because it was missed. She stated she was not sure how it had been missed. During an interview on 08/15/19 at 4:38 PM, the Director of Nursing verified an error had occurred and Hospice was coded incorrectly for Resident #69. She further stated she would have expected for it to have been corrected. During an interview on 08/15/19 at 5:13 PM, the Administrator stated it was her expectation for the MDS to be coded accurately based on information in the resident's medical record. 3. Resident #68 was admitted to the facility on 04/04/19 with diagnoses which included diabetes and cerebral vascular accident. Review of Resident #68's quarterly Minimum Data Set (MDS) assessment dated 07/22/19 revealed, the Resident was coded as having received an anticoagulant medication (a blood thinner) for 7 days of the look back period. Review of Resident #68's physician Orders from 07/01/19 through 07/31/19 indicated, there were no anticoagulants ordered to be administered during the 7 day look back period (or since admission/entry or reentry if less than 7 days). Do not code antiplated medications such as a spinirize/tended release, dipyridamole, or clopidogrel hree. Section J1700 Fall Historias such as antipore review of the Resident of Profession for 1700 Fall Historias for 1700 Fall Historia family report or transfer records on transfer records document a fall in the month preceding the resident: s entry date item (A1600). Code 1, yes: if resident and family report or fracture releated to fall in the 6 Months prior to Admission/Entry or Reentry.	BERMUDA	A COMMONS NURSIN	IG AND REHABILITATION CENTER					
FREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 641 Continued From page 3 Significant Change MDS dated 01/24/29 that Hospice was indicated in Section 0 for Resident #69 and confirmed she had documented a note which included because it was missed. She stated she was not sure how it had been missed. During an interview on 08/15/19 at 4:38 PM, the Director of Nursing verified an error had occurred and Hospice was coded incorrectly for Resident #69. She further stated she would have expected for it to have been corrected. During an interview on 08/15/19 at 5:13 PM, the Administrator stated it was her expectation for the MDS to be coded accurately based on information in the resident's medical record. 3. Resident #68 was admitted to the facility on 04/04/19 with diagnoses which included diabetes and cerebral vascular accident. Review of Resident #68's quarterly Minimum Data Set (MDS) assessment dated 07/22/19 revealed, the Resident was coded as having received an anticoagulant medication (a blood thinner) for 7 days of the look back period. Review of Resident #68's Physician Orders from 07/01/19 through 07/31/19 indicated, there were no anticoagulants ordered to be administered during the 7 day look back period (or since admission/tentry or reentry fless than 7 days). Do not code antiplatelet medications such as a spinirie/stended release, dipyridamole, or clopidogrel here. Section J1700 Fall History on Admission/Entry or Reentry, Coding Instructions for J1700 Fall History on Admission/Entry or Reentry, Code on the Resident Have a Fall Any Time in the Last Month Prior to Admission/Entry or Reentry, Code on to comment a fall in the month preceding the resident: sentry date item (A1600). Code 1, yes: if resident and a fall in the month preceding the resident: sentry date item (A1600). Code 9, unable to determine whether a fall occurred. Coding Instructions for J1700C. Did the Resident and family report on fracture related to fall in the 6 Months prior to Admission/Entry or meetry.	(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
Significant Change MDS dated 01/24/29 that Hospice was indicated in Section 0 for Resident Hospice was indicated in Section 0 for Resident #69 and confirmed she had documented a note which indicated Hospice was started on 01/23/19. After review of the quarterly MDS dated 07/24/19 she confirmed hospice had not been coded because it was missed. She stated she was not sure how it had been missed. During an interview on 08/15/19 at 4:38 PM, the Director of Nursing verified an error had occurred and Hospice was coded incorrectly for Resident #89. She further stated she would have expected for it to have been corrected. During an interview on 08/15/19 at 5:13 PM, the Administrator stated it was her expectation for the MDS to be coded accurately based on information in the resident's medical record. 3. Resident #68 was admitted to the facility on 04/04/19 with diagnoses which included diabetes and cerebral vascular accident. Review of Resident #86 squarterly Minimum Data Set (MDS) assessment dated 07/22/19 revealed, the Resident was coded as having received an anticoagulant medication (a blood thinner) for 7 days of the look back period. Review of Resident #88/5 Physician Orders from 07/01/19 through 07/31/19 indicated, there were no anticoagulants ordered to be administered during the 7 day look back period of the Resident's 07/22/19 MDS assessment. During an interview conducted with MDS Nurse	PRÉFIX	,			X	CROSS-REFERENCED TO THE APPROPRIA		
Significant Change MDS dated 01/24/29 that Hospice was indicated in Section 0 for Resident #69 and confirmed she had documented a note which indicated Hospice was started on 01/23/19. After review of the quarterly MDS dated 07/24/19 she confirmed hospice had not been coded because it was missed. She stated she was not sure how it had been missed. During an interview on 08/15/19 at 4:38 PM, the Director of Nursing verified an error had occurred and Hospice was coded incorrectly for Resident #89. She further stated she would have expected for it to have been corrected. During an interview on 08/15/19 at 5:13 PM, the Administrator stated it was her expectation for the MDS to be coded accurately based on information in the resident's medical record. 3. Resident #68 was admitted to the facility on 04/04/19 with diagnoses which included diabetes and cerebral vascular accident. Review of Resident #86's quarterly Minimum Data Set (MDS) assessment dated 07/22/19 revealed, the Resident was coded as having received an anticoagulant medication (a blood thinner) for 7 days of the look back period. During an interview on ode 15/19 at 5:13 PM, the Administrator stated it was her expectation for the MDS to be coded accurately based on information in the resident's medical record. 3. Resident #68 was admitted to the facility on 04/04/19 with diagnoses which included diabetes and cerebral vascular accident. Review of Resident #86's quarterly Minimum Data Set (MDS) assessment dated 07/22/19 revealed, the Resident was coded as having received an anticoagulant medication (a blood thinner) for 7 days of the look back period of the Resident's 07/22/19 indicated, there were no anticoagulants ordered to be administered during the 7 day look back period of the Resident's 07/22/19 MDS assessment. During an interview conducted with MDS Nurse	F 641	Continued From pa	age 3	F	341			
Hospice was indicated in Section 0 for Resident #69 and confirmed she had documented a note which indicated Hospice was started on 01/23/19. After review of the quarterly MDS dated 07/24/19 she confirmed hospice had not been coded because it was missed. She stated she was not sure how it had been missed. During an interview on 08/15/19 at 4:38 PM, the Director of Nursing verified an error had occurred and Hospice was coded incorrectly for Resident #69. She further stated she would have expected for it to have been corrected. During an interview on 08/15/19 at 5:13 PM, the Administrator stated it was her expectation for the MDS to be coded accurately based on information in the resident's medical record. During an interview on 08/15/19 at 5:13 PM, the Administrator stated it was her expectation for the MDS to be coded accurately based on information in the resident's medical record. Review of Resident #68's quarterly Minimum Data Set (MDS) assessment dated 07/22/19 revealed, the Resident was coded as having received an anticoagulant medication (a blood thinner) for 7 days). Do not code antiplatelet medications, call call in the medication such as aspirine/setended release, dipyridamole, or clopidogrel here. Section J1700 Fall History on Admission/Entry or Reentry? Code 0, no: if resident and family report in o falls and transfer records and medical records dounded and the month preceding the resident is entry date item (A1600). Code 1, yes: if resident or family report or transfer records or medical record information in the resident is unable to provide the information or if the resident and family are not available or do not have the information in and equate to determine whether a fall occurred. Coding Instructions for J1700 Fall History on Admission/Entry or Reentry? Code 0, no: if resident and family report or transfer records on medical records dounded to determine whether a fall occurred. Coding Instructions for J1700 Fall Plistory or Reentry? Code 0, no: if resident and family are not available or do		-	_	. ,		received by the resident at any time		
#69 and confirmed she had documented a note which indicated Hospice was started on 01/23/19. After review of the quarterly MDS dated 07/24/19 she confirmed hospice had not been coded because it was missed. She stated she was not sure how it had been missed. During an interview on 08/15/19 at 4:38 PM, the Director of Nursing verified an error had occurred and Hospice was coded incorrectly for Resident Have a Fall Any Time in the Last Month Prior to Admission/Entry or Reentry? Code 0, no: if resident and family report no falls and transfer records and medical records do not document a fall in the month preceding the resident⊡s entry date item (A1600). Code 1, yes: if resident and family are not available or do not have the information in the resident's medical record. 3. Resident #68 was admitted to the facility on 04/04/19 with diagnoses which included diabetes and cerebral vascular accident. Review of Resident #68's quarterly Minimum Data Set (MDS) assessment dated 07/22/19 revealed, the Resident was coded as having received an anticoagulant medication (a blood thinner) for 7 days of the look back period. Review of Resident #68's Physician Orders from 07/01/19 through 07/31/19 indicated, there were no anticoagulants ordered to be administered during the 7 day look back period of the Resident's O7/22/19 MDS assessment. During an interview conducted with MDS Nurse								
which indicated Hospice was started on 01/23/19 After review of the quarterly MDS dated 07/24/19 she confirmed hospice had not been coded because it was missed. She stated she was not sure how it had been missed. During an interview on 08/15/19 at 4:38 PM, the Director of Nursing verified an error had occurred and Hospice was coded incorrectly for Resident #69. She further stated she would have expected for it to have been corrected. During an interview on 08/15/19 at 5:13 PM, the Administrator stated it was her expectation for the MDS to be coded accurately based on information in the resident's medical record. Review of Resident #68's quarterly Minimum Data Set (MDS) assessment dated 07/22/19 revealed, the Resident was coded as having received an anticoagulant medication (a blood thinner) for 7 days of the look back period. Buring an interview on 08/15/19 indicated, there were no anticoagulants ordered to be administered during the 7 days look back period of the Resident's 07/22/19 MDS assessment. The After review of the stated she was not sure how it was her stated she was not sure how it had been missed. Section 17700A, Did the Resident Have a Fall Any Time in the Last Month Prior to Admission/Entry or Reentry? Code 0, no: if resident af family report on falls and transfer records and medical records of or medical records and medical record information or if the resident is unable to provide the information or if the resident and family are not available or do not have the information or and the resident is unable to provide the information or if the resident and family are not available or do not have the information or if the resident is and transfer records and medical record information is inadequate to determine whether a fall occurred. Coding Instructions for J1700A, Did the Resident Have a Fall Any Time in the Last Month Prior to Admission/Entry or Reentry? Code 0, no: if resident is unable to provide the information or if the resident is and family report or transfer records or medical records						- · · · · · · · · · · · · · · · · · · ·		
After review of the quarterly MDS dated 07/24/19 she confirmed hospice had not been coded because it was missed. She stated she was not sure how it had been missed. During an interview on 08/15/19 at 4:38 PM, the Director of Nursing verified an error had occurred and Hospice was coded incorrectly for Resident #69. She further stated she would have expected for it to have been corrected. During an interview on 08/15/19 at 5:13 PM, the Administrator stated it was her expectation for the MDS to be coded accurately based on information in the resident's medical record. 3. Resident #68 was admitted to the facility on 04/04/19 with diagnoses which included diabetes and cerebral vascular accident. Review of Resident #68's quarterly Minimum Data Set (MDS) assessment dated 07/22/19 revealed, the Resident was coded as having received an anticoagulant was deficiation (a blood thinner) for 7 days of the look back period. Review of Resident #68's Physician Orders from 07/01/19 through 07/31/19 indicated, there were no roll of the Residents ordered to be administered during the 7 day look back period of the Resident's oncluded with MDS Nurse medical records and medical records and medical record information is inadequate to determine whether a fall corrects and medical record family report no fracture related to fall in the effort the family report or transfer records and medical record and medical record family report no fractures related to fall in the femily report or transfer records and medical records and medical record and medical records an								
she confirmed hospice had not been coded because it was missed. She stated she was not sure how it had been missed. During an interview on 08/15/19 at 4:38 PM, the Director of Nursing verified an error had occurred and Hospice was coded incorrectly for Resident #69. She further stated she would have expected for it to have been corrected. During an interview on 08/15/19 at 5:13 PM, the Administrator stated it was her expectation for the MDS to be coded accurately based on information in the resident's medical record. 3. Resident #68 was admitted to the facility on 04/04/19 with diagnoses which included diabetes and cerebral vascular accident. Review of Resident #68's quarterly Minimum Data Set (MDS) assessment dated 07/22/19 revealed, the Resident #68's Physician Orders from 07/01/19 through 07/31/19 indicated, there were no anticoagulants ordered to be administered during the 7 day look back period of the Resident's onto the sure incords on medical records and medical records on the action of the meaning the received an anticoagulants ordered to be administered during the 7 day look back period of the Resident's onto the provide the information and medical records do not document a fracture related to fall in the 6 months (0-180 days) preceding the resident or family report or transfer records and medical records do not document a fracture related to fall in the 6 months (0-180 days) preceding the resident or mainly report or transfer records and medical records document a fracture related to fall in the 6 months (0-180 days) preceding the resident or mainly report or transfer records and medical records document a fracture related to fall in the 6 months (0-180 days) preceding the resident or family report or transfer records and medical records document a fracture related to fall in the 6 months (0-180 days) preceding the resident or mainly report or transfer records and medical records document a fracture related to fall in the 6 months (0-180 days) preceding the resident or mainly report or transfer r			•					
because it was missed. She stated she was not sure how it had been missed. During an interview on 08/15/19 at 4:38 PM, the Director of Nursing verified an error had occurred and Hospice was coded incorrectly for Resident #69. She further stated she would have expected for it to have been corrected. During an interview on 08/15/19 at 5:13 PM, the Administrator stated it was her expectation for the MDS to be coded accurately based on information in the resident's medical record. 3. Resident #68 was admitted to the facility on 04/04/19 with diagnoses which included diabetes and cerebral vascular accident. Review of Resident #68's quarterly Minimum Data Set (MDS) assessment dated 07/22/19 revealed, the Resident was coded as having received an anticoagulant medication (a blood thinner) for 7 days of the look back period. Review of Resident #68's Physician Orders from 07/01/19 through 07/31/19 indicated, there were no anticoagulants ordered to be administered during the 7 day look back period of the Resident's o7/22/19 MDS assessment. During an interview conducted with MDS Nurse						The state of the s	ere	
Sure how it had been missed. Admission/Entry or Reentry, Coding Instructions for J1700A, Did the Resident Have a Fall Any Time in the Last Month Prior to Admission/Entry or Reentry? Code 0, no: if resident and family report on fall and transfer records and medical records do not document a fall in the month preceding the resident: sentry date item (A1600). Code 1, yes: if resident or family are not available or do not nave the information or if the resident is and family are not available or do not have the information or if the resident is unable to provide the information or if the resident mand family are not available or do not have the information or if the resident mand family are not available or do not have the information or if the resident mand family are not available or do not have the information or if the resident mand family are not available or do not have the information or if the resident mand family are not available or do not have the information or if the resident mand family are not available or do not have the information or if the resident mand family are not available or do not have the information or if the resident mand family are not available or do not have the information or if the resident mand family are not available or do not have the information or if the resident mand family are not available or do not have the information or if the resident mand family are not available or do not have the information or if the resident mand family are not available or do not have the information or if the resident mand family are not available or do not have the information or if the resident mand family are not available or do not have the information or if the resident is and transfer records and medical records do not document a fall in the family report or transfer records and medical records do not document a fall in the family report or transfer records and medical records do not document afall in the family report or family report or family report or family report or family report o			•					
During an interview on 08/15/19 at 4:38 PM, the Director of Nursing verified an error had occurred and Hospice was coded incorrectly for Resident #69. She further stated she would have expected for it to have been corrected. During an interview on 08/15/19 at 5:13 PM, the Administrator stated it was her expectation for the MDS to be coded accurately based on information in the resident's medical record. 3. Resident #68 was admitted to the facility on 04/04/19 with diagnoses which included diabetes and cerebral vascular accident. Review of Resident #68's quarterly Minimum Data Set (MDS) assessment dated 07/22/19 revealed, the Resident was coded as having received an anticoagulant medication (a blood thinner) for 7 days of the look back period. Resident's 07/22/19 MDS assessment. Instructions for J1700A, Did the Resident Have a Fall Any Time in the Last Month Prior to Admission/Entry or Code 0, no: if resident and family report or family report or transfer records and medical records of ont ob clument a fall in the month preceding the resident free resident or family report or transfer records or medical records document a fall in the month preceding the resident free resident or family report or transfer records or medical records document a fall in the month preceding the resident free resident or family report or transfer records and medical records and family are not available or do not have the information or if the resident and family report or fractures related to a Fall in the month preceding the resident freedords on not document a fall or the month preceding the resident freedords on not document and family report or family report or family report or family report or fracture related to fall in the month preceding the resident freedords on not document and family report or medical records document a fracture related to fall in the endry preceding the resident freedords on not decument and family report or family repo						•		
During an interview on 08/15/19 at 4:38 PM, the Director of Nursing verified an error had occurred and Hospice was coded incorrectly for Resident #69. She further stated she would have expected for it to have been corrected. During an interview on 08/15/19 at 5:13 PM, the Administrator stated it was her expectation for the MDS to be coded accurately based on information in the resident's medical record. 3. Resident #68 was admitted to the facility on 04/04/19 with diagnoses which included diabetes and cerebral vascular accident. Review of Resident #68's quarterly Minimum Data Set (MDS) assessment dated 07/22/19 revealed, the Resident was coded as having received an anticoagulant medication (a blood thinner) for 7 days of the look back period. Review of Resident #68's Physician Orders from 07/01/19 through 07/31/19 indicated, there were no anticoagulants ordered to be administered during the 7 day look back period of the Resident's 07/22/19 MDS assessment. Have a Fall Any Time in the Last Month Prior to Admission/Entry or no falls and transfer records and medical records do not document a fall in the month preceding the resident's entry date item (A1600). Code 1, yes: if resident or family report or transfer records document a fall in the month preceding the resident's entry date item (A1600). Code 9, unable to determine: if the resident is unable to provide the information or if the resident is and family are not available or do not have the information and medical record information is inadequate to determine whether a fall occurred. Coding Instructions for J1700C. Did the Resident Have Any Fracture Related to a Fall in the 6 Months prior to Admission/Entry or Resident's 07/22/19 MDS assessment.							ent	
During an interview on 08/15/19 at 4:38 PM, the Director of Nursing verified an error had occurred and Hospice was coded incorrectly for Resident #69. She further stated she would have expected for it to have been corrected. During an interview on 08/15/19 at 5:13 PM, the Administrator stated it was her expectation for the MDS to be coded accurately based on information in the resident's medical record. Resident #68 was admitted to the facility on 04/04/19 with diagnoses which included diabetes and cerebral vascular accident. Review of Resident #68's quarterly Minimum Data Set (MDS) assessment dated 07/22/19 revealed, the Resident was coded as having received an anticoagulant medication (a blood thinner) for 7 days of the look back period. Review of Resident #68's Physician Orders from 07/01/19 through 07/31/19 indicated, there were no anticoagulants ordered to be administered during the 7 day look back period of the Resident's 07/22/19 MDS assessment. Prior to Admission/Entry or Reentry? Code 0, no: fresident and family report on on falls and transfer records and medical records do not document a fall in the month preceding the resident: s entry date item (A1600). Code 1, yes: if resident or family report or family report or transfer records and medical records do not document a fall in the month preceding the resident: s entry date item (A1600). Code 1, yes: if resident or family report or family report or transfer records and medical records do not document a fall in the month preceding the resident: s entry date item (A1600). Code 1, yes: if resident or family report or transfer records and medical records do not document a fall in the month preceding the resident: s entry date item (A1600). Code 1, yes: if resident or family report or transfer records and medical records do not document a fall in the month preceding the resident is entry date item (A1600). Code 0, no: if resident or family report or family report or fracture related to fall in the 6 months (0-180 days) preceding the resident or famil								
Director of Nursing verified an error had occurred and Hospice was coded incorrectly for Resident #69. She further stated she would have expected for it to have been corrected. During an interview on 08/15/19 at 5:13 PM, the Administrator stated it was her expectation for the MDS to be coded accurately based on information in the resident's medical record. 3. Resident #68 was admitted to the facility on 04/04/19 with diagnoses which included diabetes and cerebral vascular accident. Review of Resident #68's quarterly Minimum Data Set (MDS) assessment dated 07/22/19 revealed, the Resident was coded as having received an anticoagulants ordered to be administered during the 7 day look back period of the Resident's 07/22/19 INDS assessment. Code 0, no: if resident and family report no falls and transfer records and medical records and medical records and medical records or modical records or medical records information or if the resident is unable to provide the information or if the resident is unable to provide the information and medical record information is inadequate to determine whether a fall occurred. Coding Instructions for J1700C. Did the Resident Have Any Fracture Related to a Fall in the 6 Months prior to Admission/Entry or the fall in the 6 months (0-180 days) preceding the resident or family report or transfer records and medical records document a fall on the fall in the month preceding the resident is entry date item (A1600). Code 1, yes: if resident or family report or transfer records or medical records document a fall on the fall in the fall in the month precedin		During an interview	w on 08/15/19 at 4:38 PM, the					
#69. She further stated she would have expected for it to have been corrected. During an interview on 08/15/19 at 5:13 PM, the Administrator stated it was her expectation for the MDS to be coded accurately based on information in the resident's medical record. 3. Resident #68 was admitted to the facility on 04/04/19 with diagnoses which included diabetes and cerebral vascular accident. Review of Resident #68's quarterly Minimum Data Set (MDS) assessment dated 07/22/19 revealed, the Resident was coded as having received an anticoagulant medication (a blood thinner) for 7 days of the look back period. Review of Resident #68's Physician Orders from 07/01/19 through 07/31/19 indicated, there were no anticoagulants ordered to be administered during the 7 day look back period of the Resident's 07/22/19 MDS assessment. During an interview conducted with MDS Nurse records do not document a fall in the month preceding the resident. Sentry date item (A1600). Code 1, yes: if resident or family report or transfer records or medical records document a fall in the month preceding the resident. Sentry date item (A1600). Code 1, yes: if resident or family report or transfer records or medical records document a fall in the month preceding the resident. Sentry date item (A1600). Code 1, yes: if resident is entry date item (A1600). Code 1, yes: if resident is entry date item (A1600). Code 1, yes: if resident is entry date item (A1600). Code 1, yes: if resident is entry date item (A1600). Code 1, yes: if resident is entry date item (A1600). Code 1, yes: if resident is entry date item (A1600). The fall in the month preceding the resident is entry date item (A1600). Code 1, yes: if resident is entry date item (A1600). Code 1, yes: if resident is entry date item (A1600). Code 1, yes: if resident is entry date item (A1600). Code 1, yes: if resident is entry date item (A1600). Code 1, yes: if resident is entry date item (A1600). Code 1, yes: if resident is entry date item (A1600). Code 1, yes: if resident is entry date item (A16						t		
for it to have been corrected. During an interview on 08/15/19 at 5:13 PM, the Administrator stated it was her expectation for the MDS to be coded accurately based on information in the resident's medical record. 3. Resident #68 was admitted to the facility on 04/04/19 with diagnoses which included diabetes and cerebral vascular accident. Review of Resident #68's quarterly Minimum Data Set (MDS) assessment dated 07/22/19 revealed, the Resident was coded as having received an anticoagulant medication (a blood thinner) for 7 days of the look back period. Review of Resident #68's Physician Orders from 07/01/19 through 07/31/19 indicated, there were no anticoagulants ordered to be administered during the 7 day look back period of the Resident's 07/22/19 MDS assessment. During an interview conducted with MDS Nurse month preceding the resident to recident or family report or transfer records or medical records document a fall in the month preceding the resident sentry date item (A1600). Code 1, yes: if resident or family report or transfer records or medical records content a fall in the month preceding the resident sentry date item (A1600). Code 9, unable to determine: if the resident is unable to provide the information or if the resident is unable to provide the information and medical record information is inadequate to determine whether a fall occurred. Coding Instructions for J1700C. Did the Resident Have Any Fracture Related to a Fall in the 6 Months prior to Admission/Entry or Reentry? Code 0, no: if resident and family report no fractures related to fall in the 6 months (0-180 days) preceding the resident is unable to provide the information or if the resident is unable to determine: if the resident is unable to provide the information or if the resident is unable to and family are not available or do not have the information or if the resident is unable to and family are not available or do not have the information or if the resident is unable to determine whether a fall occurred. Coding Instructions		_						
During an interview on 08/15/19 at 5:13 PM, the Administrator stated it was her expectation for the MDS to be coded accurately based on information in the resident's medical record. 3. Resident #68 was admitted to the facility on 04/04/19 with diagnoses which included diabetes and cerebral vascular accident. Review of Resident #68's quarterly Minimum Data Set (MDS) assessment dated 07/22/19 revealed, the Resident was coded as having received an anticoagulant medication (a blood thinner) for 7 days of the look back period. Review of Resident #68's Physician Orders from 07/01/19 through 07/31/19 indicated, there were no anticoagulants ordered to be administered during the 7 day look back period of the Resident's 07/22/19 MDS assessment. During an interview conducted with MDS Nurse date item (A1600). Code 1, yes: if resident or family report or transfer records or medical records document a fall in the month preceding the resident □s entity date item (A1600). Code 1, yes: if resident or family report or transfer records or medical records document a fall in the month preceding the resident □s entity date item (A1600). Code 1, yes: if resident or family report or transfer records or medical records form to determine whether is entory date item (A1600). Code 1, yes: if resident or family report or transfer records or medical records document a fall in the month preceding the resident □s entity date item (A1600). Code 1, yes: if records or medical records document a fall occurred. and family are not available or do not have the information or if the resident and family are not available or do not have the information and medical record information is inadequate to determine whether a fall occurred. Coding Instructions for J1700C. Did the Resident Have Any Fracture Related to a Fall in the 6 Months prior to Admission/Entry or Reentry? Code 0, no: if resident or faculty report or fracture related to fall in the 6 months (0-180 days) preceding the resident □s and family report or fransfer records or medical recor		#69. She further s			records do not document a fall in the			
During an interview on 08/15/19 at 5:13 PM, the Administrator stated it was her expectation for the MDS to be coded accurately based on information in the resident's medical record. 3. Resident #68 was admitted to the facility on 04/04/19 with diagnoses which included diabetes and cerebral vascular accident. Review of Resident #68's quarterly Minimum Data Set (MDS) assessment dated 07/22/19 revealed, the Resident was coded as having received an anticoagulant medication (a blood thinner) for 7 days of the look back period. Review of Resident #68's Physician Orders from 07/01/19 through 07/31/19 indicated, there were no anticoagulants ordered to be administered during the 7 day look back period of the Resident's 07/22/19 MDS assessment. During an interview conducted with MDS Nurse resident or family report or transfer records or medical records document a fall in the month preceding the resident□s entry date item (A1600). Code 9, unable to determine: if the resident to anticoagulate to determine on thave the information or if the resident and family are not available or do not have the information and medical record information is inadequate to determine whether a fall occurred. Coding Instructions for J1700C. Did the Resident Have Any Fracture Related to a Fall in the 6 Months prior to Admission/Entry or Reentry? Code 0, no: if resident and family report or fractures related to fall in the 6 months (0-180 days) preceding the resident so resident is unable to provide the information or if the resident and family are not available or do not have the information or if the resident and family are not available or do not have the information or if the resident and family are not available. Provide the information or if the resident and family are not available or do not have the information or if the resident and family are not available. The resident or family report or transfer records or medical records and family are not available. The resident or family report or transfer fall in the entry and informati		for it to have been			month preceding the resident ☐s entry			
Administrator stated it was her expectation for the MDS to be coded accurately based on information in the resident's medical record. 3. Resident #68 was admitted to the facility on 04/04/19 with diagnoses which included diabetes and cerebral vascular accident. Review of Resident #68's quarterly Minimum Data Set (MDS) assessment dated 07/22/19 revealed, the Resident was coded as having received an anticoagulant medication (a blood thinner) for 7 days of the look back period. Review of Resident #68's Physician Orders from 07/01/19 through 07/31/19 indicated, there were no anticoagulants ordered to be administered during the 7 day look back period of the Resident's 07/22/19 MDS assessment. During an interview conducted with MDS Nurse						date item (A1600). Code 1, yes: if		
MDS to be coded accurately based on information in the resident's medical record. 3. Resident #68 was admitted to the facility on 04/04/19 with diagnoses which included diabetes and cerebral vascular accident. Review of Resident #68's quarterly Minimum Data Set (MDS) assessment dated 07/22/19 revealed, the Resident was coded as having received an anticoagulant medication (a blood thinner) for 7 days of the look back period. Review of Resident #68's Physician Orders from 07/01/19 through 07/31/19 indicated, there were no anticoagulants ordered to be administered during the 7 day look back period of the Resident's 07/22/19 MDS assessment. fall in the month preceding the resident is entry date item (A1600). Code 9, unable to determine: if the resident is unable to provide the information or if the resident and family are not available or do not have the information and medical record information is inadequate to determine whether a fall occurred. Coding Instructions for J1700C. Did the Resident Have Any Fracture Related to a Fall in the 6 Months prior to Admission/Entry or Reentry? Code 0, no: if resident and family report no fractures related to falls and transfer records and medical records do not document a fracture related to fall in the 6 months (0-180 days) preceding the resident is unable to determine: if the resident is unable to determine and family are not available or do not have the information and medical record information is inadequate to determine whether a fall occurred. Coding Instructions for J1700C. Did the Resident is unable to determine and family are not available or do not have the information and medical record information is inadequate to determine whether a fall occurred. Coding Instructions for J1700C. Did the Resident and family are not available or do not have the information and fam		During an interview	w on 08/15/19 at 5:13 PM, the			resident or family report or transfer		
information in the resident's medical record. 3. Resident #68 was admitted to the facility on 04/04/19 with diagnoses which included diabetes and cerebral vascular accident. Review of Resident #68's quarterly Minimum Data Set (MDS) assessment dated 07/22/19 Instructions for J1700C. Did the Resident revealed, the Resident was coded as having received an anticoagulant medication (a blood thinner) for 7 days of the look back period. Review of Resident #68's Physician Orders from 07/01/19 through 07/31/19 indicated, there were no anticoagulants ordered to be administered during the 7 day look back period of the Resident to determine: if the resident is unable to provide the information or if the resident in the resident in farmily are not available or do not have the information or if the resident in farmily are not available or do not have the information and medical record information is inadequate to determine whether a fall occurred. Coding Instructions for J1700C. Did the Resident Have Any Fracture Related to a Fall in the 6 Months prior to Admission/Entry or Reentry? Code 0, no: if resident and family report no fractures related to fall in the 6 months (0-180 days) preceding the resident is unable to determine and family are not available or do not have the information or if the resident information is inadequate to determine whether a fall occurred. Coding Instructions for J1700C. Did the Resident have the information or information or information or information or information or information or		Administrator state	ed it was her expectation for the			records or medical records document a	a	
to determine: if the resident is unable to provide the information or if the resident and family are not available or do not have the information and medical record information is inadequate to determine whether a fall occurred. Coding Instructions for J1700C. Did the Resident revealed, the Resident was coded as having received an anticoagulant medication (a blood thinner) for 7 days of the look back period. Review of Resident #68's Physician Orders from 07/01/19 through 07/31/19 indicated, there were no anticoagulants ordered to be administered during the 7 day look back period of the Resident's 07/22/19 MDS assessment. to determine: if the resident is unable to provide the information or if the resident and family are not available or do not have the information or if the resident and family are not available or do not have the information or if the resident and family are not available or do not have the information or if the resident and family are not available or do not have the information or if the resident and family are not available or do not have the information or if the resident and family are not available or do not have the information or if the resident and family are not available or do not have the information and medical record information is inadequate to determine whether a fall occurred. Coding Instructions for J1700C. Did the Resident Have Any Fracture Related to a Fall in the 6 Months prior to Admission/Entry or Reentry? Code 0, no: if resident and family report no fractures related to falls and transfer records and medical records do not document a fracture related to fall in the 6 months (0-180 days) preceding the resident is unable to and family are not available or do not have the information is inadequate to determine whether a fall occurred. Coding Instructions for J1700C. Did the Resident and family are not available or do not have the information is inadequate to determine whether a fall occurred. Coding Instructions for J1700C. Did the Resident and family are not available o		MDS to be coded	accurately based on			fall in the month preceding the resident	t□s	
3. Resident #68 was admitted to the facility on 04/04/19 with diagnoses which included diabetes and cerebral vascular accident. Review of Resident #68's quarterly Minimum Data Set (MDS) assessment dated 07/22/19 revealed, the Resident was coded as having received an anticoagulant medication (a blood thinner) for 7 days of the look back period. Review of Resident #68's Physician Orders from 07/01/19 through 07/31/19 indicated, there were no anticoagulants ordered to be administered during the 7 day look back period of the Resident's 07/22/19 MDS assessment. 3. Resident #68 was admitted to the facility on 04/04/19 with diagnoses which included diabetes and family are not available or do not have the information or if the resident and family are not available or do not have the information or if the resident and family are not available or do not have the information or if the resident and family are not available or do not have the information or if the resident and family are not available or do not have the information or if the resident and family are not available or do not have the information or if the resident and family are not available or do not have the information or if the resident and family are not available or do not have the information or if the resident mand family are not available or do not have the information or if the resident mand family are not available or do not have the information is inadequate to determine whether a fall occurred. Coding Instructions for J1700C. Did the Resident Have Any Fracture Related to a Fall in the 6 Months prior to Admission/Entry or Reentry? Code 0, no: if resident and family are not available or do not have the information is inadequate to determine whether a fall occurred. Coding Instructions for J1700C. Did the Resident Have Any Fracture Related to a Fall in the 6 Months prior to Admission/Entry or Reentry? Code 0, no: if resident and family are not available or do not and family are not available or do not and family are not available to determine wh		information in the i			· · · · · · · · · · · · · · · · · · ·			
and family are not available or do not have the information and medical record information is inadequate to determine whether a fall occurred. Coding Instructions for J1700C. Did the Resident revealed, the Resident was coded as having received an anticoagulant medication (a blood thinner) for 7 days of the look back period. Review of Resident #68's Physician Orders from 07/01/19 through 07/31/19 indicated, there were no anticoagulants ordered to be administered during the 7 day look back period of the Resident's 07/22/19 MDS assessment. and family are not available or do not have the information and medical record information is inadequate to determine whether a fall occurred. Coding Instructions for J1700C. Did the Resident Have Any Fracture Related to a Fall in the 6 Months prior to Admission/Entry or Reentry? Code 0, no: if resident and family report no fractures related to falls and transfer records and medical records do not document a fracture related to fall in the 6 months (0-180 days) preceding the resident or family report or transfer records or medical records document a fracture related to fall in the 6							-	
and cerebral vascular accident. Review of Resident #68's quarterly Minimum Data Set (MDS) assessment dated 07/22/19 revealed, the Resident was coded as having received an anticoagulant medication (a blood thinner) for 7 days of the look back period. Review of Resident #68's Physician Orders from 07/01/19 through 07/31/19 indicated, there were no anticoagulants ordered to be administered during the 7 day look back period of the Resident's 07/22/19 MDS assessment. have the information and medical record information is inadequate to determine whether a fall occurred. Coding Instructions for J1700C. Did the Resident Have Any Fracture Related to a Fall in the 6 Months prior to Admission/Entry or Reentry? Code 0, no: if resident and family report no fractures related to falls and transfer records and medical records do not document a fracture related to fall in the 6 months (0-180 days) preceding the resident sentry date item (A1600). Code 1, yes: if resident or family report or transfer records or medical records document a fracture related to fall in the 6			4/04/19 with diagnoses which included diabetes			•	nt	
information is inadequate to determine Review of Resident #68's quarterly Minimum Data Set (MDS) assessment dated 07/22/19 revealed, the Resident was coded as having received an anticoagulant medication (a blood thinner) for 7 days of the look back period. Review of Resident #68's Physician Orders from 07/01/19 through 07/31/19 indicated, there were no anticoagulants ordered to be administered during the 7 day look back period of the Resident's 07/22/19 MDS assessment. information is inadequate to determine whether a fall occurred. Coding Instructions for J1700C. Did the Resident Have Any Fracture Related to a Fall in the 6 Months prior to Admission/Entry or Reentry? Code 0, no: if resident and family report no fractures related to falls and transfer records and medical records do not document a fracture related to fall in the 6 months (0-180 days) preceding the resident □s entry date item (A1600). Code 1, yes: if resident or family report or transfer records or medical records document a fracture related to fall in the 6		_						
Review of Resident #68's quarterly Minimum Data Set (MDS) assessment dated 07/22/19 revealed, the Resident was coded as having received an anticoagulant medication (a blood thinner) for 7 days of the look back period. Review of Resident #68's Physician Orders from 07/01/19 through 07/31/19 indicated, there were no anticoagulants ordered to be administered during the 7 day look back period of the Resident's 07/22/19 MDS assessment. Whether a fall occurred. Coding Instructions for J1700C. Did the Resident Have Any Fracture Related to a Fall in the 6 Months prior to Admission/Entry or Reentry? Code 0, no: if resident and family report no fractures related to falls and transfer records and medical records do not document a fracture related to fall in the 6 months (0-180 days) preceding the resident □s entry date item (A1600). Code 1, yes: if resident or family report or transfer records or medical records document a fracture related to fall in the 6		and cerebral vascu				rd		
Data Set (MDS) assessment dated 07/22/19 revealed, the Resident was coded as having received an anticoagulant medication (a blood thinner) for 7 days of the look back period. Review of Resident #68's Physician Orders from 07/01/19 through 07/31/19 indicated, there were no anticoagulants ordered to be administered during the 7 day look back period of the Resident's 07/22/19 MDS assessment. Instructions for J1700C. Did the Resident Have Any Fracture Related to a Fall in the 6 Months prior to Admission/Entry or Reentry? Code 0, no: if resident and family report no fractures related to falls and transfer records and medical records do not document a fracture related to fall in the 6 months (0-180 days) preceding the resident □s entry date item (A1600). Code 1, yes: if resident or family report or transfer records or medical records document a fracture related to fall in the 6						•		
revealed, the Resident was coded as having received an anticoagulant medication (a blood thinner) for 7 days of the look back period. Review of Resident #68's Physician Orders from 07/01/19 through 07/31/19 indicated, there were no anticoagulants ordered to be administered during the 7 day look back period of the Resident's 07/22/19 MDS assessment. Have Any Fracture Related to a Fall in the 6 Months prior to Admission/Entry or Reentry? Code 0, no: if resident and family report no fractures related to falls and transfer records and medical records do not document a fracture related to fall in the 6 months (0-180 days) preceding the resident sentry date item (A1600). Code 1, yes: if resident or family report or transfer records or medical records document a fracture related to fall in the 6					<u> </u>	4		
received an anticoagulant medication (a blood thinner) for 7 days of the look back period. Review of Resident #68's Physician Orders from 07/01/19 through 07/31/19 indicated, there were no anticoagulants ordered to be administered during the 7 day look back period of the Resident's 07/22/19 MDS assessment. Review of Resident #68's Physician Orders from and transfer records and medical records do not document a fracture related to fall in the 6 months (0-180 days) preceding the resident □s entry date item (A1600). Code 1, yes: if resident or family report or transfer records or medical records document a fracture related to fall in the 6		, , ,						
thinner) for 7 days of the look back period. Review of Resident #68's Physician Orders from 07/01/19 through 07/31/19 indicated, there were no anticoagulants ordered to be administered during the 7 day look back period of the Resident's 07/22/19 MDS assessment. Reentry? Code 0, no: if resident and family report no fractures related to falls and transfer records and medical records do not document a fracture related to fall in the 6 months (0-180 days) preceding the resident □s entry date item (A1600). Code 1, yes: if resident or family report or transfer records or medical records document a fracture related to fall in the 6						the		
family report no fractures related to falls and transfer records and medical records do not document a fracture related to fall in the 6 months (0-180 days) preceding during the 7 day look back period of the Resident's 07/22/19 MDS assessment. During an interview conducted with MDS Nurse family report no fractures related to falls and transfer records and medical records do not document a fracture related to fall in the 6 months (0-180 days) preceding the resident □s entry date item (A1600). Code 1, yes: if resident or family report or transfer records or medical records document a fracture related to fall in the 6						· · · · · · · · · · · · · · · · · · ·		
Review of Resident #68's Physician Orders from 07/01/19 through 07/31/19 indicated, there were no anticoagulants ordered to be administered during the 7 day look back period of the Resident's 07/22/19 MDS assessment. During an interview conducted with MDS Nurse and transfer records and medical records do not document a fracture related to fall in the 6 months (0-180 days) preceding the resident □s entry date item (A1600). Code 1, yes: if resident or family report or transfer records or medical records document a fracture related to fall in the 6		uniner) for 7 days	от тне тоок раск регюс.				0	
07/01/19 through 07/31/19 indicated, there were no anticoagulants ordered to be administered during the 7 day look back period of the Resident's 07/22/19 MDS assessment. During an interview conducted with MDS Nurse do not document a fracture related to fall in the 6 months (0-180 days) preceding the resident □s entry date item (A1600). Code 1, yes: if resident or family report or transfer records or medical records document a fracture related to fall		Dovious of Booidan						
no anticoagulants ordered to be administered during the 7 day look back period of the Resident's 07/22/19 MDS assessment. During an interview conducted with MDS Nurse in the 6 months (0-180 days) preceding the resident □s entry date item (A1600). Code 1, yes: if resident or family report or transfer records or medical records document a fracture related to fall in the 6			•					
during the 7 day look back period of the Resident's 07/22/19 MDS assessment. Code 1, yes: if resident or family report or transfer records or medical records During an interview conducted with MDS Nurse the resident □s entry date item (A1600). Code 1, yes: if resident or family report or transfer records or medical records document a fracture related to fall in the 6			•					
Resident's 07/22/19 MDS assessment. Code 1, yes: if resident or family report or transfer records or medical records During an interview conducted with MDS Nurse Code 1, yes: if resident or family report or transfer records or medical records document a fracture related to fall in the 6						, , , , , , , , , , , , , , , , , , , ,	•	
During an interview conducted with MDS Nurse transfer records or medical records document a fracture related to fall in the 6			•					
During an interview conducted with MDS Nurse document a fracture related to fall in the 6		11631061163 07722/1	o mpo assessinent.				. OI	
		 During an interview	w conducted with MDS Nurse				e 6	
T#Z OR OOT BY M 4.40 FIVESHE COMMINED HAD TO THOUGH UP A TOO DAVST DIECEOHOUSE						months (0-180 days) preceding the		

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

PRINTED: 09/06/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345543	B. WING		08/	08/15/2019	
NAME OF PROVIDER OR SUPPLIER BERMUDA COMMONS NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 316 NC HIGHWAY 801 SOUTH ADVANCE, NC 27006			
(X4) ID PREFIX TAG	(EACH DEFICIENC	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECT REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCE		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 641	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTI PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPRO		is the r do e e e il e at f w 5 t g n 700 entry on / for be		

Facility ID: 20070039

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

PRINTED: 09/06/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
345543			B. WING _	B. WING			08/15/2019		
NAME OF PROVIDER OR SUPPLIER BERMUDA COMMONS NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 316 NC HIGHWAY 801 SOUTH ADVANCE, NC 27006					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECT CROSS-REFEREI	S PLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIA DEFICIENCY)	-	(X5) COMPLETION DATE		
F 641	Continued From page	5	F	QA Committee by the and/or Mini Data South to ensure corrective appropriate. Any in the best brought to the Exaministrator for any Compliance will be ongoing auditing provided the Committee mere Administrator, Dire Coordinator, Unit Murse, Therapy, Hill	monitored and rogram reviewed at the inguity weekly eting is attended by ctor of Nursing, MDS Manager, Support IM (Health Informatic tary Manager, Woun	he			