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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		345245	B. WING		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				
(X4) ID PREFIX TAG	(EACH DEFICIENC	IATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	DATE			
E 000	Initial Comments		E 000					
F 000	conducted 12/05/21- found in compliance	ecertification survey was 12/10/19. The facility was with the requirement CFR Preparedness. Event	F 000					
F 638 SS=E	12/5/21 through 12/1 Qrtly Assessment at	rey was conducted from 0/21. Event ID# K0LH11. Least Every 3 Months	F 638	3	12/23/21			
	A facility must asses quarterly review instrand approved by CM once every 3 months. This REQUIREMEN' by: Based on record reviacility failed to cond. Set (MDS) assessments selected to be review (Resident #19, Resident #19, Resident #6, and Review of the resident # 19's word of the r	riew and staff interviews, the uct a quarterly Minimum Data ent for 5 of 14 residents yed for Resident Assessment dent # 1, Resident #9, sident #25).		PREVENTION: Prior to taking any assignment not directly related to the duties of the MDS department, the Director of Nursing and MDS Coordina will review current status of OBRA Quarterly assessments to ensure timeliness, accuracy and to prevent lar 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 an MDS Coordinator will review MDS Scheduler Report obtained through Po Click Care to prevent any late	ose /			
	MDS assessment co	mpleted on 07/21/2021. The ve been completed on		assessments. This review will occur weekly x 1 month at the regularly				
ABORATORY	DIRECTOR'S OR PROVIDER	SUPPLIER REPRESENTATIVE'S SIGNATUR	F	TITLE	(X6) DATE			

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

12/23/2021 **Electronically Signed** 

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:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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F 638	10/21/2021.  During an interview w 12/7/21 at 11:17 AM, assessments are ber to leave the MDS offi the hospital as well a cart when needed es pandemic. She state MDS assessments w informed her DON wl Nurse Executive (CN place to catch up with  During an interview w (DON) on 12/7/21 at had been made awar the MDS coordinator MDS assessments w work effectively on he DON stated it was he assessments are cor timely manner.  During an interview w 12/7/21 at 12:07 PM, "ultimately the respor forward, they were go schedule is done with due, and she will sup gets caught up and s Administrator indicate that the assessments	with MDS Coordinator, on she stated the MDS and because she was asked ce to assist in other areas of s working on the medication pecially during the ed when she realized her there falling behind, she that in turn informed the Chief (E) and a plan was put into in the MDS.  With the Director of Nursing 11:30 AM, she stated she are of the tasks assigned to that took her away from her has affecting her ability to the expectation the expectation the expectation the expectation the rect and completed in a with the Administrator on the Administrator stated, asibility is mine" and going being to make sure a in dates as to when things are export MDS coordinator as she tays caught up. The ed that it was her expectation is are completed on time.	F	638	scheduled IDT meeting, then monthly last week of every month thereafter.  MONITORING: MDS Coordinator will provide the Director of Nursing each M Validation Report obtained from Caspe which will ensure the required OBRA Assessment schedule is followed. Director of Nursing will obtain an OBR Missing Assessment report from MDS Coordinator at random, unannounced intervals. This data will be maintained a master spreadsheet by the Director Nursing.  MONITORING: All findings from this F of Correction will be reported at routine QAPI meetings to ensure plan of correction is effective and that the spe deficiency cited remains corrected.  The Director of Nursing will be responsible for implementing this Plan Correction.  Corrective Action of all OBRA assessments current and up to date we completed by 12/23/21.	IDS er  A on of  Plan e cific	

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F 638	F 638 Continued From page 2		F 63	38			
	revealed the last ass MDS assessment conext MDS should have 10/21/2021.  During an interview of 12/7/21 at 11:17 AM, assessments are best to leave the MDS offit the hospital as well acart when needed duespecially during the she realized her MDS behind, she informed informed the Chief N plan was put into plan was put into plan was put into plan been made away the MDS coordinator MDS assessments work effectively on he DON stated it was her	with MDS Coordinator, on she stated the MDS hind because she was asked ce to assist in other areas of s working on the medication le to staff shortages pandemic. She stated when assessments were falling ther DON who in turn curse Executive (CNE) and a ce to catch up with the MDS. with the Director of Nursing 11:30 AM, she stated she re of the tasks assigned to that took her away from her was affecting her ability to er MDS assessments. The					
	12/7/21 at 12:07 PM, "ultimately the respondence forward, they were good schedule is done with due, and she will suppets caught up and subdence for the subdenc	n dates as to when things are port MDS coordinator as she					

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F 638	Continued From pag	ge 3	F6	38		
	11/15/2019 with diag limited to: hypertensidisorder and depression and depression and depression as the last assembly assessment of the hospital as well as cart when needed despecially during the she realized her MD behind, she informed informed the Chief No plan was put into plan was put into plan was put into plan was put into plan was sessments work effectively on hoon stated it was here.	dent's MDS assessments be sessment was the quarterly completed on 07/22/2021. The eve been completed 10/20/21.  With MDS Coordinator, on a she stated the MDS hind because she was asked fice to assist in other areas of the as working on the medication we to staff shortages a pandemic. She stated when a sassessments were falling and her DON who in turn a lurse Executive (CNE) and a lace to catch up with the MDS.  With the Director of Nursing and 11:30 AM, she stated she were of the tasks assigned to a refer that took her away from her was affecting her ability to ler MDS assessments. The				
	12/7/21 at 12:07 PM "ultimately the responsard, they were goschedule is done with	with the Administrator on , the Administrator stated, nsibility is mine" and going loing to make sure a th dates as to when things are oport MDS coordinator as she				

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F 638	Administrator indicate that the assessment 4. Resident #6 was a 06/29/21 with diagnoracute ischemic stroked diabetes mellitus and A review of Resident (MDS) assessments assessment complete assessment dated 0 assessment for 10/2 During an interview 12/07/21 at 11:17 a. stated she was award assessments were recordinator explained perform other duties hospital as well as well as win the Skilled Nursing needed during the composition of the MDS Coordinator ful realized her MDS as behind, she informed (DON) who in turn in	stays caught up. The sed that it was her expectation is are completed on time.  admitted to the facility on obses which included, in part, se, cerebral edema, type 2 d hypertension.  It #6's Minimum Data Set revealed the last sted was the quarterly MDS 7/07/21. A quarterly 021 had not been completed.  With the MDS Coordinator on m., the MDS Coordinator on m., the MDS Coordinator re some of the MDS sot completed. The MDS sot completed. The MDS and the had been pulled to in another area of the vorking on a medication cart gunit of the hospital when burse of the pandemic. The other explained when she sessments were falling d her Director of Nursing Informed the hospital's Chief CNE) and a plan had been	F 6	<u> </u>		
	11:30 a.m., the DON aware of the late MD Coordinator in Nove	with the DON on 12/07/21 at stated she had been made DS assessments by the MDS mber 2021. The DON assion with the CNE, the MDS urned to her MDS				

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F 638	allow the MDS Coor overdue assessmen her expectation MDS completed in a timel During an interview 12/07/21 at 12:07 p. the responsibility of completed on time v Administrator explais schedule had been when assessments MDS Coordinator as on the assessments she stays caught up was her expectation completed on time.  5. Resident #25 wa 08/08/2020 with diagpart, stroke, atrial file A review of Residen (MDS) assessment comple assessment dated 0 assessment for 11/2	a plan was put in place to dinator to catch up with tts. The DON stated it was assessments are y manner.  with the Administrator on m., the Administrator stated the MDS assessments being was ultimately hers. The ned going forward, a made which included dates of are due, plans to support the as well as plans to ensure. The Administrator stated it MDS assessments are  s admitted to the facility on gnoses which included, in orillation and hypertension.  t #9's Minimum Data Set arevealed the last ted was the quarterly MDS 18/11/21. A quarterly 1021 had not been completed.	F 638	DEFICIENCY		
	12/07/21 at 11:17 a. stated she was awa assessments were r Coordinator explained perform other duties hospital as well as win the Skilled Nursin needed during the c	with the MDS Coordinator on m., the MDS Coordinator re some of the MDS not completed. The MDS ed she had been pulled to in another area of the vorking on a medication cart g unit of the hospital when ourse of the pandemic. The rther explained when she				

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F 638	realized her MDS as behind, she informe (DON) who in turn in Nursing Executive (Uput in place to compassessments.  During an interview 11:30 a.m., the DON aware of the late ME Coordinator in Nove explained after disc. Coordinator was returned allow the MDS Coordinator was returned allow the MDS Coordinator was returned assessment her expectation MDS completed in a timel During an interview 12/07/21 at 12:07 p. the responsibility of completed on time was Administrator explains schedule has been up when assessments MDS Coordinator as on the assessments she stays caught up	d her Director of Nursing formed the hospital's Chief CNE) and a plan had been lete the overdue  with the DON on 12/07/21 at I stated she had been made OS assessments by the MDS mber 2021. The DON ussion with the CNE, the MDS urned to her MDS a plan was put in place to dinator to catch up with ts. The DON stated it was S assessments are	F 63	8		