

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345481	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/21/2019
NAME OF PROVIDER OR SUPPLIER WOODLANDS NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 PELT DRIVE FAYETTEVILLE, NC 28301		
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E 000	Initial Comments	E 000			
F 000	INITIAL COMMENTS	F 000			
F 641 SS=D	<p>[X] 2 of the 35 complaint allegations were substantiated but did not result in a deficiency.</p> <p>Accuracy of Assessments CFR(s): 483.20(g)</p> <p>§483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to accurately code the Minimum Data Set (MDS) assessment for the area of active diagnosis for 2 of 34 sampled residents reviewed for MDS accuracy (Resident #47 and #52).</p> <p>Findings included: Resident #47 was admitted to the facility on 9/20/2019 with diagnoses of psychosis, and dementia.</p> <p>Physician order for the month of November 2019 revealed Resident #47 was taking the following medication "Seroquel (used to treat mental/mood</p>	F 641	<p>F641 Accuracy of Assessments Resident #47: The specific deficiency was corrected on 11/21/2019 by modifying the MDS with an ARD of 10/25/19 and adding the diagnosis of Psychosis to Section I. This was completed by the facility MDS Nurse. Corrected MDS was re-submitted to State Database on 11/25/2019. Resident #52: The specific deficiency was corrected on 11/21/2019 by modifying the MDS with an ARD of 11/02/19 and adding the diagnosis of Psychosis to Section I. This was completed by the MDS Nurse. Corrected MDS was re-submitted to State Database in Batch on 11/25/2019. Corrective action for residents with the</p>	12/12/19	

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

TITLE

(X6) DATE

Electronically Signed

12/13/2019

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 641	<p>Continued From page 1</p> <p>condition) 25 milligram (mg) 1 tablet by mouth 2x a day for psychosis with delusional behaviors."</p> <p>Minimum Data Set (MDS) dated 10/25/2019 indicated Resident #47 was cognitively impaired, MDS's section I under active diagnosis, Resident #47 was not coded for the diagnosis of psychosis.</p> <p>The care plan updated 10/25/2019 revealed Resident #47 was care planned for "Antipsychotic medication related to diagnosis of psychosis with delusional ideations with risk for adverse side effects." The goals included" risk for adverse reactions related to use of antipsychotic medication will be minimized through current interventions x 90 days."</p> <p>During the interview on 11/20/2019 at 1:29 PM, MDS nurse reviewed the diagnosis section on the MDS dated 10/25/2019 and confirmed it was inaccurate since currently Resident #47 had psychosis as one of his diagnosis. The MDS nurse explained it was an error on her part and she was going to make correction on the MDS to reflect Resident #47's diagnosis of psychosis in section I.</p> <p>During an interview on 11/20/2019 at 1:35 pm with the Director of Nursing (DON) she acknowledged Resident #47's section I should have been coded with the diagnosis of psychosis. She added her expectation was for the MDS to be coded accurately.</p> <p>Interview with the Administrator on 11/21/19 at 2 :15 PM reported the MDS coordinator should have coded section I of the MDS accurately because the resident had psychosis diagnosis.</p>	F 641	<p>potential to be affected by the alleged deficient practice.</p> <p>All residents have the potential to be affected by the alleged deficient practice. A 100 % audit of the most recently completed Minimum Data Set assessments for all residents who currently have a psychiatric or mood disorder diagnosis was completed in order to ensure that Section I was accurately coded. Any coding errors that are identified during this audit will be corrected immediately. This audit will be conducted by the Minimum Data Set nurse and will be completed no later than 12/13/19.</p> <p>Audit Results:</p> <ul style="list-style-type: none"> • 0 of 28 residents audited with diagnosis of Depression were noted with inaccurate coding of Section I. • 0 of 1 residents audited with diagnosis of Post-Traumatic Stress Disorder were noted with inaccurate coding of Section I. • 2 of 12 residents audited with diagnosis of Psychosis were noted with inaccurate coding of Section I. • 0 of 4 residents audited with diagnosis of Schizophrenia were noted with inaccurate coding of Section I. • 1 of 17 residents audited with diagnosis of Anxiety were noted with inaccurate coding of Section I. • 0 of 2 residents audited with diagnosis of Personality Disorder were noted with inaccurate coding of Section I. <p>3 of 3 MDSs that were identified with inaccurate coding of Section I were</p>		

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F 641	Continued From page 2 2. Resident #52 was admitted to the facility on 7/26/19 with diagnoses of Alzheimer ' s disease, dementia, and psychosis. Resident #52 ' s Care Plan dated 7/29/19, read in part, "I receive antipsychotic medication." Admission Minimum Data Set (MDS) dated 8/02/19 indicated Resident #52 was cognitively impaired, MDS ' s Section I - Active Diagnosis was not coded for the diagnosis of psychiatric/mood disorders. The Consultant Pharmacist Medication Regimen Review dated 8/30/19 revealed the diagnosis for use of Seroquel (used to treat mental/mood condition) for psychosis. Resident #52 ' s November 2019 Medication Administration Record revealed Resident #52 receiving Seroquel 25 milligrams (mg) one tablet in the morning for psychosis and Seroquel 25 milligrams give 3 tablets at bedtime for mood stabilization.	F 641	modified and corrected by the MDS Coordinator on 12/11/19. The corrected assessments were transmitted to the state database on 12/12/19. Systemic Changes On 12/11/19, the Regional Minimum Data Set Consultant completed an in service training for the facility Minimum Data Set Coordinator that included the importance of thoroughly reviewing the medical record prior to completion of Section I (Active Diagnoses) of the Minimum Data Set assessment. Steps for accurately determining and coding active diagnoses were reviewed based on direction given by the Resident Assessment Instrument Manual. This information has been integrated into the standard orientation training for new Minimum Data Set Coordinators. The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements. The Director of Nursing or designated Nurse Manager will begin auditing the coding of Psychiatric/Mood Disorders in Section I (Active Diagnoses) of the Minimum Data Set Assessment using the quality assurance survey tool entitled "Accurate Coding of Active Diagnoses (Psychiatric/Mood Disorders) Section I Audit Tool" to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and in		

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

PRINTED: 01/09/2020
FORM APPROVED
OMB NO. 0938-0391

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F 641	<p>Continued From page 3</p> <p>Resident #52 ' s Quarterly Minimum Data Set (MDS) dated 11/02/19 revealed Section I - Active Diagnosis had no coding checked for psychiatric/mood disorders.</p> <p>During an interview on 11/21/19 at 12:10 PM, the facility MDS Nurse stated she made a coding error for the psychosis diagnosis being omitted from the resident ' s 8/02/19 Admission MDS and 11/02/19 Quarterly MDS assessment. She explained it was a human error. She explained she was going to make correction on the MDS to reflect Resident #52 ' s diagnosis of psychosis in section I.</p> <p>Interview with the Administrator on 11/21/19 at 1:45 PM, she stated MDS assessments should be coded accurately and the MDS Nurse was correcting the error to annotate the diagnosis of psychosis in Section I.</p>	F 641	<p>compliance with the regulatory requirements.</p> <p>This will be done weekly x 4 weeks and then monthly x 2 months. Reports will be presented to the weekly Quality Assurance committee by the Director of Nursing to ensure corrective action for trends or ongoing concerns is initiated as appropriate. The weekly Quality Assurance Meeting is attended by the Administrator, Director of Nursing, Minimum Data Set Coordinator, Unit Manager, Support Nurse, Therapy, Health Information Manager, Dietary Manager and the Activity Director.</p> <p>The title of the person responsible for implementing the acceptable plan of correction; Administrator and /or Director of Nursing. Date of Compliance: 12/12/19</p>		