

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345149	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 11/16/2023
--	---------------------------------	--	---

NAME OF PROVIDER OR SUPPLIER MILL CREEK CENTER FOR NURSING AND REHABILITAI	STREET ADDRESS, CITY, STATE, ZIP CODE 4911 BRIAN CENTER LANE WINSTON-SALEM, NC
--	--

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
---------------------	-----------------------------------

F 655	<p>Baseline Care Plan CFR(s): 483.21(a)(1)-(3)</p> <p>§483.21 Comprehensive Person-Centered Care Planning §483.21(a) Baseline Care Plans §483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must-</p> <ul style="list-style-type: none"> (i) Be developed within 48 hours of a resident's admission. (ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to- <ul style="list-style-type: none"> (A) Initial goals based on admission orders. (B) Physician orders. (C) Dietary orders. (D) Therapy services. (E) Social services. (F) PASARR recommendation, if applicable. <p>§483.21(a)(2) The facility may develop a comprehensive care plan in place of the baseline care plan if the comprehensive care plan-</p> <ul style="list-style-type: none"> (i) Is developed within 48 hours of the resident's admission. (ii) Meets the requirements set forth in paragraph (b) of this section (excepting paragraph (b)(2)(i) of this section). <p>§483.21(a)(3) The facility must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to:</p> <ul style="list-style-type: none"> (i) The initial goals of the resident. (ii) A summary of the resident's medications and dietary instructions. (iii) Any services and treatments to be administered by the facility and personnel acting on behalf of the facility. (iv) Any updated information based on the details of the comprehensive care plan, as necessary. <p>This REQUIREMENT is not met as evidenced by: Based on resident and staff interviews and record review, the facility failed to develop a baseline care plan within 48 hours of a resident's admission and failed to provide a summary of the baseline care plan to the resident for one of one resident (Resident # 58) reviewed for baseline care plan.</p> <p>Findings included:</p> <p>Resident #58 was admitted to the facility on 10/04/23 with diagnoses that included, in part, acute appendicitis with perforation, peritoneal abscess, fracture of the left lower leg and foot, major depressive disorder, and diabetes mellitus.</p>
--------------	--

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

The above isolated deficiencies pose no actual harm to the residents

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345149	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 11/16/2023
--	---------------------------------	--	---

NAME OF PROVIDER OR SUPPLIER MILL CREEK CENTER FOR NURSING AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 4911 BRIAN CENTER LANE WINSTON-SALEM, NC
---	--

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
---------------------	-----------------------------------

F 655	<p>Continued From Page 1</p> <p>A review of the admission Minimum Data Set (MDS) assessment dated 10/10/23 revealed Resident #58 was cognitively intact.</p> <p>A review of the medical record revealed a baseline care plan was completed 10/12/23.</p> <p>A review of the medical record revealed Resident #58 was her own responsible party.</p> <p>A review of the medical record revealed no documented evidence that a copy of the baseline care plan was given to the resident.</p> <p>On 11/13/23 at 1:55 PM an interview was completed with Resident #58. She stated the facility had not given her a copy of the written summary of the baseline care plan.</p> <p>On 11/16/23 at 10:43 AM an interview was conducted with the Unit Manager. She stated a baseline care plan should be completed on each resident within 48 hours of admission. She further stated she completed Resident #58's baseline care plan when she returned to work on 10/12/23. She added the nurse who assisted with entering the admission orders should have initiated the baseline care plan.</p> <p>On 11/16/23 at 11:11 AM an interview was completed with the Director of Nursing (DON). She said the baseline care plan was able to be completed by any nurse. She explained when a resident was admitted a nurse initiated and completed a baseline care plan then provided a written summary of the baseline care plan to the resident or resident representative. She added Resident #58's baseline care plan was not completed within 48 hours and there was no documentation that a written summary of the baseline care plan was provided to the resident. The DON further stated she did not know why the baseline care plan was not completed within the 48-hour timeframe.</p> <p>In an interview with the Administrator on 11/16/23 at 12:03 PM she stated a baseline care plan should be completed within the 48-hour timeframe for every resident and the resident should be given a copy of the baseline care plan.</p>
--------------	--