CENTERS F	OR MEDICARE & MEDICAID SERVICES			"A" FORM			
STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE		PROVIDER #	MULTIPLE CONSTRUCTION	DATE SURVEY			
NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs			A. BUILDING:	COMPLETE:			
		345506	B. WING	10/23/2015			
NAME OF PROVIDER OR SUPPLIER  WHITESTONE A MASONIC AND EASTERN STAR COMMU		STREET ADDRESS, CITY, S					
		700 SOUTH HOLDEN ROAD GREENSBORO, NC					
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES						
F 278	483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED						
	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 record review and staff interview the facility failed to accurately assess and include the active diagnosis of Insomnia for the use of hypnotic medications (Ambien and Temazepam) identified in the facility comprehensive assessment tool the Minimum Data Set (MDS) for 2 of 5 residents (Resident #16 and #56) reviewed for unnecessary medication use. Findings Included: Resident #16 was admitted to the facility on 5/1/2015. The accumulative diagnosis included Insomnia. A record review of the facility most recent quarterly MDS for resident #16 dated 8/7/2015 did not include the						
	active diagnosis of Insomnia in Section I - Active Diagnoses. To correspond with the medication coded in section N - Medications. Section N included the use of a Hypnotic for 7 days of the 7 day look back period. Physician orders for Resident #16 for the corresponding time frame included an order for Ambien 5 mg for Insomnia.						
	An interview on 10/22/2015 at 1:55PM with the MDS nurses revealed the knowledge that hypnotics were a treatment for Insomnia and the use of a hypnotic needed to be reflected on the MDS if the resident was receiving treatment.  An interview on 10/22/2015 at 2:10 PM with the Director of Nursing revealed her expectation that the MDS						
	nurses follow the RAI (Resident Assessment Resident #56 was admitted to the facility on 6 A record review of the facility most recent que	Instrument) manual inst 6/6/2015. The accumula	tructions for coding. tive diagnoses included Insomnia.				
	active diagnosis of Insomnia in Section I - Ac section N - Medications. Section N included t	~	-				

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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NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs			A. BUILDING:	COMPLETE:		
		345506	B. WING	10/23/2015		
NAME OF PROVIDER OR SUPPLIER  WHITESTONE A MASONIC AND EASTERN STAR COMMU		STREET ADDRESS, CITY, STATE, ZIP CODE 700 SOUTH HOLDEN ROAD GREENSBORO, NC				
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES					
F 278	Continued From Page 1  Physician orders for Resident #56 for the corresponding time frame included an order for Temazepam 30 mg at hour of sleep for Insomnia.  An interview on 10/22/2015 at 1:55PM with the MDS nurses revealed the knowledge that hypnotics were a treatment for Insomnia and the use of a hypnotic needed to be reflected on the MDS if the resident was receiving treatment.  An interview on 10/22/2015 at 2:10 PM with the Director of Nursing revealed her expectation that the MDS nurses follow the RAI manual instructions for coding.					