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<td>F 278</td>
<td>SS=D</td>
<td>483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED</td>
<td>F 278</td>
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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 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 medical record review and staff interviews, the facility failed to accurately code level II Preadmission Screening and Resident Review (PASRR) on the annual Minimum Data Set (MDS) for three of three residents reviewed for PASRR (Resident #5, #29 and #95) and failed to complete the PASRR accurately.

The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein.

To remain in compliance with all federal and state regulations, the facility has

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed

TITLE: LABORATORY DIRECTOR

DATE: 06/18/2015
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Continued From page 1
to accurately code the pressure ulcer for two of
three sampled residents reviewed for pressure
ulcers (Res #182, #187). The findings included:

1. Resident #29 was admitted to the facility
2/21/13. Cumulative diagnoses included: mood
disorder, bipolar disorder and depression.

Medical record review revealed a PASRR level 2
dated 3/07/2013 with number
___________B with no expiration date.

An Annual MDS for Resident #29 dated 8/21/14
was reviewed and indicated "No" to preadmission
screening and resident review (PASRR).

On 05/28/2015 at 10:20 AM, Administrative staff
#2 stated the MDS coordinator completed section
A of the MDS. She stated, if a resident was a
level 2 PASRR and had a limited PASRR (30, 60,
90 day), she would put the information on the
board in the conference room as well as in her file
folder. She stated the clinical personnel knew
who the PASRR people were. Administrative
staff #2 stated she and the Director of Nursing
kept a list of the people who were PASRR level 2
with no expiration date. Administrative staff #2
stated all of the PASRR level 2 information was
also kept in each individual record and was
available for review for all staff.

On 05/28/2015 at 10:44 AM, Administrative staff
#1 stated she did not know that Resident #29 was
a level 2 PASRR and should have been indicated
on the MDS. She stated she did not have a hard
copy list of PASRR level 2 residents and relied on
the information that was given during the daily
staff meetings. Administrative staff #1 stated
residents that were in the facility as long term

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taken or will take the actions set forth in
this plan of correction. The following plan
of correction constitutes the facility’s
allegation of compliance. All alleged
deficiencies cited have been or will be
corrected by the date indicated.

F-279: Assessment Accuracy
It is the practice of this facility to complete
assessments accurately ensuring
accurate coding of PASRRs and pressure
ulcers for each resident to accurately
reflect the resident’s status.
Criteria 1:
Residents #5, #29, and #95 all currently
reside in the facility and all PASRRs were
accurately modified on the MDS
immediately upon identification on
5/28/2015. Resident #182 currently
resides in facility and #187 has
discharged. Both residents (#187 and
#182) wounds were accurately modified
on the MDS immediately upon notification
on 5/28/2015.

Criteria 2:
MDS Coordinator conducted an audit of
all residents in the facility to ensure
accurate PASRR coding on the MDS on
6/19/15 and all were accurate. MDS
Coordinator conducted an audit of all
residents with pressure ulcers in the
facility to ensure accurate coding on the
MDS on 6/19/15 and all were accurate.

Criteria 3:
Case Mix Specialist educated the
Administrator, Administrative Director of
Nursing, Social Worker, MDS
Coordinator, and Admissions Director on
5/28/2015 in regards to accurate coding of
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| F 278 | Continued From page 2 | residents were only discussed if there was a new order or a change in their condition.  
2. Resident #5 was admitted to the facility on 5/1/2001. Cumulative diagnoses included: Downs Syndrome.  
Medical record review revealed a PASRR level 2 dated 2/08/2008 with number _______ B with no expiration date.  
An Annual Minimum Data Set (MDS) dated 7/20/14 for Resident #5 stated "No" to PASRR.  
On 05/28/2015 at 10:20AM, Administrative staff #2 stated the MDS coordinator completed section A of the MDS. She stated, if a resident was a level 2 PASRR and had a limited PASRR (30, 60, 90 day), she would put the information on the board in the conference room as well as in her file folder. She stated the clinical personnel knew who the PASRR people were. Administrative staff #2 stated she and the Director of Nursing kept a list of the people who were PASRR level 2 with no expiration date. Administrative staff #2 stated all of the PASRR level 2 information was also kept in each individual record and was available for review for all staff.  
On 05/28/2015 at 10:44 AM, Administrative staff #1 stated she knew Resident #5 was a level 2 PASRR and did not know how she missed coding it correctly.  
3. Resident #95 was admitted to the facility 10/24/13 and readmitted 5/11/15. Cumulative diagnoses included paranoid schizophrenia and bipolar disorder. | F 278 | MDS assessments with PASRRs and wounds. Specific education on Section A of the MDS was provided on 5/28/2015 by Case Mix Specialist.  
Criteria 4:  
The Administrator and/or Administrative Director Of Nursing will conduct audits of accurate coding of the resident assessments to ensure compliance with PASRR and pressure ulcer coding for 5 residents per week for 4 weeks and 5 residents monthly for 3 months or until deemed compliant by QA committee. Results will be taken to QA by the Administrator and/or Administrative Director of Nursing. The QA committee is comprised of the Administrator, Administrative Director of Nursing, Assistant Director of Nursing, Medical Director, Director of Social Services, Director of Maintenance, Director of Housekeeping, MDS Coordinator, and Registered Dietician. |
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345177

(X2) MULTIPLE CONSTRUCTION
A. BUILDING _____________________________
B. WING _____________________________

(X3) DATE SURVEY COMPLETED 05/29/2015

NAME OF PROVIDER OR SUPPLIER
MANOR CARE HEALTH SVCS PINEHURST

STREET ADDRESS, CITY, STATE, ZIP CODE
205 RATTLESNAKE TRAIL PINEHURST, NC 28374

(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

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Medical record review revealed a PASRR level 2 dated 5/25/2011 and 4/21/2015 with number__________B with no expiration date.

An Annual MDS dated 6/5/14 for Resident #95 stated "No" to PASRR level 2.

On 05/28/2015 at 10:20AM, Administrative staff #2 stated the MDS coordinator completed section A of the MDS. She stated, if a resident was a level 2 PASRR and had a limited PASRR (30, 60, 90 day), she would put the information on the board in the conference room as well as in her file folder. She stated the clinical personnel knew who the PASRR people were. Administrative staff #2 stated she and the Director of Nursing kept a list of the people who were PASRR level 2 with no expiration date. Administrative staff #2 stated all of the PASRR level 2 information was also kept in each individual record and was available for review for all staff.

On 05/28/2015 at 10:42 AM, Administrative staff #1 stated she did not know that Resident #95 was a level 2 PASRR and the PASRR level 2 status should have been noted on the MDS.

4. Resident # 187 was admitted to the facility on 5/8/15 with multiple diagnoses including multiple sclerosis and unstageable pressure ulcers.

The admission Minimum Data Set (MDS) assessment dated 5/15/15 indicated that Resident #187 had one unstageable pressure ulcer that was present on admission.

The nurse's progress notes were reviewed. The notes dated 5/10/15 indicated that Resident #187 was admitted with unstageable pressure ulcer on
Continued From page 4

5. Resident #182 was admitted to the facility on 4/7/15 with multiple diagnoses including dementia and pressure ulcers.

The admission MDS assessment dated 4/14/15 indicated that Resident #182 had four unstageable pressure ulcers and two stage II pressure ulcers that were present on admission.

The nurse's progress notes were reviewed. The notes dated 4/8/15 indicated that Resident #182 was admitted with five unstageable pressure ulcers (right trochanter, left trochanter, sacrum, left heel and right heel) and two stage II pressure ulcers (right and left shoulder).

On 5/28/15 at 9:57 AM, Nurse #1 was interviewed. She stated that Resident #182 was admitted with seven pressure ulcers, five unstageable and two stage II.
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<td>On 5/28/15 at 10:55 AM, administrative staff #1 was interviewed. She stated that she miscounted the number of the unstageable pressure ulcers on Resident #182.</td>
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