

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/29/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345474	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/09/2015
NAME OF PROVIDER OR SUPPLIER FRIENDS HOMES WEST			STREET ADDRESS, CITY, STATE, ZIP CODE 6100 W FRIENDLY AVENUE GREENSBORO, NC 27410	
(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
F 278 SS=D	<p>483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED</p> <p>The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>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.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, resident observations and staff interviews, the facility failed to code the Minimum Data Set (MDS) accurately to reflect the status of Resident #21 's oral and dental status for 1 of 1 sampled resident reviewed for dental services.</p>	F 278	<p>F-278 - The assessment must accurately reflect the resident's status, including oral and dental status.</p> <p>Criteria 1. Corrective action to be accomplished for those residents found to</p>	12/20/15

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

TITLE

(X6) DATE

Electronically Signed

12/15/2015

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.

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F 278	<p>Continued From page 1</p> <p>The findings included: Record review of the 14 day MDS assessment dated 10/16/15 in Section (L) Oral and Dental status revealed a check mark that indicated Resident #21 had no issues with broken or possible cavity. There was not a check mark that indicated the resident had an obvious cavity or likely to have a cavity or that broken teeth were noted.</p> <p>Observation on 12/09/2015 at 9:49:37 AM with the MDS coordinator revealed Resident #21' s front tooth was chipped with a noticeable dark brown color likely a cavity. The resident also had missing teeth.</p> <p>On 12/09/15 at 12/09/2015 9:59:01 AM the Director of Nursing (DON) and the MDS coordinator examined Resident #21 ' s mouth. The DON confirmed the initial observation performed on 12/09/2015 at 9:49:37 AM of the resident's mouth.</p> <p>Interview on 12/09/2015 at 11:40:09 AM with the administrator and quality assurance coordinator was held. The administrator revealed her expectation was to have the MDS assessment coded accurately.</p>	F 278	<p>have been affected by the alleged deficient practice.</p> <p>A corrected MDS for R#21, documenting the chipped/broken and discolored teeth, was transmitted and accepted 12-9-2015.</p> <p>Criteria 2. Corrective action to be accomplished for those residents having potential to be affected by the same alleged deficient practice.</p> <p>Residents have the potential to be affected by an inaccurate MDS. The MDS for 100% of the residents were audited using the MDS Audit Tool, attachment A. Corrective action, if any action was indicated based on the audits, was taken appropriately.</p> <p>The RN, who had completed the inaccurate assessment for R #21 on 10/16/15 (identified as E#101 for the purpose of this report) is no longer an MDS coordinator effective November 3, 2015. However this RN, (E#101), continues to be an employee of the facility and therefore has been educated on the importance of accuracy in documentation with emphasis of accurate assessments.</p> <p>The MDS assessments generated by this RN (E#101) have been audited by the IDT members using the audit tool referred to above as attachment A. In addition, 10% of the MDS assessments generated for the previous 6 months by the current MDS nurse (identified as E#102 for the purpose of this report) will be audited by IDT</p>		

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F 278	Continued From page 2	F 278	<p>members using the same audit tool. The audit of E#102's work, may be expanded, based on the findings of accuracy through the audit.</p> <p>Criteria 3. Measures to be put into place or systemic changes made to ensure that the alleged deficient practice will not occur.</p> <p>RN E#101 and RN E#102 have been educated by the Director of Nursing or her designee, on the importance and means of properly/accurately coding the MDS assessments, attachment B.</p> <p>The Director of Nursing or designee will evaluate the effectiveness of these educational measures through at least a continued 10% audit of the MDS assessments. Additional education, corrective and/or disciplinary action may be taken by the Director of Nursing or her designee based on the results of these audits. The results of which will be shared at the next quarterly QA/QAPI meeting scheduled for January 2016.</p> <p>Criteria 4. Facility's plan to monitor its performance so solutions are sustained and integrated into the facility's quality assurance system.</p> <p>Data obtained from these audits, will be analyzed by the DON and/or ADON for patterns, trends and/or further educational opportunities, including education and</p>		

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F 278	Continued From page 3	F 278	<p>disciplinary action. These data and analysis will be taken to the next meeting of the Quality Assessment and Assurance/Quality Assurance Performance Improvement (QA/QAPI) Committee. The next QA/QAPI meeting is scheduled for January, 2016.</p> <p>QA/QAPI Committee will review actions taken, may make recommendations of further actions based on the review and/or approve the actions at the quarterly QA/QAPI meetings until the Committee is satisfied the Performance Improvement Program has been effective and has sustained the PIP which has corrected the deficient practices as previously identified.</p> <p>Criteria 5. Date corrective action for alleged deficient practice will be accomplished. December 20, 2015.</p>		