

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345245	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/10/2021
NAME OF PROVIDER OR SUPPLIER PENDER MEMORIAL HOSP SNF			STREET ADDRESS, CITY, STATE, ZIP CODE 507 E FREMONT STREET BURGAW, NC 28425	
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E 000	Initial Comments	E 000		
	An unannounced Recertification survey was conducted 12/05/21-12/10/19. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID#K0LH11.			
F 000	INITIAL COMMENTS	F 000		
	A recertification survey was conducted from 12/5/21 through 12/10/21. Event ID# K0LH11.			
F 638 SS=E	Qrtly Assessment at Least Every 3 Months CFR(s): 483.20(c) §483.20(c) Quarterly Review Assessment A facility must assess a resident using the quarterly review instrument specified by the State and approved by CMS not less frequently than once every 3 months. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to conduct a quarterly Minimum Data Set (MDS) assessment for 5 of 14 residents selected to be reviewed for Resident Assessment (Resident #19, Resident # 1, Resident #9, Resident #6, and Resident #25). The findings included: 1. Resident # 19's was admitted to the facility on 01/18/21 with diagnoses that included but not limited to: anemia, depression, bipolar disorder and schizophrenia. A review of the resident's MDS assessments revealed the last assessment was the quarterly MDS assessment completed on 07/21/2021. The next MDS should have been completed on	F 638	PREVENTION: Prior to taking any assignment not directly related to the duties of the MDS department, the Director of Nursing and MDS Coordinator will review current status of OBRA Quarterly assessments to ensure timeliness, accuracy and to prevent lapse in required assessment schedule, specified by the State and approved by CMS which is not less frequently than once every 3 months. PREVENTION: Director of Nursing and MDS Coordinator will review MDS Scheduler Report obtained through Point Click Care to prevent any late assessments. This review will occur weekly x 1 month at the regularly	12/23/21

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

TITLE

(X6) DATE

Electronically Signed

12/23/2021

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 638	<p>Continued From page 1 10/21/2021.</p> <p>During an interview with MDS Coordinator, on 12/7/21 at 11:17 AM, she stated the MDS assessments are behind because she was asked to leave the MDS office to assist in other areas of the hospital as well as working on the medication cart when needed especially during the pandemic. She stated when she realized her MDS assessments were falling behind, she informed her DON who in turn informed the Chief Nurse Executive (CNE) and a plan was put into place to catch up with the MDS.</p> <p>During an interview with the Director of Nursing (DON) on 12/7/21 at 11:30 AM, she stated she had been made aware of the tasks assigned to the MDS coordinator that took her away from her MDS assessments was affecting her ability to work effectively on her MDS assessments. The DON stated it was her expectation the assessments are correct and completed in a timely manner.</p> <p>During an interview with the Administrator on 12/7/21 at 12:07 PM, the Administrator stated, "ultimately the responsibility is mine" and going forward, they were going to make sure a schedule is done with dates as to when things are due, and she will support MDS coordinator as she gets caught up and stays caught up. The Administrator indicated that it was her expectation that the assessments are completed on time.</p> <p>2. Resident #1 was admitted to the facility on 10/05/2018 with diagnoses that included but not limited to: traumatic brain dysfunction, hemiplegia, and asthma.</p>	F 638	<p>scheduled IDT meeting, then monthly on last week of every month thereafter.</p> <p>MONITORING: MDS Coordinator will provide the Director of Nursing each MDS Validation Report obtained from Casper which will ensure the required OBRA Assessment schedule is followed. Director of Nursing will obtain an OBRA Missing Assessment report from MDS Coordinator at random, unannounced intervals. This data will be maintained on a master spreadsheet by the Director of Nursing.</p> <p>MONITORING: All findings from this Plan of Correction will be reported at routine QAPI meetings to ensure plan of correction is effective and that the specific deficiency cited remains corrected.</p> <p>The Director of Nursing will be responsible for implementing this Plan of Correction.</p> <p>Corrective Action of all OBRA assessments current and up to date was completed by 12/23/21.</p>		

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F 638	<p>Continued From page 2</p> <p>A review of the resident's MDS assessments revealed the last assessment was the quarterly MDS assessment completed on 07/01/2021. The next MDS should have been completed 10/21/2021.</p> <p>During an interview with MDS Coordinator, on 12/7/21 at 11:17 AM, she stated the MDS assessments are behind because she was asked to leave the MDS office to assist in other areas of the hospital as well as working on the medication cart when needed due to staff shortages especially during the pandemic. She stated when she realized her MDS assessments were falling behind, she informed her DON who in turn informed the Chief Nurse Executive (CNE) and a plan was put into place to catch up with the MDS.</p> <p>During an interview with the Director of Nursing (DON) on 12/7/21 at 11:30 AM, she stated she had been made aware of the tasks assigned to the MDS coordinator that took her away from her MDS assessments was affecting her ability to work effectively on her MDS assessments. The DON stated it was her expectation the assessments are correct and completed in a timely manner.</p> <p>During an interview with the Administrator on 12/7/21 at 12:07 PM, the Administrator stated, "ultimately the responsibility is mine" and going forward, they were going to make sure a schedule is done with dates as to when things are due, and she will support MDS coordinator as she gets caught up and stays caught up. The Administrator indicated that it was her expectation that the assessments are completed on time.</p>	F 638			

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F 638	<p>Continued From page 3</p> <p>3. Resident #9 was admitted to the facility on 11/15/2019 with diagnoses that included but not limited to: hypertension, seizure disorder, anxiety disorder and depression.</p> <p>A review of the resident's MDS assessments revealed the last assessment was the quarterly MDS assessment completed on 07/22/2021. The next MDS should have been completed 10/20/21.</p> <p>During an interview with MDS Coordinator, on 12/7/21 at 11:17 AM, she stated the MDS assessments are behind because she was asked to leave the MDS office to assist in other areas of the hospital as well as working on the medication cart when needed due to staff shortages especially during the pandemic. She stated when she realized her MDS assessments were falling behind, she informed her DON who in turn informed the Chief Nurse Executive (CNE) and a plan was put into place to catch up with the MDS.</p> <p>During an interview with the Director of Nursing (DON) on 12/7/21 at 11:30 AM, she stated she had been made aware of the tasks assigned to the MDS coordinator that took her away from her MDS assessments was affecting her ability to work effectively on her MDS assessments. The DON stated it was her expectation the assessments are correct and completed in a timely manner.</p> <p>During an interview with the Administrator on 12/7/21 at 12:07 PM, the Administrator stated, "ultimately the responsibility is mine" and going forward, they were going to make sure a schedule is done with dates as to when things are due, and she will support MDS coordinator as she</p>	F 638			

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F 638	<p>Continued From page 4</p> <p>gets caught up and stays caught up. The Administrator indicated that it was her expectation that the assessments are completed on time.</p> <p>4. Resident #6 was admitted to the facility on 06/29/21 with diagnoses which included, in part, acute ischemic stroke, cerebral edema, type 2 diabetes mellitus and hypertension.</p> <p>A review of Resident #6's Minimum Data Set (MDS) assessments revealed the last assessment completed was the quarterly MDS assessment dated 07/07/21. A quarterly assessment for 10/2021 had not been completed.</p> <p>During an interview with the MDS Coordinator on 12/07/21 at 11:17 a.m., the MDS Coordinator stated she was aware some of the MDS assessments were not completed. The MDS Coordinator explained she had been pulled to perform other duties in another area of the hospital as well as working on a medication cart in the Skilled Nursing unit of the hospital when needed during the course of the pandemic. The MDS Coordinator further explained when she realized her MDS assessments were falling behind, she informed her Director of Nursing (DON) who in turn informed the hospital's Chief Nursing Executive (CNE) and a plan had been put in place to complete the overdue assessments.</p> <p>During an interview with the DON on 12/07/21 at 11:30 a.m., the DON stated she had been made aware of the late MDS assessments by the MDS Coordinator in November 2021. The DON explained after discussion with the CNE, the MDS Coordinator was returned to her MDS</p>	F 638			

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F 638	<p>Continued From page 5</p> <p>responsibilities and a plan was put in place to allow the MDS Coordinator to catch up with overdue assessments. The DON stated it was her expectation MDS assessments are completed in a timely manner.</p> <p>During an interview with the Administrator on 12/07/21 at 12:07 p.m., the Administrator stated the responsibility of the MDS assessments being completed on time was ultimately hers. The Administrator explained going forward, a schedule had been made which included dates of when assessments are due, plans to support the MDS Coordinator as she works to get caught up on the assessments as well as plans to ensure she stays caught up. The Administrator stated it was her expectation MDS assessments are completed on time.</p> <p>5. Resident #25 was admitted to the facility on 08/08/2020 with diagnoses which included, in part, stroke, atrial fibrillation and hypertension.</p> <p>A review of Resident #9's Minimum Data Set (MDS) assessments revealed the last assessment completed was the quarterly MDS assessment dated 08/11/21. A quarterly assessment for 11/2021 had not been completed.</p> <p>During an interview with the MDS Coordinator on 12/07/21 at 11:17 a.m., the MDS Coordinator stated she was aware some of the MDS assessments were not completed. The MDS Coordinator explained she had been pulled to perform other duties in another area of the hospital as well as working on a medication cart in the Skilled Nursing unit of the hospital when needed during the course of the pandemic. The MDS Coordinator further explained when she</p>	F 638			

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F 638	<p>Continued From page 6</p> <p>realized her MDS assessments were falling behind, she informed her Director of Nursing (DON) who in turn informed the hospital's Chief Nursing Executive (CNE) and a plan had been put in place to complete the overdue assessments.</p> <p>During an interview with the DON on 12/07/21 at 11:30 a.m., the DON stated she had been made aware of the late MDS assessments by the MDS Coordinator in November 2021. The DON explained after discussion with the CNE, the MDS Coordinator was returned to her MDS responsibilities and a plan was put in place to allow the MDS Coordinator to catch up with overdue assessments. The DON stated it was her expectation MDS assessments are completed in a timely manner.</p> <p>During an interview with the Administrator on 12/07/21 at 12:07 p.m., the Administrator stated the responsibility of the MDS assessments being completed on time was ultimately hers. The Administrator explained going forward, a schedule has been made which includes dates of when assessments are due, plans to support the MDS Coordinator as she works to get caught up on the assessments as well as plans to ensure she stays caught up. The Administrator stated it was her expectation MDS assessments are completed on time.</p>	F 638			