PRINTED: 10/15/2019 FORM APPROVED OMB NO. 0938-0391

I \ '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345516	B. WING _			C 09/20/2019	
	ROVIDER OR SUPPLIER R NURSING AND REHAE	3 CTR		STREET ADDRESS, CITY, STATE, ZIP 920 4TH STREET SOUTHWEST CONOVER, NC 28613	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C ((EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
E 000	Initial Comments		EC	000			
F 000	survey was conducte 9/20/2019. The facilit	complaint investigation ed on 9/17/2019 through cy was found in compliance nergency Preparedness,	F(000			
	An unannounced recinvestigation was corthrough 9/20/2019. Tallegations, all of whitevent ID 95EK11.	certification and complaint nducted on 9/17/2019 There were a total of twleve ch were unsubstantiated.					
F 641 SS=B	Accuracy of Assessn CFR(s): 483.20(g) §483.20(g) Accuracy The assessment must resident's status.		F 6	641		10/4/19	
	by: Based on staff interviolation facility failed to accur Data Set (MDS) relation of 8 residents who re (Residents #3, #8, #' Additionally, the facil sampled residents (Fig. 1)	12, #15, #58 and #59). ity failed to code 1 of 3 Resident #7) with a Level II n Resident Review and		1. The MDS assessments reprognosis of life for Resides 15, 58, & 59 were immed on 9/19/19 to accurately of life. The MDS assessments as also immediately 9/19/19 to reflect a Level 2.	lents #3, 8, 12, iately corrected reflect prognosis nent for Resident corrected on		
		admitted to the facility on #3 was admitted to hospice		An audit was completed to Coordinator on 9/19/19 or receiving hospice service a level II PASRR. No other identified in MDS coding.	n all residents s and/or having		
		#3's hospice recertification		3.		(YE) DATE	

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

(X6) DATE

Electronically Signed 10/07/2019

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345516	B. WING	B. WING		l	20/2019
	ROVIDER OR SUPPLIER R NURSING AND REHAI	1		92	TREET ADDRESS, CITY, STATE, ZIP CODE 20 4TH STREET SOUTHWEST CONOVER, NC 28613	1 03/	20/2019
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F 641	05/06/19 and on 07/certified: "Based on a current condition, I e limited life expectant terminal illness runs hereby certify this parameters of Resident and Set (MDS) dated 12/indicated Resident #The MDS indicated Forganisms of life expensions of life expensions of life expensions. Review of Resident and Care. The MDS indicated Resident and Care. The MDS indicated Resident and Prognosis of months. Review of Resident and Care. The MDS indicated Resid	a physician on 03/19/19, 14/19 revealed the physician the patient's diagnosis and expect this patient has a exp of 6 months or less, if the its normal course, and trient for hospice care." #3's annual Minimum Data 27/18 revealed the MDS 3 received hospice care. Resident #3 did not have a ectancy of less than 6 #3's quarterly MDS dated esident #3 received hospice cated Resident #3 did not life expectancy of less than 6 #3's quarterly MDS dated esident #3 received hospice cated Resident #3 did not life expectancy of less than 6 #3's quarterly MDS dated esident #3 received hospice cated Resident #3 did not life expectancy of less than 6 DS Coordinator on 09/19/19 d Resident #3's prognosis es than 6 months. The MDS and the section for prognosis expector of Nursing (DON) on M revealed the MDS should ext Resident #3's prognosis admitted to the facility on	F	641	Education was provided on 9/20/2019 the MDS Coordinator on completing the MDS to accurately reflect the resident's status. 4. The MDS Coordinator and/or designee will monitor all MDS assessments once monthly to ensure accuracy of coding related to hospice and level II PASRR for three consecutive months. Results will reviewed and discussed in the monthly Quality Assurance Performance Improvement Committee meetings. The Quality Assurance Committee will asse and modify the action plan as needed to ensure continued compliance.	e s for be	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
		345516	B. WING		09/20/2019	
	ROVIDER OR SUPPLIER	B CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 20 4TH STREET SOUTHWEST CONOVER, NC 28613	30/20/2010	
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION	
F 641	Review of Resident Minimum Data Set (revealed the MDS ir hospice care. The Mid not have a progrithan 6 months. Interview with the Mat 10:35 AM revealed should be marked le Coordinator explains was coded in error. Interview with the D 09/19/19 at 10:41 A be accurate and refl of life. 3. Resident #12 was 10/30/18 and began Review of Resident Minimum Data Set (revealed the MDS ir received hospice can Resident #12 did not expectancy of less to the Interview with the Mat 10:35 AM revealed should be marked less coded in error. Interview with the D Interview with the Mat 10:35 AM revealed should be marked less coded in error.	#8's significant change (MDS) dated 08/16/19 Indicated Resident #8 received MDS indicated Resident #8 Inosis of life expectancy of less IDS Coordinator on 09/19/19 Indicated Resident #8's prognosis IDS Coordinator on 09/19/19	F 641			
		lect Resident #12's prognosis				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER	B CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 920 4TH STREET SOUTHWEST CONOVER, NC 28613	1 03/20/2013	
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F 641	Review of Resident a signed and dated by admission, 03/06/19 the physician certific diagnosis and currer patient has a limited or less, if the termina course, and hereby care." Review of Resident a Minimum Data Set (Note that the MDS in received hospice car Resident #15 did not expectancy of less the Review of Resident #15 did not expectancy of less the Review of Resident #105/30/19 revealed Recare. The MDS indiction have a prognosis of months. Review of Resident #108/25/19 revealed Recare. The MDS indiction have a prognosis of months. Interview with the MI at 10:35 AM revealed should be marked less should be marked less signed and state of the signes of the signed and state of the signed and state of the signed a	s admitted to the facility on hospice care on 02/14/19. #15's hospice recertification a physician on hospice and on 05/28/19 revealed d: "Based on the patient's at condition, I expect this life expectancy of 6 months al illness runs its normal certify this patient for hospice #15's significant change MDS) dated 02/28/19 dicated Resident #15 e. The MDS indicated have a prognosis of life	F 64	41		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER R NURSING AND REHAE	3 CTR			ESS, CITY, STATE, ZIP CODE EET SOUTHWEST NC 28613	, 50.	20.20.10
(X4) ID PREFIX TAG			ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD B OSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 641	Continued From page 4 Interview with the Director of Nursing (DON) on		F	541			
		1 revealed the MDS should oct Resident #15's prognosis					
	5. Resident #58 was 08/17/16 and began						
	Review of Resident #58's hospice recertification signed and dated by a physician on 03/19/19 and on 07/14/19 revealed the physician certified: "Based on the patient's diagnosis and current condition, I expect this patient has a limited life expectancy of 6 months or less, if the terminal illness runs its normal course, and hereby certify this patient for hospice care."						
	Set (MDS) dated 05/indicated Resident #8	#58's annual Minimum Data 14/19 revealed the MDS 58 received hospice care. Resident #58 did not have a ectancy of less than 6					
	08/13/19 revealed Recare. The MDS indic	#58's quarterly MDS dated esident #58 received hospice ated Resident #58 did not ife expectancy of less than 6					
	at 10:35 AM revealed should be marked les	OS Coordinator on 09/19/19 If Resident #58's prognosis If the section for prognosis If the section for prognosis					
	I .	ector of Nursing (DON) on I revealed the MDS should					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED C		
		345516	B. WING			09/20/2019		
	ROVIDER OR SUPPLIER	AB CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 920 4TH STREET SOUTHWEST CONOVER, NC 28613	1 09/20/2019			
(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 CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE		
F 641	Continued From pa	-	F 64	11				
	be accurate and ref	flect Resident #58's prognosis						
		s admitted to the facility on ted to hospice services on						
	Set (MDS) dated 08 indicated Resident The MDS indicated	t #59's annual Minimum Data 8/13/19 revealed the MDS #59 received hospice care. Resident #59 did not have a pectancy of less than 6						
	at 10:35 AM revealershould be marked le	MDS Coordinator on 09/19/19 ed Resident #59's prognosis ess than 6 months. The MDS ned the section for prognosis						
	09/19/19 at 10:41 A	Director of Nursing (DON) on AM revealed the MDS should flect Resident #59's prognosis						
		readmitted to the facility on gnoses included Down						
	dated 6/25/2019 recognitive impairment (Preadmission Screen PASRR) was coded #7 was considered process to not have and/or intellectual continued review of	vealed he had severe nts. Review of Section A1500 eening and Resident Review- d "0" which indicated Resident by the state level II PASRR e a serious mental illness disability or related condition. of Section A1510 (Level II ening and Resident Review						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (DENTIFICATION NUMBER:					ATE SURVEY OMPLETED		
						С	
		345516	B. WING _			09/20/2019	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
CONOVER	CONOVER NURSING AND REHAB CTR			920 4TH STREET SOUTHWEST			
CONOVER ROROINO AND REITAD OTR				CONOVER, NC 28613			
(X4) ID PREFIX TAG			(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX		CROSS-REFERENCED TO THE A	SHOULD BE	(X5) COMPLETION DATE
				DEFICIENCY)			
F 641	Continued From page	e 6	F 6	641			
	having an intellectual Section A1550 (Cond	did not code Resident #7 as disability. Further review of itions Related to ID/ DD Resident #7 as having Down					
	Worker on 9/19/2019 Worker revealed she a level II PASRR and syndrome. The Social	npleted with the Social at 10:11 AM. The Social was aware Resident #7 was had a diagnosis of down al Worker explained she did 500, A1510, and A1550 on					
	Coordinator stated sh and his diagnoses inc The MDS Coordinato section A1500, A1510	2019 at 10:15 AM. The MDS ne was aware of Resident #7 clusive of Down syndrome. r expressed the coding for					
	Nursing (DON) on 9/1	npleted with the Director of 19/2019 at 10:22 AM. The expectation was for the MDS ly.					

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NAME OF P	ROVIDER OR SUPPLIER		<u>'</u>	STREET ADDRESS, CITY, STATE, ZIP CODE	1 00/	20/2013	
CONOVER	CONOVER NURSING AND REHAB CTR			920 4TH STREET SOUTHWEST			
				CONOVER, NC 28613			
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F 000	INITIAL COMMENTS	;	FC	000			
	conducted on 09/17/17/17/17/17/17/17/17/17/17/17/17/17/	ey and an on-site revisit was 19 through 09/20/19. Tag F s of 09/20/19. However, new result of the recertification ucted at the same time as y remains out of compliance.					
ABORATORY	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE	1	TITLE		(X6) DATE	

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

(X6) DATE

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	ROVIDER OR SUPPLIER R NURSING AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 920 4TH STREET SOUTHWEST CONOVER, NC 28613	09/20/2019
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E 000	Initial Comments		E 00	0	
F 000	survey was conducted 9/20/2019. The facility	complaint investigation d on 9/17/2019 through v was found in compliance ergency Preparedness,	F 00	0	
	investigation was con through 9/20/2019. The	ertification and complaint ducted on 9/17/2019 nere were a total of twleve th were unsubstantiated.			
F 641 SS=B	Accuracy of Assessm CFR(s): 483.20(g)	ents	F 64	1	
	resident's status. This REQUIREMENT by: Based on staff intervifacility failed to accura Data Set (MDS) relate of 8 residents who rec (Residents #3, #8, #1 Additionally, the facilit sampled residents (R	is not met as evidenced ews and record review, the ately code the Minimum ed to prognosis of life for 6 seived hospice care 2, #15, #58 and #59). y failed to code 1 of 3 esident #7) with a Level II Resident Review and disability.			
	1. Resident #3 was a	dmitted to the facility on			
	10/17/17. Resident # services on 12/22/17.	3 was admitted to hospice			
	Review of Resident #	3's hospice recertification			

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

TITLE (X6) DATE

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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIF 920 4TH STREET SOUTHWEST CONOVER, NC 28613	CODE	03/20/2013		
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F 641	05/06/19 and on 07/certified: "Based on current condition, I elimited life expectant terminal illness runs hereby certify this parameters of Resident Set (MDS) dated 12 indicated Resident #The MDS indicated prognosis of life expmonths. Review of Resident 03/28/19 revealed Resident MDS indicated Resident 03/28/19 revealed Resident O3/28/19 revealed Resident O6/27/19 rev	ge 1 rea physician on 03/19/19, 14/19 revealed the physician the patient's diagnosis and expect this patient has a cy of 6 months or less, if the its normal course, and atient for hospice care." #3's annual Minimum Data /27/18 revealed the MDS received hospice care. Resident #3 did not have a rectancy of less than 6 #3's quarterly MDS dated resident #3 received hospice rectated Resident #3 did not life expectancy of less than 6 #3's quarterly MDS dated resident #3 received hospice rectated Resident #3 did not life expectancy of less than 6 DS Coordinator on 09/19/19 d Resident #3's prognosis ss than 6 months. The MDS rector of Nursing (DON) on M revealed the MDS should rect Resident #3's prognosis	Fé	541				
	2. Resident #8 was	admitted to the facility on						

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F 641	Review of Resident and Minimum Data Set (If revealed the MDS in hospice care. The Modid not have a prognith than 6 months. Interview with the MI at 10:35 AM revealed should be marked le Coordinator explained was coded in error. Interview with the Direction of life. 3. Resident #12 was 10/30/18 and began Review of Resident and Minimum Data Set (If revealed the MDS in received hospice car Resident #12 did not expectancy of less the Interview with the MI at 10:35 AM revealed should be marked le Coordinator explained was coded in error. Interview with the Direction of the Direction of Resident #12 did not expectancy of less the Interview with the MI at 10:35 AM revealed should be marked le Coordinator explained was coded in error.	#8's significant change MDS) dated 08/16/19 dicated Resident #8 received MDS indicated Resident #8 osis of life expectancy of less DS Coordinator on 09/19/19 d Resident #8's prognosis as than 6 months. The MDS admitted to the facility on hospice care on 08/16/19. #12's significant change MDS) dated 08/23/19 dicated Resident #12 re. The MDS indicated a have a prognosis of life from 6 months. DS Coordinator on 09/19/19 d Resident #12's prognosis ses than 6 months. DS Coordinator on 09/19/19 d Resident #12's prognosis ses than 6 months. The MDS and the section for prognosis ses than 6 months. The MDS and the section for prognosis rector of Nursing (DON) on rector of Nursing (DON) on	F	541			
		M revealed the MDS should ect Resident #12's prognosis					

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F 641	Review of Resident a signed and dated by admission, 03/06/19 the physician certific diagnosis and currer patient has a limited or less, if the termina course, and hereby care." Review of Resident a Minimum Data Set (Note that the MDS in received hospice car Resident #15 did not expectancy of less the Review of Resident #15 did not expectancy of less the Review of Resident #105/30/19 revealed Recare. The MDS indiction have a prognosis of months. Review of Resident #108/25/19 revealed Recare. The MDS indiction have a prognosis of months. Interview with the MI at 10:35 AM revealed should be marked less should be marked less signed and state of the signes of the signed and state of the signed and state of the signed a	s admitted to the facility on hospice care on 02/14/19. #15's hospice recertification a physician on hospice and on 05/28/19 revealed d: "Based on the patient's at condition, I expect this life expectancy of 6 months al illness runs its normal certify this patient for hospice #15's significant change MDS) dated 02/28/19 dicated Resident #15 e. The MDS indicated have a prognosis of life	F 64	41		

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F 641	Continued From pa	ge 4	F 64	1		
	Interview with the Director of Nursing (DON) on 09/19/19 at 10:41 AM revealed the MDS should be accurate and reflect Resident #15's prognosis of life.					
		s admitted to the facility on hospice care on 06/29/17.				
	signed and dated by on 07/14/19 reveale "Based on the patie condition, I expect to expectancy of 6 mo	#58's hospice recertification y a physician on 03/19/19 and d the physician certified: nt's diagnosis and current his patient has a limited life nths or less, if the terminal hal course, and hereby certify ice care."				
	Set (MDS) dated 05 indicated Resident # The MDS indicated	#58's annual Minimum Data /14/19 revealed the MDS #58 received hospice care. Resident #58 did not have a pectancy of less than 6				
	08/13/19 revealed F care. The MDS indi	#58's quarterly MDS dated Resident #58 received hospice icated Resident #58 did not life expectancy of less than 6				
	at 10:35 AM reveale should be marked le	IDS Coordinator on 09/19/19 and Resident #58's prognosis ass than 6 months. The MDS and the section for prognosis				
	I .	irector of Nursing (DON) on M revealed the MDS should				

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NAME OF PROVIDER OR SUPPLIER CONOVER NURSING AND REHAB CTR				STREET ADDRESS, CITY, STATE, ZIP CODE 920 4TH STREET SOUTHWEST CONOVER, NC 28613	, 30/20/2010
(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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE COMPLETIC
F 641	Continued From page be accurate and reflof life.	ge 5 ect Resident #58's prognosis	F 64	41	
	6. Resident #59 was admitted to the facility on 02/18/16 and admitted to hospice services on 08/02/18.				
	Set (MDS) dated 08 indicated Resident # The MDS indicated	#59's annual Minimum Data /13/19 revealed the MDS #59 received hospice care. Resident #59 did not have a lectancy of less than 6			
	at 10:35 AM reveale should be marked le	DS Coordinator on 09/19/19 and Resident #59's prognosis ass than 6 months. The MDS and the section for prognosis			
	09/19/19 at 10:41 A	irector of Nursing (DON) on M revealed the MDS should ect Resident #59's prognosis			
		readmitted to the facility on noses included Down			
	dated 6/25/2019 rev cognitive impairmen (Preadmission Scre PASRR) was coded #7 was considered I process to not have and/or intellectual di Continued review of	al Minimum Data Set (MDS) realed he had severe its. Review of Section A1500 ening and Resident Review- "0" which indicated Resident by the state level II PASRR a serious mental illness isability or related condition. Section A1510 (Level II ening and Resident Review			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
					С	
		345516	B. WING _		09/20/2019	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
CONOVER	R NURSING AND REHAB	CTR		920 4TH STREET SOUTHWEST		
OOMOVE	THOROUND AND INCHAD	· on		CONOVER, NC 28613		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	CROSS-REFERENCED TO THE APPI	OULD BE COMPLETION	
				DEFICIENCY)		
F 641	Continued From page	e 6	F 6	41		
	having an intellectual Section A1550 (Cond	did not code Resident #7 as disability. Further review of litions Related to ID/ DD Resident #7 as having Down				
	Worker on 9/19/2019 Worker revealed she a level II PASRR and syndrome. The Social	npleted with the Social at 10:11 AM. The Social was aware Resident #7 was had a diagnosis of down al Worker explained she did 500, A1510, and A1550 on				
	Coordinator stated sh and his diagnoses inc The MDS Coordinato section A1500, A1510	2019 at 10:15 AM. The MDS ne was aware of Resident #7 clusive of Down syndrome. r expressed the coding for				
	Nursing (DON) on 9/1	npleted with the Director of 19/2019 at 10:22 AM. The expectation was for the MDS ly.				