STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(NAME OF PROVIDER OR SUPPLIER)

SHAIRE NURSING CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

1450 SHAIRE CENTER DRIVE
LENOIR, NC  28645

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

F 278 11/27/15

Based on record review and staff interviews the
facility failed to accurately assess and include the
active diagnoses such as dementia and
hypertension on the Minimum Data Set (MDS) for
1 of 14 residents (Resident #53) comprehensive
assessments reviewed.

This Plan of Correction is submitted to
address deficiencies cited under Tag
#F278

This is to state that we do not concur with
this recommendation as stated for

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

Electronically Signed

11/30/2015

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.
**Summary Statement of Deficiencies**

**Deficiency F 278**

**Findings included:**
- Resident #53 was admitted to the facility on 9/17/15. Accumulative diagnoses included dementia and hypertension.
- A record review of Resident #53 admission MDS dated 9/24/15 revealed dementia and hypertension were not coded in section I - Active diagnoses.
- Physician orders for resident #53 for the corresponding time frame included an order for Aricept for dementia and Norvasc for hypertension.
- On 11/3/15 at 1:42 PM, an interview with the MDS coordinator revealed dementia and hypertension should have been coded on the MDS. She stated that she would correct it on the next MDS.
- On 11/3/15 at 2:13 PM, an interview with the director of nursing (DON) revealed her expectation was for dementia and hypertension to be coded accurately on resident #53’s MDS.
- On 11/03/2015 at 2:15 PM, an interview with the administrator revealed his expectation would be for the MDS to be coded accurately.

**Corrective Action:**

- On November 3, 2015 the assessment date October 15, 2015 for Resident #53 was corrected with appropriate diagnosis codes added to Section I of the MDS.
- On November 10, 2105 the MDS Coordinator and Director of Nurses audited and reviewed current resident MDSs to ensure accuracy of diagnosis coded in Section I of the MDS. All MDSs were found to be coded accurately.
- The MDS Coordinator and Rehab Director will discuss and review resident diagnosis and the relevance of the diagnosis to resident care while in the facility on a weekly basis. Diagnosis to be coded will have a direct relationship to the resident’s current functional, cognitive, or mood or behavior status, medical treatments or nurse monitoring.
- All MDS Assessments will be completed accurately, timely and according to the RAI Manual. The Director of Nurses will conduct random reviews on a weekly basis. All findings will be reported to the Q.A. Committee monthly for a period of three months.