

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345249</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/21/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>UNC ROCKINGHAM REHAB &amp; NURSING CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>205 EAST KINGS HIGHWAY</b> <b>EDEN, NC 27288</b>		
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F 000	INITIAL COMMENTS  The survey team entered the facility on 5/18/21 to conduct a complaint investigation survey and exited on 5/19/21. The survey was extended to 5/21/21 for the completion of interviews and provision of additional information by the facility. Seven (7) of the 7 allegations were not substantiated. However, the facility was cited at F641. Event ID # 6LPA11.	F 000			
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g)  §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on staff interviews and record reviews, the facility failed to accurately code the Minimum Data Set (MDS) assessment in the areas of pressure ulcers, pain and vision/use of corrective lenses for 1 of 1 resident reviewed for MDS accuracy (Resident #1).  The findings included:  1) Resident #1 was admitted to the facility on 6/21/20 with diagnosis which included Type 2 diabetes, chronic pain syndrome, and hypertensive heart disease with heart failure and pressure ulcers.  a. A review of Resident #1's Admission wound assessment dated 6/21/20 revealed resident had a left heal unstageable pressure ulcer due to deep tissue injury (DTI) with slough and eschar. Resident #1 had an additional right heel unstageable pressure ulcer due to DTI. Resident	F 641	1. The Minimum Data Set assessment for Resident #1 was corrected to reflect the appropriate wound assessment results, pain assessment interview results, and the resident's vision ability. Correction was completed on 6/19/2021 by MDS Coordinator.  2. A audit on all residents wound assessments, pain assessments, and vision ability to ensure their Minimum Data Set assessment is current and accurate. The audit will be completed by Director of Nursing and/or designee. Audit to be completed by 6/28/2021.  3. A monthly audit will be completed on all residents wound assessments, pain assessments, and vision ability to ensure their Minimum Data Set assessment is current and accurate. The audit will be	6/28/21	

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

TITLE

(X6) DATE

Electronically Signed

06/11/2021

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>#1 had an additional right bottom foot and right lateral side of foot unstageable pressure ulcer due to DTI.</p> <p>A review of Resident#1's quarterly MDS assessment dated 12/17/20 was conducted. The assessment revealed the resident was coded as having two stage 2 pressure ulcers with one present upon admission, 1 stage 3 pressure ulcer that were present upon admission and 1 unstageable pressure ulcer due to coverage of wound bed by slough and or eschar that were not present upon admission.</p> <p>An interview was conducted on 5/19/21 at 2:00 pm with MDS nurse #2. MDS Nurse #2 reviewed Resident #1's MDS 12/17/20. Upon review MDS nurse #2 reported that the units charge nurse manager (CNM) completed the skin sections of the MDS due to the CNM were responsible for wound management for the residents. The wound assessment completed on 11/24/20 revealed that resident #1 had a right heel unstageable pressure ulcer that was present upon admission, a left heel stage 2 pressure ulcer with open blister that was not present on admission and a sacrum abscess that was not present on admission. When asked for clarification of pressure ulcers listed on the 12/17/20 MDS, the MDS Nurse #2 stated that the MDS was coded incorrectly for pressure ulcers and there was no supporting documentation for a stage 2 pressure ulcer present on admissions and a stage 3 pressure ulcer that was present on admission.</p> <p>An interview was conducted on 5/19/21 at 4:00 PM with the facility's Director of Nursing (DON). During the interview, the Administrator stated the</p>	F 641	<p>completed by Director of Nursing and/or designee. The audit will take place for 2 months, ending on 8/28/2021.</p> <p>4. The results of the monthly audit will be reviewed as part of our Monthly Quality Assessment and Assurance Committee to ensure the Minimum Data Set assessments for residents wound assessments, pain assessments, and vision ability is accurate. QA Committee will review results monthly for 2 months. Any deficient practice will be problem solved by the QA Committee, with implementation to be handled by MDS Coordinator and/or designee.</p>		

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F 641	<p>Continued From page 2</p> <p>MDS should have been coded correctly for Resident #1.</p> <p>b. A review of Resident #1's quarterly Minimum Data Set (MDS) assessment dated 12/17/20 was conducted. Section B of the MDS reported the resident was able to make herself understood and had the ability to understand others (clear comprehension). Section C indicated the resident had intact cognitive skills for daily decision making. Section J (J0200) of the MDS assessment was coded to indicate a Pain Assessment Interview should not be conducted (resident is rarely/never understood). Instructions in this section of the MDS read in part, "Attempt to conduct interview with all residents."</p> <p>An interview was conducted on 5/19/21 at 1:05 PM with MDS Nurse #1. Upon request, the nurse reviewed Resident #1's quarterly MDS dated 12/17/20 and reported the person who usually conducted the pain assessment interview did not complete it. When asked, MDS Nurse #1 reported she herself was responsible to complete Section J after she received the information from the pain assessment interview. The MDS nurse stated the pain interview should have been completed and confirmed this was an error on Resident #1's MDS assessment.</p> <p>An interview was conducted on 5/19/21 at 2:00 PM with the facility's Director of Nursing (DON). During the interview, the MDS coding errors for Resident #1 were discussed. When asked, the DON stated she would have expected Resident #1's pain assessment interview to have been completed and the MDS assessment to have been coded accordingly.</p> <p>c. A review of Resident #1's admission Minimum</p>	F 641			

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F 641	<p>Continued From page 3</p> <p>Data Set (MDS) assessment dated 6/28/20 was conducted. Section B of the MDS revealed the resident ' s ability to see in adequate light was impaired (sees large print, but not regular print in newspapers/books). Resident #1 was reported to wear corrective lenses. A Care Area Assessment (CAA) worksheet for "Vision" was dated 7/1/20. Notes on the CAA read, in part: "Impaired vision (sees large print) but she wears glasses."</p> <p>Resident #1's quarterly MDS assessment dated 9/22/20 was also reviewed. Section B of the MDS revealed the resident's ability to see in adequate light was impaired (sees large print, but not regular print in newspapers/books). She was reported to wear corrective lenses.</p> <p>Section B of Resident #1's quarterly MDS assessment dated 12/17/20 reported her vision was adequate (sees fine detail, including regular print in newspapers/books). This MDS assessment was also coded to indicate Resident #1 did not wear corrective lenses.</p> <p>An interview was conducted on 5/19/21 at 1:05 PM with MDS Nurse #1. Upon request, the nurse reviewed Section B of Resident #1 ' s quarterly MDS dated 12/17/20. Upon review, MDS Nurse #1 stated she based the coding for this portion of the MDS on the 12/11/20 Weekly Nursing Summary which reported Resident #1 ' s vision was adequate. However, MDS Nurse #1 also stated the Weekly Nursing Summary dated one day after the quarterly MDS assessment reported the resident had adequate vision but did wear glasses. When asked if the coding for Resident #1's vision and corrective lenses in Section B of the 12/17/20 MDS was an error, MDS Nurse #1 stated, "It probably was ...I should have coded it</p>	F 641			

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

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F 641	Continued From page 4 differently and put her glasses on here."  An interview was conducted on 5/19/21 at 2:00 PM with the facility's Director of Nursing (DON). During the interview, the MDS coding errors for Resident #1 were discussed. When asked, the DON stated she would expect the MDS assessments to be coded accurately.	F 641		