

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #  <b>345333</b>	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE:  <b>12/13/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ABBOTTS CREEK CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>877 HILL EVERHART ROAD LEXINGTON, NC</b>
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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<b>F 657</b>	<p>Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii)</p> <p>§483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be-</p> <ul style="list-style-type: none"> <li>(i) Developed within 7 days after completion of the comprehensive assessment.</li> <li>(ii) Prepared by an interdisciplinary team, that includes but is not limited to-- <ul style="list-style-type: none"> <li>(A) The attending physician.</li> <li>(B) A registered nurse with responsibility for the resident.</li> <li>(C) A nurse aide with responsibility for the resident.</li> <li>(D) A member of food and nutrition services staff.</li> <li>(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.</li> <li>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.</li> </ul> </li> <li>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</li> </ul> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to revise the care plan in the area of COVID-19 status for 1 of 18 resident records reviewed (Resident #3).</p> <p>The findings included:</p> <p>Resident #3 was originally admitted to the facility on 5/9/21 with diagnoses that included diabetes type 2 and congestive heart failure.</p> <p>A review of Resident #3's medical record revealed she was receiving care for COVID-19 from 8/7/23 to 8/21/23.</p> <p>A quarterly Minimum Data Set (MDS) assessment dated 9/30/23 indicated Resident #3 was cognitively intact and had no active problem conditions or isolation status coded for.</p> <p>Resident #3's active care plan, last reviewed 11/8/23, included a focus area for "Resident has tested positive for COVID-19. Resident is at risk for complications of the virus".</p> <p>On 12/13/23 at 12:10 PM, a phone interview occurred with the MDS Coordinator. After reviewing Resident #3's medical record and care plan, she confirmed Resident #3 had COVID-19 in August 2023 and should have resolved the care plan when it was reviewed on 11/8/23.</p> <p>The Director of Nursing was interviewed on 12/13/23 at 12:51 PM and indicated it was his expectation for the care plan to be an accurate representation of the resident.</p>
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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

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