

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345512</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/19/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>CYPRESS GLEN RETIREMENT COMMUNITY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1000 HICKORY STREET GREENVILLE, NC 27858</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments	E 000		
F 000	INITIAL COMMENTS	F 000		
F 641 SS=E	Accuracy of Assessments CFR(s): 483.20(g)  §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to accurately code the Minimum Data Set (MDS) assessment in the areas of antidepressant medication (Resident #2), discharge status (Resident #4), antiplatelet medication (Resident #106), and insulin injections (Resident #1). This was for 4 of 6 resident Minimum Data Set assessments reviewed.  Findings included:  1. Resident #2 was admitted to the facility on 8/22/24. Her active diagnoses included non-traumatic intracerebral hemorrhage, and history of cerebral infarction.  Review of Resident #2's physician orders revealed on 8/22/24 she was ordered Duloxetine (an antidepressant medication) 20 milligram delayed release capsule by mouth every day for	F 641	This plan of correction is submitted in compliance with statutory and regulatory requirements and should not be construed as an admission or agreement with the findings, scope, or severity of any of the deficiencies cited. Cited Deficiency F641 Accuracy of Assessments CFR (s) 483.20(g)  I. Resident #2, # 4, #106 and #1 experienced no negative consequences from the alleged deficient practice. The Minimum Data Set (MDS) assessment in the area of High-Risk Drug Class (Resident #2) was corrected and resubmitted October 3, 2024 to accurately to reflect receiving an antidepressant medication ; The Minimum Data Set (MDS) assessment in the area of Discharge Status (Resident #4) was	10/10/24

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

TITLE

(X6) DATE

Electronically Signed

10/11/2024

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 641	<p>Continued From page 1 pain.</p> <p>Review of Resident #2's Minimum Data Set assessment dated 8/25/24 did not indicate she had received antidepressant medication.</p> <p>During an interview on 9/18/24 at 9:14 AM the Director of Nursing stated she was responsible for the Minimum Data Set assessments for skilled nursing. She concluded Resident #2 did receive an antidepressant during the lookback period of the 8/22/24 Minimum Data Set assessment and she must have coded it according to the medication's usage and not the medication classification as it was used for nerve pain for Resident #2.</p> <p>During an interview on 9/18/24 at 9:29 AM the Administrator stated Minimum Data Set assessments should accurately reflect the medications of residents.</p> <p>2. Resident #4 was admitted to the facility on 8/6/24. His active diagnoses included urinary tract infection, weakness, and polymyalgia with rheumatica.</p> <p>Review of Resident #4's progress note dated 8/15/24 and noted as a late entry for 8/13/24 revealed Resident #4 requested to discharge on 8/14/24. The resident felt he was ready to discharge and was comfortable going home.</p> <p>Review of Resident #4's discharge nursing summary dated 8/13/24 revealed Resident #4 was admitted to skilled nursing on 8/6/24. Resident #4's own ability to perform his own activities of daily living had improved to the point that he was able to perform them independently.</p>	F 641	<p>corrected and resubmitted on October 10, 2024 to accurately reflect a discharge to home; The Minimum Data Set (MDS) assessment in the area of High-Risk Drug Class (Resident #106) was corrected and resubmitted to accurately to reflect receiving an antiplatelet medication on October 3, 2024; The Minimum Data Set (MDS) assessment in the area of High-Risk Drug Class was corrected and resubmitted on October 10, 2024 to accurately reflect the number insulin injections (Resident #1). It is the practice of Cypress Glen Retirement Community to accurately code the Minimum Data Set (MDS) for high-risk drug class, insulin injections and discharge status.</p> <p>II. All residents have the potential to be affected. A complete audit was performed by the Staff development nurse on October 3, 2024, of all residents' MDS assessments for the coding of insulin injections, high-risk drug class, and discharge status. Any concerns identified have been addressed and assessments modified.</p> <p>III. The MDS Assessment Policy was reviewed and found to meet clinical standards. The Staff Development Coordinator (SDC) Nurse provided an in-service to staff responsible for completing the Minimum Data Set (MDS) assessment for accuracy of Minimum Data Set (MDS) assessment specifically for Insulin Injections, high-risk medications received and discharge status on October 3,2024. The staff</p>		

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F 641	<p>Continued From page 2</p> <p>He was walking without a walker and had good strength and balance in the hallways. Resident #4 was discharged from skilled nursing services to home. He was being discharged per his own wishes.</p> <p>Review of Resident #4's Minimum Data Set assessment dated 8/14/24 revealed he was coded as discharged to a short-term general hospital.</p> <p>During an interview on 9/18/24 at 9:14 AM the Director of Nursing stated she was responsible for the Minimum Data Set assessments for skilled nursing. She concluded Resident #4 was discharged home and the discharge assessment dated 8/14/24 was incorrect.</p> <p>During an interview on 9/18/24 at 9:29 AM the Administrator stated Minimum Data Set assessments should accurately reflect the discharge status of residents.</p> <p>3. Resident #106 was admitted to the facility on 8/28/24.</p> <p>A review of a physician's order for Resident #106 dated 8/29/24 revealed 81 milligrams of aspirin delayed release 1 tablet by mouth every day.</p> <p>A review of Resident #106's August 2024 Medication Administration Record revealed documentation of 81 milligrams of aspirin delayed release 1 tablet by mouth was administered to Resident #106 on 8/29/24, 8/30/24 and 8/31/24.</p> <p>A review of Resident #106's admission Minimum Data Set (MDS) assessment dated 8/31/24 did not indicate she received anti-platelet medication</p>	F 641	<p>member responsible for completing the Minimum Data Set (MDS) assessment and designated back-up completed pre-test and post-test to demonstrate understanding. Additional systemic changes are being addressed through our quality assurance process described below.</p> <p>IV. The Staff Development Coordinator or designee will: Complete an audit of all Minimum Data Set (MDS) assessments completed, specifically for accuracy of Insulin Injections, High- Risk Drug Class medications received and Discharge Status monthly for 1 month. The SDC Nurse will complete an audit of 10% of all Minimum Data Set (MDS) assessments completed specifically for accuracy of Insulin Injections, High Risk Drug Class medications received and Discharge Status accuracy of Insulin Injections, Medications Received and Discharge Status monthly for two quarters and quarterly thereafter for 1 year.</p> <p>Results of all audits will be brought to QAPI for review and revision as needed. The audits will be reviewed by the Quality Assurance Committee until such time consistent substantial compliance has been achieved as determined by the committee. The Administrator and Director of Nursing will be responsible for sustained compliance. This will be submitted to QAPI monthly for review.</p> <p>V. The facility will be in and remain in</p>		

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F 641	<p>Continued From page 3</p> <p>during the 7 look-back period days of this assessment.</p> <p>On 9/18/24 at 10:45 AM an interview with the Director of Nursing (DON) indicated she completed the section of Resident #106's MDS assessment dated 8/31/24 indicating Resident #106 did not receive anti-platelet medication during the 7 look-back period days of the assessment. She stated this was an error. She went onto say resident MDS assessments should accurately reflect the medication they were receiving.</p> <p>During an interview on 9/18/24 at 9:29 AM the Administrator stated Minimum Data Set assessments should accurately reflect the medications of residents.</p> <p>4. Resident #1 was admitted to the facility on 9/9/24.</p> <p>A review of a physician's order for Resident #1 dated 9/9/24 revealed insulin lispro (a fast acting insulin) 6 units subcutaneously (under the skin) 3 times daily for diabetes.</p> <p>A review of Resident #1's September 2024 Medication Administration Record (MAR) revealed documentation insulin lispro 6 units was administered to Resident #1 subcutaneously on 9/9/24, 9/10/24, 9/11/24, and 9/12/24.</p> <p>A review of Resident #1's admission Minimum Data Set (MDS) assessment dated 9/12/24 revealed he received insulin injections on 7 of 7 look-back period days of this assessment.</p> <p>On 9/18/24 at 9:04 AM an interview with the</p>	F 641	compliance by: October 10, 2024		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 641	<p>Continued From page 4</p> <p>Director of Nursing (DON) indicated she completed the section of Resident #1's MDS assessment dated 9/12/24 indicating he received insulin injections on 7 of the 7 look-back period days of the assessment. She stated she used the hospital record of insulin injections he received prior to his admission to the facility in addition to his facility MAR to complete the section.</p> <p>During an interview on 9/18/24 at 9:29 AM the Administrator stated Minimum Data Set assessments should accurately reflect the medications of residents.</p>	F 641		