

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

PRINTED: 10/21/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345528	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/25/2014
NAME OF PROVIDER OR SUPPLIER RIVER LANDING AT SANDY RIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 1575 JOHN KNOX DRIVE COLFAX, NC 27235		
(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	
F 278 SS=B	<p>483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED</p> <p>The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review and interview with facility staff, the facility failed to code the Minimum Data Set correctly for Resident #18 as having an indwelling catheter when coded as continent, failed to code Resident #65 as taking an antidepressant and coded Resident #53</p>	F 278	<p>Corrective action has been accomplished for those residents found to have been affected by the deficient practices by the following: For any current residents (#65 and #53) incorrect MDS entries have been corrected.</p>	10/14/14	

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

TITLE

(X6) DATE

Electronically Signed

10/10/2014

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: 345528	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/25/2014
NAME OF PROVIDER OR SUPPLIER RIVER LANDING AT SANDY RIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 1575 JOHN KNOX DRIVE COLFAX, NC 27235		
(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	
F 278	<p>Continued From page 1</p> <p>as served a therapeutic diet and not a mechanical soft diet that was ordered for three of 14 sampled residents for accuracy of the Minimum Data Set. (Residents #18, #65 and #53)</p> <p>The findings included:</p> <p>1) Resident #18 was admitted to the facility on 4/8/14 with diagnoses of Failure to Thrive, Urinary Retention and Alzheimer ' s Disease. The admission MDS (Minimum Data Set) dated 4/15/14 coded the resident as continent and did not indicate the resident had an indwelling catheter.</p> <p>Record review of the hospital history and physical dated 4/5/14 revealed that the resident developed acute urinary retention and a urinary catheter was placed. He was discharged to the facility with the urinary catheter for 10 days until a follow up with the urologist. The urinary catheter was discontinued by the urologist on April 18, 2014.</p> <p>Interview with the nurse mentor on 9/25/14 at 4:25 PM revealed that the MDS nurse who prepared the admission MDS had not worked for the facility since April, 2014. The nurse mentor had taken over the MDS preparation since April, 2014.</p> <p>Interview with the Administrator dated 9/25/14 at 4:27 PM revealed that her expectation was that the MDS would be coded correctly.</p> <p>2) Resident #65 was admitted to the facility on 8/21/14 from a hospital. The resident ' s cumulative diagnoses included depression. Resident #65 ' s admission orders from 8/21/14 included: 75 milligrams (mg) venlafaxine ER (an</p>	F 278	<p>Corrective action will be accomplished for those residents having the potential to be affected by the following: The DON and NHA counseled/educated/inserviced the entire inter-disciplinary team on the importance of proper coding on the MDS. Also the RAI manual is available to staff within the MDS and they were reminded how to access it without leaving the MDS. The nurse mentors and nutrition mentor also reviewed all current River Landing residents in a certified skilled nursing bed on antidepressants, catheters and special diets to ensure MDS coding was correct.</p> <p>Measures/Systematic Changes that will be put in place to prevent the deficient practice by the following: An additional RN has been hired so that nurse mentors are only doing MDS on their "own" residents. With that change they will "know" their residents better and be less likely to make mistakes and more likely to catch errors during the verification process. Within Vision (our electronic medical record system) the Nurse Mentors can now print a list of every resident who is on a certain "class" of medications or a catheter. The nurse mentors will do this prior to completing their MDS to ensure nothing is missed. The Nutrition Mentor will do weekly audits that verify that coding on the MDS matches current diet orders in Vision and what the CNAs and Homemakers see on the Touchscreen (the part of our electronic medical record that CNAs and Homemakers see info and document info). The nurse mentors and nutrition</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345528	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/25/2014
NAME OF PROVIDER OR SUPPLIER RIVER LANDING AT SANDY RIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 1575 JOHN KNOX DRIVE COLFAX, NC 27235		
(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	
F 278	<p>Continued From page 2</p> <p>extended release formulation of a medication used in the treatment of depression) given as one capsule by mouth one time a day.</p> <p>A review of Resident #65 ' s August and September 2014 Medication Administration Record (MAR) revealed the resident received 75 mg venlafaxine ER once daily as prescribed from 8/22/14 - 9/3/14.</p> <p>Resident #65 ' s admission Minimum Data Set (MDS) assessment was dated 9/3/14. A review of Section N (Medications) of the MDS assessment revealed the resident was not coded as having received an antidepressant medication during the previous 7 days.</p> <p>Resident #65 ' s September 2014 Medication Administration Record (MAR) revealed the resident continued to receive 75 mg venlafaxine ER once daily as prescribed up until the date of review (9/24/14).</p> <p>An interview was conducted on 9/25/14 at 1:33 PM with the Interim Director of Nursing (DON). The interim DON stated he would have expected venlafaxine to have been coded on the MDS as an antidepressant medication.</p> <p>An interview was conducted on 9/25/14 at 4:26 PM with the Nurse Mentor who was responsible for the unit Resident #53 was residing on. The Nurse Mentor reported that she assumed responsibility for completing Section N on the 9/3/14 MDS assessment for Resident #65. The Nurse Mentor stated that if Resident #65 was not coded as having received an antidepressant, then she, " missed it. " Upon inquiry, the Nurse Mentor indicated that venlafaxine should have</p>	F 278	<p>mentor will audit these reports for all River Landing residents in a certified skilled nursing bed and turn into NHA weekly.</p> <p>Facility will monitor performance by the following: The Director Nursing will audit MDS each month for proper coding. Each will complete a Monthly MDS QA Audit on 3 residents from Pebble Beach One and 3 from Pebble Two and 5 from Wingedfoot. The Nutrition Mentor will do weekly audits that verify that coding on the MDS matches current diet orders in Vision and what the CNAs and Homemakers see on the Touchscreen (the part of our electronic medical record that CNAs and Homemakers see info and document info). This audit will take place weekly and include all residents in a certified skilled nursing bed. The audit should be printed and turned into the NHA weekly. The results of these weekly/monthly audits will be brought to weekly/monthly QA meeting(Neighborhood Council)for monitoring, audit and action. Quarterly we are bringing in a consultant to review 50% of MDS for accuracy. They will provide a written report to the NHA. Results will be reported to the QAA Committee for monitoring and action.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345528	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/25/2014
NAME OF PROVIDER OR SUPPLIER RIVER LANDING AT SANDY RIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 1575 JOHN KNOX DRIVE COLFAX, NC 27235		
(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	
F 278	<p>Continued From page 3</p> <p>been coded as an antidepressant on a resident ' s MDS assessment.</p> <p>3) Resident #53 was admitted to the facility on 8/17/13 from a hospital. The resident ' s cumulative diagnoses included oropharyngeal dysphagia (difficulty transferring food from the mouth into the pharynx and initiating a swallow).</p> <p>A review of Resident #53 ' s medical record revealed the resident was referred to the facility ' s Speech Language Pathologist (SLP) for an evaluation and treatment of her swallowing. On 8/11/14, an order was received for the following prescribed diet: Mechanical Soft diet (which indicated ground meats and other foods that are easily chewed) with Nectar-Thickened Liquids. No therapeutic dietary restrictions were prescribed for Resident #53.</p> <p>Resident #53 ' s most recent Minimum Data Set (MDS) was a quarterly assessment dated 9/3/14. A review of Section K (Swallowing/Nutritional Status) of the MDS assessment revealed the resident was not coded as having received a mechanically-altered diet (defined as a diet which required change in texture of food or liquids; e.g., pureed food, thickened liquids) during the previous 7 days; the resident was coded as having received a therapeutic diet (e.g., low salt, diabetic, low cholesterol) during the previous 7 days.</p> <p>An interview was conducted on 9/24/14 at 4:40 PM with the Nurse Mentor who assumed responsibility for the unit Resident #53 was residing on. The Nurse Mentor indicated that she herself completed many sections of the MDS assessment for Resident #53. However, she</p>	F 278			

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

PRINTED: 10/21/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345528	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/25/2014
NAME OF PROVIDER OR SUPPLIER RIVER LANDING AT SANDY RIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 1575 JOHN KNOX DRIVE COLFAX, NC 27235		
(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	
F 278	Continued From page 4 reported that Section K of Resident #53 ' s MDS assessment was completed by the Nutrition Mentor. Upon inquiry, the Nurse Mentor stated that she would have expected Resident #53 to be coded as having received a mechanically-altered diet. An interview was conducted on 9/25/14 at 9:39AM with the facility ' s Nutrition Mentor. The Nutrition Mentor confirmed that Resident #53 was currently prescribed a Mechanical Soft diet with Nectar-Thickened Liquids (initiated on 8/11/14). The Nutrition Mentor acknowledged that she had completed the 9/3/14 Section K on Resident #53 ' s MDS assessment. Upon review of the records, the Nutrition Mentor indicated that the MDS was coded incorrectly and should have reported the resident received a mechanically-altered diet instead of a therapeutic diet.	F 278			
F 279 SS=D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise	F 279		10/14/14	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345528	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/25/2014
NAME OF PROVIDER OR SUPPLIER RIVER LANDING AT SANDY RIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 1575 JOHN KNOX DRIVE COLFAX, NC 27235		
(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	
F 279	<p>Continued From page 5</p> <p>be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to develop a care plan to address the use of an anticoagulant medication for 1 of 5 sampled residents (Resident #65) reviewed for unnecessary medications.</p> <p>The findings included:</p> <p>Resident #65 was admitted to the facility on 8/21/14 from a hospital. The resident ' s cumulative diagnoses included: atrial fibrillation (a type of abnormal heart rhythm), history of myocardial infarction (heart attack); history of stroke; long term use of an anticoagulant; and status post left hip fracture from a fall at home.</p> <p>A review of Resident #65 ' s medical record revealed the resident ' s 8/21/14 admission medication orders included the following: 2.5 milligrams (mg) warfarin (an anticoagulant medication) given as one tablet by mouth once a day; and 75 mg clopidogrel (an anti-platelet medication) given as one tablet by mouth once a day.</p> <p>A review of Resident #65 ' s admission MDS (Minimum Data Set) assessment dated 9/3/14 revealed the resident had moderately impaired cognitive skills for daily decision making. He required extensive assistance with bed mobility, transfers, and dressing; required supervision with</p>	F 279	<p>Corrective action has been accomplished for those residents found to have been affected by the deficient practices by the following: For resident #65 appropriate care plans have been added.</p> <p>Corrective action will be accomplished for those residents having the potential to be affected by the following: The DON and NHA counseled/educated the entire inter-disciplinary team on the importance of proper care planning. Also a Care Planning In-service was completed by each member of the Interdisciplinary Team. Each skilled household has its own nurse mentor. Households have, at the most, 16-22 residents living on them. Each nurse mentor reviewed all River Landing residents in a certified skilled nursing bed care plans for accuracy. Care plans were corrected as needed during the audit.</p> <p>Measures/Systematic Changes that will be put in place to prevent the deficient practice by the following: An additional RN has been hired so that nurse mentors are only doing care-plans on their "own" residents. With that change they will "know" their residents better and be less likely to make mistakes and more likely to</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345528	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/25/2014
NAME OF PROVIDER OR SUPPLIER RIVER LANDING AT SANDY RIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 1575 JOHN KNOX DRIVE COLFAX, NC 27235		
(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	
F 279	<p>Continued From page 6</p> <p>toilet use and personal hygiene; and was independent with eating. The MDS assessment also indicated the resident ' s medications included an anticoagulant on 7 out of the previous 7 days.</p> <p>A review of Resident #65 ' s care plan (initiated on 8/21/14 and last revised on 9/5/14) revealed a problem area related to the use of an anticoagulant medication was not addressed for Resident #65. The resident was care planned for a history and risk of falls.</p> <p>An interview was conducted with Nursing Assistant (NA) #1 on 9/25/14 at 9:05 AM. NA #1 worked on the first shift and was assigned to care for Resident #65. During the interview, the NA demonstrated how she accessed Resident #65 ' s electronic Care Guide and received information on interventions put into place for the resident. The Care Guide did not include bleeding precautions or alerts for Resident #65.</p> <p>An interview was conducted with Nurse #1 at on 9/25/14 at 1:47 PM. Nurse #1 was the staff nurse assigned to care for Resident #65. Upon inquiry, the nurse reviewed Resident #65 ' s electronic medical record (Care Plan/Care Guide). Nurse #1 confirmed that no notations were made in the electronic Care Plan/Care Guide in regards to use of an anticoagulant medication for this resident.</p> <p>A follow-up interview was conducted with NA #1 on 9/25/14 at 2:00 PM. Upon inquiry, NA #1 reported she was not aware that Resident #65 was on an anticoagulant medication. The NA stated that if she knew a resident was on an anticoagulant, she would need to watch for signs</p>	F 279	<p>catch errors during the care planning process. Within Vision (our electronic medical record system) the Nurse Mentors can now print a list of every resident who is on a certain "class" of medications. They will do this prior to completing their care plans to ensure nothing is missed. They will also do weekly audits that verify that the care plan matches current orders in Vision and what the CNAs and Homemakers see on the Touchscreen (the part of our electronic medical record that CNAs and Homemakers see info and document info). Once the weekly audit has been completed a copy will be given to NHA.</p> <p>Facility will monitor performance by the following: The results of these weekly audits will be brought to the weekly QA meeting(Neighborhood Council)for monitoring and action. The Director Nursing will complete a Monthly Care Plan QA on 3 residents from Pebble Beach One and 3 residents from Pebble Beach Two and 5 residents from Wingedfoot. The results of these weekly/monthly audits will be brought to weekly/monthly QA meeting(Neighborhood Council)for monitoring and audit. Quarterly we are bringing in a consultant to review 50% of MDS/Care Plans for accuracy. A written report will be submitted to the NHA. Weekly, monthly and quarterly results will be reported to the QAA Committee for monitoring and action.</p>		

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

PRINTED: 10/21/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345528	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/25/2014
NAME OF PROVIDER OR SUPPLIER RIVER LANDING AT SANDY RIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 1575 JOHN KNOX DRIVE COLFAX, NC 27235		
(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	
F 279	<p>Continued From page 7 of bleeding and bruising and alert the nurse if these signs were seen. NA #1 noted that Resident #65 did have, " a lot of bruising. "</p> <p>An interview was conducted with the facility ' s Administrator on 9/25/14 at 2:40 PM. When asked what her expectation would be if a resident was on an anticoagulant medication, the Administrator indicated that she would expect a problem area related to the use of the anticoagulant to be included in that resident ' s plan of care.</p> <p>An interview was conducted with the facility ' s Interim Director of Nursing (DON) on 9/25/14 at 2:45 PM. During the interview, the Interim DON indicated that although Resident #65 ' s anticoagulation was being monitored with appropriate lab work, the care plan piece had been missed. A follow-up interview was conducted with the Interim DON on 9/25/14 at 3:06 PM. Upon inquiry, the Interim DON stated that Resident #65 tended to have bruising on his arms and legs and did have bruising on his abdomen from a recent fall. The Interim DON reported that the Care Plan and Care Guide were revised that afternoon (9/25/14) to include a care area on the use of an anticoagulant medication for Resident #65.</p>	F 279			