CENTERS	FOR MEDICARE & MEDICAID SERVICES			"A" FORM			
STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs		PROVIDER #	MULTIPLE CONSTRUCTION A. BUILDING:	DATE SURVEY COMPLETE:			
		345054	B. WING	10/10/2014			
NAME OF PROVIDER OR SUPPLIER WOODHAVEN NURS & ALZHEIMER'S C		STREET ADDRESS, CITY, STATE, ZIP CODE 1150 PINE RUN DRIVE LUMBERTON, NC					
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIE	ENCIES					
F 278	483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED						
	The assessment must accurately reflec	The assessment must accurately reflect the resident's status.					
	A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.						
	A registered nurse must sign and certif	A registered nurse must sign and certify that the assessment is completed.					
	Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.						
	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.						
	Clinical disagreement does not constitute a material and false statement.						
	This REQUIREMENT is not met as evidenced by: Based on observation, record review, resident and staff interviews the facility failed to accurately code the Minimum Data Set Assessment to include corrective lenses for 1 of 1 resident reviewed for vision (Resident #22). The findings included:						
	Resident #22 was admitted to the facility on 2/4/14 and had diagnoses that included Diabetes Mellitus, Hypertension and Cerebrovascular Accident (Stroke).						
	The Care Area Assessment (CAA) for Visual Function dated 12/09/13 revealed the resident was able to read large print without glasses, but could not see news print. The CAA revealed the resident stated she had glasses at home but did not wear them often.						
	The resident's Care Plan updated on 5/15/14 listed vision as a problem due to Diabetes Mellitus and the resident was able to read large print without glasses but could not see news print. The Care Plan revealed the resident had glasses at home but did not wear them often. One of the approaches was to make sure the glasses were clean when she did wear them.						
	Review of the physician's progress notes revealed an opthamology note dated 6/19/14 with the recommendation for a trial of drug store readers.						

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

031099 If continuation sheet 1 of 2 Event ID: B91E11

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE		PROVIDER #	MULTIPLE CONSTRUCTION	DATE SURVEY		
IO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM OR SNFs AND NFs			A. BUILDING:	COMPLETE:		
		345054	B. WING	10/10/2014		
AME OF PROVIDER OR SUPPLIER VOODHAVEN NURS & ALZHEIMER'S C		STREET ADDRESS, CITY, STATE, ZIP CODE 1150 PINE RUN DRIVE LUMBERTON, NC				
					EFIX .G	SUMMARY STATEMENT OF DEFICIE
	Continued From Page 1					
F 278	The Quarterly Minimum Data Set (MDS) Assessment dated 8/13/14 revealed the resident was cognitively intact, had impaired vision and no corrective lenses.					
	An entry on the Care Plan for vision dated 8/13/14 read: "No changes. Continue plan of care as written."					
	MDS Nurse #2 stated in an interview on 10/10/14 at 8:42 AM that a family member had told her on several occasions the resident had glasses at home and would not wear them. The MDS Nurse stated a family member brought in a pair of sunglasses for the resident to wear when she went outside and the family member told her the sunglasses were not prescription glasses. The MDS stated it was care planned to make sure the glasses were clean when the resident did wear them. The MDS Nurse stated when she did the resident 's assessment she had the resident read small and large print and the resident never had on eye glasses or asked for her glasses. The MDS Nurse stated she had never seen glasses in the resident 's room.					
	During an interview with Resident #22 on 10/10/14 at 11:06 AM 2 pair of eye glasses were observed on the resident 's over bed table, one of which were sunglasses. The resident stated she did wear her glasses and could not see without them.					
	MDS Nurse #2 stated in an interview on 10/10/14 at 1:00 PM that when she did an assessment she talked to the staff and reviewed the physician progress notes to see who had seen the resident since the last assessment. The Nurse stated she missed the note by the opthamologist in June 2014.					