

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345383	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 10/2/2014
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NAME OF PROVIDER OR SUPPLIER SCOTTISH PINES REHABILITATION AND NURSING	STREET ADDRESS, CITY, STATE, ZIP CODE 620 JOHNS ROAD LAURINBURG, NC
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F 279	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>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.</p> <p>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 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 staff interviews and record review, the facility failed to care plan for activities based on past preferences for 1 of 3 (resident #123) residents reviewed for activities. Findings included:</p> <p>Resident #123 was admitted to the facility on 5/23/13 with a diagnosis of multiple sclerosis. A review of the most recent significant change Minimum Data Set (MDS) was dated 7/22/14. This MDS comprehensive assessment indicated resident #123 severely cognitively impaired and required total assistance with all of his activities of daily living. This MDS assessment also identified activities as a concern for resident #123 and the facility would proceed to care plan for this care area. A review of the MDS history also reviewed a significant change MDS was completed on 3/7/14 and again on 1/30/14. These were both again comprehensive assessments that identified activities as a care area concern and the facility indicated they would proceed to care plan this identified problem.</p> <p>A review of the medical record revealed no activities care plan completed on resident #123 since his admission to the facility even though the MDS assessment identified this as a care area concern. The record further indicated resident #123's contact isolation was discontinued 9/26/14.</p> <p>In an interview on 10/2/14 at 9:00 AM, the activity director stated resident #123 was receiving one on one in room visits and often refused to get out of the bed. Documentation was provided of in room visits.</p> <p>In an interview on 10/2/14 at 10:10, AM the MDS nurse stated the MDS assessments identified activities for resident #123 as a concern but was unable of offer a reason why it was not care planned since his admission as stated on the MDS care area assessment triggered problems.</p> <p>In an interview on 10/2/14 at 1:10 PM the administrator stated her expectation that resident #123 be care planned for activities based on his past and present preferences based on the MDS assessments.</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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