| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| WARSAW NURSING AND REHABILITATION CENTER | 214 LANEFIELD ROAD WARSAW, NC 28398 |

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| E 000 | Initial Comments<br><br>An unannounced recertification and complaint investigation survey was conducted on 03/20/2023 through 03/23/2023. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #E8W011. | E 000 | | |
| F 000 | INITIAL COMMENTS<br><br>A recertification and complaint investigation survey was conducted from 03/20/2023 through 03/23/2023. Event ID# E8W011<br><br>12 of the 12 complaint allegations did not result in a deficiency. | F 000 | | |
| F 578 SS=D | Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir<br>CFR(s): 483.10(c)(6)(8)(g)(12)(i)-(v)<br><br>§483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.<br><br>§483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate.<br><br>§483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives).<br>(i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive.<br>(ii) This includes a written description of the | F 578 | | 4/18/23 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 04/16/2023

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| F 578 | Continued From page 1<br>facility's policies to implement advance directives and applicable State law.<br>(iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met.<br>(iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State law.<br>(v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information.<br>Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time.<br>This REQUIREMENT is not met as evidenced by:<br>Based on staff and resident interview and record reviews, the facility failed to obtain advanced directives for 2 of 18 residents reviewed (Resident #18 and Resident #62).<br><br>Findings included:<br><br>1. Resident #18 was admitted to the facility on 05/24/2022. His admission Minimum Data Set (MDS) dated 02/21/2022 indicated he was cognitively intact.<br><br>Record review did not indicate advanced directives for Resident #18.<br><br>During an interview on 03/21/2023 at 3:30 PM, the Admissions Coordinator revealed she went over advanced directives in the admission packet | F 578 | The Advance Directive for Resident #18 and #62 was clarified and corrected by the Social Service Director on 4/15/23.<br><br>An audit was completed to identify any discrepancies with advanced directives by the Social Services Director on 4/15/23.<br><br>Education was provided to the Social Service Director & Admissions Director by the administrator on the process for completing Advanced Directives upon admisison.<br><br>The Social Services Director or designee will audit new admissions for verification that Advanced Directives have been completed. The audit will be completed 5 | |

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| F 578 | Continued From page 2<br>in the past, but the form was no longer in the admission packet. She was unsure why the form was removed.<br><br>During an interview on 03/22/2023 at 3:00 PM, Resident #18 indicated that the facility had not asked him about his preferences regarding advanced directives. He indicated his code status was do not resuscitate.<br><br>During an interview on 03/23/2023 at 10:10 AM, the Administrator revealed that advanced directives were discussed in the admission packet in the past, but with turnover it must have been missed. She was not aware it was not discussed with the admission packet.<br>2. Resident #62 was admitted to the facility on 08/24/2022.<br><br>Review of the admission entrance forms dated 08/24/2022 in Resident #62's medical record provided no indication if the resident wanted to formulate an advance directive or if he refused one.<br><br>Quarterly Minimum Data Set (MDS) dated 02/17/2023 indicated Resident #62's cognition was moderately impaired.<br><br>Review of the computerized medical record for Resident #62 revealed no advanced directive noted in the resident's medical record.<br><br>During the interview with Admission Coordinator (AC) on 03/21/2023 at 03:30 PM, she stated after the residents were admitted they review advance directives as part of the admission process. She stated she did not see an Advanced Directive Form for Resident #62. She stated she saw a | F 578 | times per week for 4 weeks then 3 times per week for 4 weeks, and then 1 time per week for 4 weeks.<br><br>The Social Services Director will report the results of the audit to the Quality Assurance Improvement (QAPI) Commmittee for 3 months or until substantial compliance is achieved and maintained. | |

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| F 578 | Continued From page 3<br>note from the hospital mentioning an advanced directive, but the facility did not have a copy of any advanced directive decisions in the record.<br><br>During the interview with Director of Nursing (DON) on 03/23/2023 at 08:30 AM, she stated that the Admission's Coordinator (AC) usually reviewed the advance directive forms with the residents or responsible party during the admission to the facility. The DON further indicated she did not find the advance directive in Resident #62's medical record and there was no documentation found that stated the resident refused.<br><br>During the interview with Administrator on 03/23/2023 at 8:30 AM, she stated the advanced directives should have been in Resident #62's medical record or a note indicating refusal. The Administrator further stated the Admission Coordinator should have ensured the residents' advanced directives were placed in the medical records if a resident had formulated one. She added that the advanced directive should have been scanned in Resident #62's computerized medical record and/or a note indicating the resident's refusal to formulate an advance directive. | F 578 | | |
| F 644 SS=D | Coordination of PASARR and Assessments<br>CFR(s): 483.20(e)(1)(2)<br><br>§483.20(e) Coordination.<br>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: | F 644 | | 4/12/23 |

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| F 644 | Continued From page 4<br><br>§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.<br><br>§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.<br>This REQUIREMENT is not met as evidenced by:<br>Based on record review and staff interview the facility failed to refer residents for a Preadmission Screening and Annual Resident Review (PASRR) after a newly evident serious mental health diagnosis for 1 of 3 residents sampled for PASRR (Resident # 22).<br><br>Findings included:<br><br>Resident #22 was admitted to the facility on 03/02/2018 with diagnoses that included bipolar disorder, generalized anxiety disorder, delirium due to known physiological condition, schizophrenia, and psychosis.<br><br>The significant change Minimum Data Set (MDS) dated 4/11/2022 had Resident #22 coded as cognitively intact and not considered by the state level II PASRR process to have serious mental illness and/or intellectual disability or a related condition.<br><br>On 10/1/2022 a new onset diagnosis of major depressive disorder was added to Resident #22's medical record. | F 644 | Resident # 22 PASARR was submitted for review due to a new diagnosis of major depressive disorder.<br><br>Current residents who have new psychiatric diagnoses are at risk for this issue. Current resident diagnoses have been reviewed to identify if there are any psychiatric diagnoses that have been received after admission date. The audit was completed by the Assistant Director of Nursing on April 11, 2023. No additional residents were identified.<br><br>The Social Services Director has been reeducated that any new psychiatric diagnosis requires a new application to NCMUST for PASARR review. The education was provided by the administrator on April 11, 2023.<br>The Social Services Director or designee will review new diagnoses after psychiatric appointments to identify any new diagnoses that may have been given during appointment. Any new psychiatric | |

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| F 644 | Continued From page 5<br><br>The care plan dated 01/12/2023 had a focus of resident's behaviors of hysteria, and verbal insults towards staff members due to vascular dementia with behavioral disturbance, bipolar disorder, delirium, and unspecified psychosis.<br><br>A review of the March 2023 Medication Administration Record (MAR) revealed an order for Escitalopram Oxalate (Antidepressant) tablet 20 milligrams (MG). Give 1 tablet by mouth one time a day related to major depressive disorder, Remeron (Antidepressant) tablet 30 MG. Give 1.5 tablet by mouth at bedtime for appetite/anxiety, and Buspirone (Antianxiety) tablet 5 MG. Give 1 tablet by mouth two times a day for anxiety.<br><br>An interview with the Administrator was conducted on 03/21/2023 at 4:02 PM. The Administrator stated the Admission Coordinator that was responsible for the PASRRs, no longer worked at the facility. They had a new Admission Coordinator and she will be trained to complete screening that will include new screening when there is a new diagnosis of mental health. Resident #22 did have a new mental health diagnosis of major depressive disorder 10/01/2022. The new diagnosis should have been screened again for a level I PASRR. The Administrator also stated they had been working on the PASRRs since the last recertification and will work together to get the proper training to make sure the PASRRs are accurate and up to date to ensure residents are placed properly to receive the proper care. | F 644 | diagnoses will result in an application being sent to NCMUST for PASARR review. An audit will be completed by the Social Services Director for 4 weeks and then 10 appointments a month for 2 months.<br><br>The Social Services Director will report findings to the Quality Assurance Performance Improvemnent (QAPI) Committee monthly. QAPI committee will make adjustments as needed to the current plan. | |
| F 657 SS=D | Care Plan Timing and Revision<br>CFR(s): 483.21(b)(2)(i)-(iii) | F 657 | | 4/20/23 |

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| F 657 | Continued From page 6<br>§483.21(b) Comprehensive Care Plans<br>§483.21(b)(2) A comprehensive care plan must be-<br>(i) Developed within 7 days after completion of the comprehensive assessment.<br>(ii) Prepared by an interdisciplinary team, that includes but is not limited to--<br>(A) The attending physician.<br>(B) A registered nurse with responsibility for the resident.<br>(C) A nurse aide with responsibility for the resident.<br>(D) A member of food and nutrition services staff.<br>(E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.<br>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.<br>(iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.<br>This REQUIREMENT is not met as evidenced by:<br>Based on resident and staff interviews and record review, the facility failed to ensure residents were offered the opportunity to participate in the review of their comprehensive care plans for 2 of 24 residents reviewed for Care Plans (Resident #38 and Resident #42).<br><br>Findings included:<br><br>1. Resident #38 was admitted to the facility on | F 657 | Residents #38 and #42 will have rescheduled care plan conferences with an invitation to allow for participation of resident and representative no later than 4//18/2023.<br><br>All current resident care plan invitations will be audited to ensure both resident and representative are invited to the care plan conference. If any resident indicates they | |

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| F 657 | Continued From page 7<br>08/21/2018 with diagnoses that included anxiety disorder. His quarterly Minimum Data Set (MDS) dated 01/31/2023 indicated he was cognitively intact.<br><br>Resident #38's Care Plan indicated it was last reviewed on 03/02/2023.<br><br>Resident #38's medical record did not indicate he had been invited to his Care Plan review or that he had participated in the Care Plan review.<br><br>During an interview on 03/20/2023 at 10:40 AM, Resident #38 revealed he had not been invited to his Care Plan review.<br><br>2. Resident #42 was admitted to the facility on 06/02/2022 with diagnoses that included heart failure. Her quarterly Minimum Data Set (MDS) Date 01/17/2023 indicated she was cognitively intact.<br><br>During an interview on 03/22/2203 at 2:50 PM, Resident #42 revealed she had not had a Care Conference in several months. She indicated she was planning to discharge to Assisted Living and was unsure of the status. She indicated she would like to attend if she knew when they were held.<br><br>Resident #42's Care Plan indicated it was last reviewed on 01/24/2023.<br><br>Resident #42's medical record did not indicate she was invite to her Care Plan review or that she had participated in the Care Plan review.<br><br>During an interview on 03/22/2023 at 12:20 PM, the MDS Nurse indicated she was responsible for | F 657 | are not invited a new care plan conference will be scheduled in order for them to participate. The audit was completed by the MDS Coordinator on 3/8/2023.<br><br>The MDS Coordinator was educated by the Regional Director of Clinical Reimbursemnt on 3/8/2023 regarding the process of extending care plan invitations to both residents and representatives. The Director of Nursing or designee will audit 5 care plan meeting weekly for 4 weeks, then 5 biweekly for 8 weeks, then monthly for 1 month.<br><br>The plan of of correction will be monitored by the Quality Assurance Improvement (QAPI) Committee until such time consistent substantial compliance has been met. Findings of this audit will discussed with the resident council. | |

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| F 657 | Continued From page 8<br>planning and carrying out quarterly Care Conferences. She indicated that she had not been conducting Care Conferences consistently since December 2022 due to being too busy. She revealed that the corporate MDS had recognized the issue during a visit on 03/08/2023 and a plan was put into place to schedule and carry out the Care Conferences.<br><br>During an interview on 03/23/2023 at 10:05 AM, the Administrator revealed she was not aware Care Conferences were not being conducted until the Corporate MDS Nurse notified her at the beginning of the month. She indicated a plan was in place to ensure they were being completed. | F 657 | | |
| F 847 SS=D | Entering into Binding Arbitration Agreements<br>CFR(s): 483.70(n)(2)(i)(ii)(3)-(5)<br><br>§483.70(n) Binding Arbitration Agreements<br>If a facility chooses to ask a resident or his or her representative to enter into an agreement for binding arbitration, the facility must comply with all of the requirements in this section.<br><br>§483.70(n)(1) The facility must not require any resident or his or her representative to sign an agreement for binding arbitration as a condition of admission to, or as a requirement to continue to receive care at, the facility and must explicitly inform the resident or his or her representative of his or her right not to sign the agreement as a condition of admission to, or as a requirement to continue to receive care at, the facility.<br><br>§483.70(n)(2) The facility must ensure that:<br>(i) The agreement is explained to the resident and his or her representative in a form and manner that he or she understands, including in a | F 847 | | 4/20/23 |

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| F 847 | Continued From page 9<br>language the resident and his or her representative understands;<br>(ii) The resident or his or her representative acknowledges that he or she understands the agreement;<br><br>§483.70(n)(3) The agreement must explicitly grant the resident or his or her representative the right to rescind the agreement within 30 calendar days of signing it.<br><br>§483.70(n) (4) The agreement must explicitly state that neither the resident nor his or her representative is required to sign an agreement for binding arbitration as a condition of admission to, or as a requirement to continue to receive care at, the facility.<br><br>§483.70(n) (5) The agreement may not contain any language that prohibits or discourages the resident or anyone else from communicating with federal, state, or local officials, including but not limited to, federal and state surveyors, other federal or state health department employees, and representative of the Office of the State Long-Term Care Ombudsman, in accordance with §483.10(k).<br>This REQUIREMENT is not met as evidenced by:<br>Based on a review of the facility arbitration agreement, resident interview, residents' family members interviews and staff interviews, the facility failed to 1. explicitly inform the resident or their representative of the right to rescind the agreement within 30 days of signing it; 2. explicitly inform the resident or their representative they were not required to sign an agreement as a condition of admission to the facility; and 3. explicitly inform the resident or their | F 847 | The arbitration agreemnt has been revised and complies with the requirements of 483.70(n). Resident #275 and #276 were notified on 3/23/2023 that the current agreement is noncompliant.<br><br>Residents and representatives who have signed the non-compliant agreement wil be notified that the current agreement | |

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| F 847 | Continued From page 10<br>representative they were giving up their rights to a jury trial for 3 or 3 residents sampled for arbitration agreements.<br><br>The findings included:<br><br>A review of the facility arbitration agreement policy revised October 2022, titled, "Binding Arbitration Agreement," was conducted. The policy indicated the facility asks all residents to enter into an agreement for binding arbitration, but they do not require binding arbitration agreements for admission. The resident or their representative had the right to rescind the agreement in 30 days.<br><br>1a. Resident #13 was admitted to the facility on 06/23/2021 and readmitted on 02/09/2023. The quarterly Minimum Data Set (MDS) dated 02/09/2023 revealed Resident #13 was cognitively intact.<br><br>An interview with Resident #13, who had signed the Binding Arbitration Agreement on 06/23/2021, was conducted on 03/20/2023 at 2:01 PM. The resident stated she understands what arbitration was and she did not know she was signing her rights away to a jury trial if something went wrong at the facility. She would not have signed the agreement if she knew that it wasn't referring to the grievances. Resident #13 also stated she was not told she could rescind the agreement within 30 days and wanted to rescind the agreement and was told to sign the areas where it stated resident signature.<br><br>1b. Resident #275 was admitted to the facility on 02/09/2023. The admission Minimum Data Set (MDS) dated 03/14/2023 revealed Resident #275 | F 847 | does not comply with 483.70(n). The resident or representative will be scheduled to be offered a compliant agreement by 4/20/2023.<br><br>The Admissions and Social Services Director were educated on explaining the terms of the new agreement to the resident or representative in terms that the resident or representative can understand.<br>The Admissions Director completed an audit for all current residents with signed Arbitration Agreements on 3/23/2023.<br><br>The Admissions Director or designee will report percentage of completion of revised arbitration agreements to the QAPI commmitte monthly until such time that consistent substantial compliance has been met. | |

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was severely cognitively impaired.

An interview with a family member for Resident #275, who had signed the Binding Arbitration Agreement on 02/23/2023, was conducted on 03/21/2023 at 9:22 AM. The family member stated arbitrations were mediations out of court. The family member also stated they thought it was a grievance acknowledgement when signing the agreement and would not have signed an agreement that would give up their rights to a jury trial. The family member was not told they had 30 days to rescind the agreement. The family member also stated he wanted the agreement rescinded.

1c. Resident #276 was admitted to the facility on 02/09/2023. The admission Minimum Data Set (MDS) dated 03/14/2023 revealed Resident #276 was severely cognitively impaired.

An interview with a family member of Resident #276, who signed the Binding Arbitration Agreement on 03/09/2023, was conducted on 03/21/2023 at 3:33 PM. The family member stated she did not know she was signing over rights to a jury trial. She would not have signed the agreement if it was clear and thought it was about grievances. The family member also stated she wanted the agreement rescinded.

An interview with the Admission Coordinator (AC) was conducted on 03/21/2023 at 2:27 PM. The AC stated arbitrations are used instead of going to court to settle a dispute between facility and resident or residents' responsible party. She explained the residents are required to sign the arbitration agreements on admission. The agreements were explained in the language they

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understood and when a resident or residents' responsible party signs the agreement, it states they understood the agreement. She further stated the grievances and arbitration forms were next to each other on the admission forms, and the residents' or residents' responsible party may have gotten confused. The AC also stated she did tell residents' or their resident responsible party, they were giving up their rights to a jury trial but did not know the residents are not required to sign the arbitration agreement, and did not know or they had 30 days to rescind the agreement. The AC further stated she was following her training to complete the admission packet and required further training.

An interview with the Social Worker (SW) was conducted on 03/22/2023 at 11:19 AM. The SW stated if he must complete a new admission then he went over the admission forms with the new admit and had them sign the areas that need to be signed. The packet included the arbitration agreement. He read over the agreement with the resident or responsible party and did not know they had 30 days to rescind the agreement. The SW stated he was not aware they did not need to sign the agreement as a term for admission.

An interview with the Administrator was conducted on 03/22/2023 at 12:07 PM. The Administrator stated the arbitration agreements are part of the admission packet and even though the facility never had an actual arbitration, the residents did sign the agreements. Residents have a right to refuse the agreement, but the agreement was located close to grievances in the admission packet, so, she understands why there may be confusion as to what was being signed. Corporate was updating the arbitration

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| F 847 | Continued From page 13<br>agreements to ensure residents know they are signing the arbitration agreement and the AD and SW are going to be educated concerning arbitration agreements to ensure it will corrected. | F 847 | | |
| F 867 SS=D | QAPI/QAA Improvement Activities<br>CFR(s): 483.75(c)(d)(e)(g)(2)(i)(ii)<br><br>§483.75(c) Program feedback, data systems and monitoring.<br>A facility must establish and implement written policies and procedures for feedback, data collections systems, and monitoring, including adverse event monitoring. The policies and procedures must include, at a minimum, the following:<br><br>§483.75(c)(1) Facility maintenance of effective systems to obtain and use of feedback and input from direct care staff, other staff, residents, and resident representatives, including how such information will be used to identify problems that are high risk, high volume, or problem-prone, and opportunities for improvement.<br><br>§483.75(c)(2) Facility maintenance of effective systems to identify, collect, and use data and information from all departments, including but not limited to the facility assessment required at §483.70(e) and including how such information will be used to develop and monitor performance indicators.<br><br>§483.75(c)(3) Facility development, monitoring, and evaluation of performance indicators, including the methodology and frequency for such development, monitoring, and evaluation.<br><br>§483.75(c)(4) Facility adverse event monitoring, | F 867 | | 4/20/23 |

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including the methods by which the facility will systematically identify, report, track, investigate, analyze and use data and information relating to adverse events in the facility, including how the facility will use the data to develop activities to prevent adverse events.

§483.75(d) Program systematic analysis and systemic action.

§483.75(d)(1) The facility must take actions aimed at performance improvement and, after implementing those actions, measure its success, and track performance to ensure that improvements are realized and sustained.

§483.75(d)(2) The facility will develop and implement policies addressing:
(i) How they will use a systematic approach to determine underlying causes of problems impacting larger systems;
(ii) How they will develop corrective actions that will be designed to effect change at the systems level to prevent quality of care, quality of life, or safety problems; and
(iii) How the facility will monitor the effectiveness of its performance improvement activities to ensure that improvements are sustained.

§483.75(e) Program activities.

§483.75(e)(1) The facility must set priorities for its performance improvement activities that focus on high-risk, high-volume, or problem-prone areas; consider the incidence, prevalence, and severity of problems in those areas; and affect health outcomes, resident safety, resident autonomy, resident choice, and quality of care.

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| F 867 | Continued From page 15<br><br>§483.75(e)(2) Performance improvement activities must track medical errors and adverse resident events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the facility.<br><br>§483.75(e)(3) As part of their performance improvement activities, the facility must conduct distinct performance improvement projects. The number and frequency of improvement projects conducted by the facility must reflect the scope and complexity of the facility's services and available resources, as reflected in the facility assessment required at §483.70(e). Improvement projects must include at least annually a project that focuses on high risk or problem-prone areas identified through the data collection and analysis described in paragraphs (c) and (d) of this section.<br><br>§483.75(g) Quality assessment and assurance.<br><br>§483.75(g)(2) The quality assessment and assurance committee reports to the facility's governing body, or designated person(s) functioning as a governing body regarding its activities, including implementation of the QAPI program required under paragraphs (a) through (e) of this section. The committee must:<br><br>(ii) Develop and implement appropriate plans of action to correct identified quality deficiencies;<br>(iii) Regularly review and analyze data, including data collected under the QAPI program and data resulting from drug regimen reviews, and act on available data to make improvements. | F 867 | | |

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| F 867 | Continued From page 16<br>This REQUIREMENT is not met as evidenced by:<br>Based on record review and staff interviews the facility's Quality Assessment and Assurance Committee (QAA) failed to maintain implemented procedures and monitoring interventions that the committee had previously put into place following the recertification and complaint investigation survey of 12/10/2021. The deficiency was in the area of Coordination of Pre-Admission Screening and Resident Review (F644). The continued failure during two federal surveys of record showed a pattern of the facility's inability to sustain an effective Quality Assurance Program.<br><br>The findings included:<br><br>This tag is cross referenced to:<br><br>F 644: Based on record review and staff interview the facility failed to refer residents for a Preadmission Screening and Annual Resident Review (PASRR) after a newly evident serious mental health diagnosis for 1 of 3 residents sampled for PASRR (Resident # 22).<br><br>During the recertification and complaint survey on 12/10/2021, the facility was cited for not referring a resident who had a new mental health diagnosis for a PASSR evaluation.<br><br>An interview with the Administrator was conducted on 03/23/2023 at 11:44 AM. The Administrator stated they were working on PASSRs from the last recertification survey. They will work with the psychiatric team to make sure they are informed of all new mental health diagnoses. | F 867 | The Quality Assurance Performance Improvement (QAPI) Committee has been corrected to effectively correct and monitor deficient areas. The Area Director of Operations re-educated the Administrator on the QAPI process to include review of prior survey citations and monitoring citations.<br><br>All prior identified deficient citaions have the potential to be affected by this deficient practice therefore, the Administator has reviewed annual and complaint surveys for the prior 3 years to review all areas of repeat deficient practice.<br><br>The Area Director of Operations has re-educated the Administrator on the facility procedures for continual monitoring areas of recurrent citations. The Area Director of Operations will review QAPI minutes to ensure improvement and monitoring of areas of deficient practice. The administrator will review plan of correction during weekly COR meeting to ensure no further repeats of prior tags for 8 weeks then monthly for 12 months during QAPI meeting.<br><br>The administrator will report all findings to the Quality Assurance Performance Improvement (QAPI) committee monthly. The QAPI committee will make any necessary adjustments as needed to the current plan. | |