

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345252	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/10/2021
NAME OF PROVIDER OR SUPPLIER WARSAW NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 214 LANEFIELD ROAD WARSAW, NC 28398	
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E 000	Initial Comments	E 000		
F 000	INITIAL COMMENTS	F 000		
F 641 SS=D	<p>Accuracy of Assessments CFR(s): 483.20(g)</p> <p>§483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to code the Minimum Data Set (MDS) assessment accurately in the areas of level II Preadmission Screening and Resident Review (PASRR) for 1 of 3 resident (Resident # 42) identified as PASRR Level II.</p> <p>Findings included:</p> <p>Resident #42 was admitted to the facility on 3/21/07 and most recently readmitted on 4/15/21 after hospitalization with multiple diagnoses that included schizophrenia.</p> <p>Record review indicated Resident #42 had a</p>	F 641	<p>The Minimum Data (MDS) assessment for resident #42 was modified by MDS nurse on 12/8/2021 with the correct Preadmission Screening and Resident Review (PASRR) information.</p> <p>100% audit of all current resident's most current comprehensive assessment was initiated on 12/22//2021 by MDS Consultant to ensure all Level II PASRR were coded accurately. Any identified areas of concerns were corrected to include modifications by the MDS Nurse during the audit. The audit was completed on 12/23/2021.</p>	1/7/22

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

TITLE

(X6) DATE

Electronically Signed

12/27/2021

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>Preadmission Screening and Resident Review (PASRR) Level II Determination Notification dated 10/17/17.</p> <p>The annual MDS assessment dated 6/16/21 indicated a "No" to question A1500 which asked if Resident #42 had been evaluated by a level II PASRR and determined to have a serious mental illness and/or intellectual disability or a related condition.</p> <p>An interview was conducted on 12/06/21 at 2:38 PM with the Social Worker (SW). She confirmed Resident #42 was identified as a level II PASRR.</p> <p>An interview was conducted with the Minimum Data Set (MDS) Nurse on 12/08/21 at 1:00 PM. The MDS Nurse reviewed the question A 1500 dated 6/16/21 for Resident #42. She confirmed the MDS was coded inaccurately.</p> <p>During an interview with the Administrator o 12/08/21 at 1:30 PM, the Administrator indicated the MDS was incorrect, and it would be corrected immediately, and a discussion and plan would be implemented moving forward to monitor PASRR changes.</p>	F 641	<p>Completed Comprehensive MDS Assessments will be reviewed by Director of Nursing or designee to ensure all PASRR level information is coded accurately utilizing a MDS Accuracy QA Tool weekly for 8 weeks, then monthly for 1 month. Modifications will be completed as indicated. The DON will review and initial the MDS Accuracy QA Tool weekly for 8 weeks then monthly for 1 month.</p> <p>On 12/27/2021 an in-service was completed by MDS Consultant with the MDS nurse in regards to accurately coding PASRR Level II</p> <p>The Administrator will forward the results of the MDS Accuracy QA Tool to the QA Committee monthly for 3 months. The QA Committee will meet monthly to review the MDS Accuracy QA Tool to determine trends and/or issue that may need further interventions and/or frequency of monitoring.</p>		
F 644 SS=E	<p>Coordination of PASARR and Assessments CFR(s): 483.20(e)(1)(2)</p> <p>§483.20(e) Coordination. A facility must coordinate assessments with the pre-admission screening and resident review (PASARR) program under Medicaid in subpart C of this part to the maximum extent practicable to avoid duplicative testing and effort. Coordination includes:</p>	F 644		1/7/22	

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F 644	<p>Continued From page 2</p> <p>§483.20(e)(1) Incorporating the recommendations from the PASARR level II determination and the PASARR evaluation report into a resident's assessment, care planning, and transitions of care.</p> <p>§483.20(e)(2) Referring all level II residents and all residents with newly evident or possible serious mental disorder, intellectual disability, or a related condition for level II resident review upon a significant change in status assessment. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to request a Level II Preadmission Screening and Resident Review (PASRR) determination for residents with active diagnosis of serious mental illness for 3 of 5 sampled residents reviewed for PASRR (Resident #21, Resident #37, and Resident #45).</p> <p>Findings included:</p> <p>Resident #21 was admitted to the facility on 1/26/15 with last re-entry on 2/26/21 after hospitalization. Diagnoses included major depressive disorder, post traumatic stress disorder, and anxiety disorder.</p> <p>The North Carolina Department of Health and Human Services PASRR Level I determination notification dated 11/17/14 revealed the Level I screen and PASRR number remains valid for the individual 's stay. A copy of this notice should be transferred with he individual if he/she relocates to another nursing facility. No further PASRR screening is required unless a significant change occurs with the individual 's status which suggests a diagnosis of mental illness or mental</p>	F 644	<p>A Preadmission Screening & Resident Review (PASRR) for a Level II review was submitted for resident #37, #21, and #45 on 12/21/2021 by Social Services Director.</p> <p>A 100% review of all other residents via census was completed on 12/21/2021 of current diagnosis to determine if a level II review was needed for qualifying diagnosis by Social Service Director. On 12/21/2021, Social Service Director in-serviced on requirements for PASRR screening prior to admission and upon receipt of qualifying diagnosis during resident stay by Administrator.</p> <p>All new admissions will be reviewed by Social Services Director to ensure PASRR is present upon admission, and that the level of PASRR is appropriate for the diagnosis present. Upon receipt of qualifying diagnosis of existing residents, identified through physician order review daily, facility Social Services Director or designee will re-submit for a level II</p>		

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F 644	<p>Continued From page 3</p> <p>retardation or, if present, suggests a change in treatment needs for those conditions.</p> <p>The most recent comprehensive Minimum Data Set (MDS) assessment dated 6/02/21 indicated Resident #21 was not currently considered by the state Level II PASRR process to have a serious mental illness. Diagnoses included anxiety, depression, and post-traumatic stress disorder.</p> <p>Resident #21 diagnosis/history sheet dated 12/08/21 indicated Resident #21 was diagnosed with major depressive disorder 1/26/15, vascular dementia without behavioral disturbance 1/26/15, anxiety disorder, 1/26/15, and post-traumatic stress disorder 1/26/15.</p> <p>An interview was conducted with the Social Services Coordinator on 12/08/21 at 10:25 AM. The Social Services Coordinator stated she started working at the facility June 2021. She confirmed the PASRR Level II screening should have been submitted for evaluation and determination for Resident #21 when the new mental health diagnosis was reported.</p> <p>An interview was conducted with the Administrator on 12/08/21 at 10:50 AM. The Administrator stated when there was a new mental health diagnosis, the resident should be screened for a PASRR Level II. The Administrator also stated she found problems with the previous Social Worker keeping up with PASRR updates, and that Social Worker was no longer employed at the facility. She continued to explain she would have the current Social Worker complete reviews and PASRR will be maintained moving forward.</p> <p>3. The North Carolina Department of Health and</p>	F 644	<p>PASRR review using the weekly admission report for Point Click Care. The administrator will review the initial audit, then new admissions weekly for eight weeks, then monthly for one month.</p> <p>The Quality Assurance Committee will meet monthly to review PASRR audits to ensure any issues were identified, make changes as needed to include re-submission of level II PASRR when indicated, to include frequency of monitoring for 3 months.</p>		

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F 644	<p>Continued From page 4</p> <p>Human Services PASRR level I determination notification dated 01/30/2013 for Resident #45 revealed the level I screen and PASRR number remains valid for the individual's stay unless a significant change occurs with the individual's status which suggest a diagnosis of mental illness.</p> <p>Resident #45 was admitted on 02/01/2013 with diagnoses including chronic atrial fibrillation. The diagnosis list dated 10/10/2019 revealed a diagnosis of delusional disorder. The quarterly Minimum Data Set (MDS) dated 10/26/2021 had Resident #45 coded as cognitively intact needing extensive assistance with activities of daily living (ADL). The MDS was also coded for a psychotic disorder (other than schizophrenia).</p> <p>The comprehensive care plan dated 11/10/2021 had a focus of resident's behaviors or history of behaviors of delusions. The resident thought someone had put roots on him years ago and caused him not to be able to walk.</p> <p>An interview with the Social Worker (SW) was conducted on 12/09/2021 at 9:49 AM. The SW stated when a resident had a mental health significant change, a PASRR level II screening should be completed. Resident #45 had a diagnosis of delusional disorder on 10/10/19. The determination notification was dated 01/30/2013. It did not include the new diagnosis of delusional disorder and that diagnosis would be considered a new mental health diagnosis and a PASRR level II was not completed. The SW also stated she had been an employee with the facility since June 2021.</p> <p>An interview with the Administrator was</p>	F 644			

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

PRINTED: 01/10/2022
FORM APPROVED
OMB NO. 0938-0391

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F 644	<p>Continued From page 5</p> <p>conducted on 12/08/2021 at 12:13 PM. The Administrator stated when the resident received a new mental health diagnosis of delusional disorder on 10/10/2019, there should have been a PASRR level II screening completed, and the screening was not completed. The Administrator also stated the former SW was responsible for the PASRR screening and was going to work with the new SW to get the PASRR's updated.</p> <p>Based on record review and staff interviews the facility failed to request a Level II Preadmission Screening and Resident Review (PASRR) determination for residents with active diagnoses of serious mental illness for 3 of 5 sampled residents reviewed for PASRR (Resident #21, Resident #37 and Resident #45).</p> <p>Findings included:</p> <p>Resident #37 was admitted to the facility on 4/30/2018 with diagnoses that included schizophrenia, vascular dementia without behavioral disturbance, depressive episodes, generalized anxiety and psychotic disorder.</p> <p>The North Carolina Department of Health and Human Services PASRR level I determination notification dated 08/30/2017 revealed the level I screen and PASRR number remains valid for the individual's stay. A copy of this notice should be transferred with the individual if he/she relocates to another nursing facility. No further PASRR screening is required unless a significant change occurs with the individual's status which suggests a diagnosis of mental illness or mental retardation or, if present, suggests a change in treatment needs for those conditions.</p>	F 644			

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F 644	<p>Continued From page 6</p> <p>The most recent comprehensive Minimum Data Set (MDS) assessment dated 2/9/2021 indicated Resident #37 was not currently considered by the state Level II PASRR process to have a serious mental illness. Diagnoses included depression, non-Alzheimer's dementia, anxiety, schizophrenia and psychotic disorder.</p> <p>Resident #37's diagnosis/history sheet dated 12/8/2021 indicated Resident #37 was diagnosed with schizophrenia 4/30/2018, other specified depressive episodes on 4/30/2018, generalized anxiety disorder on 4/30/2018, vascular dementia without behavioral disturbance on 4/30/2018 and unspecified psychosis not due to a substance or known physiological condition on 8/12/20.</p> <p>An interview was conducted with the Social Services Coordinator (SSC) on 12/08/21 at 9:52 AM. The SSC stated she started working at the facility June 2021 and PASARR level II screening should have been submitted for evaluation and determination for Resident #37 with the new mental health diagnoses in 2018 and 2020.</p> <p>An interview was conducted with the Administrator on 12/08/2021 at 10:48 AM. The Administrator stated when there was a new mental health diagnosis, the resident should be screened for a PASRR level II. The Administrator also stated she did not know why the screening had not been completed for Resident #37 and would ensure it was done.</p>	F 644			