## Summary Statement of Deficiencies

**F 406**  
**483.45(a) PROVIDE/OBTAIN SPECIALIZED REHAB SERVICES**

If specialized rehabilitative services such as, but not limited to, physical therapy, speech-language pathology, occupational therapy, and mental health rehabilitative services for mental illness and mental retardation, are required in the resident's comprehensive plan of care, the facility must provide the required services; or obtain the required services from an outside resource (in accordance with §483.75(h) of this part) from a provider of specialized rehabilitative services.

This **REQUIREMENT** is not met as evidenced by:

Based on record review and staff interviews the facility failed to provide speech therapy services as ordered by the physician following readmission to the facility for 1 (Resident #1) of 2 sampled residents. The findings included:

- **Review of Resident # 1 's medical record** revealed the resident was initially admitted to the facility on 6/23/15 with diagnoses which included cerebrovascular accident (stroke), dysphagia (difficulty swallowing), and dysarthria (difficulty speaking related to weak mouth muscles).
- **Review of the resident 's June admission MDS (Minimum Data Set)** revealed the resident 's cognition was intact.
- **Review of speech therapy documentation** revealed the resident began receiving speech therapy at the facility on 8/28/15. Further review of the speech therapy notes revealed the resident 's speech therapy ended on 9/15/15 secondary to the resident unexpectedly being transferred to the hospital. The therapist documented the resident needed to be re-evaluated when the resident returned to the facility.

The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all federal and state regulations, the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated.

- **A. Resident #1 was discharged from the Facility on 10-29-2015.**
- **B. To identify other residents having potential to be affected by this practice, all admission and readmission charts for the past three months were audited by the Rehab Director, to**

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*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.*
**NAME OF PROVIDER OR SUPPLIER**  
MARY GRAN NURSING CENTER

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<tr>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
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<td>(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</td>
<td>(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</td>
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Review of Resident #1's medical record revealed the resident was hospitalized from 9/17/15 to 9/22/15 secondary to Acute Renal Failure. Upon the resident's readmission date of 9/22/15 the resident was ordered to receive speech therapy. A review of the resident's cumulative orders within the facility's computer system noted the order was initiated 9/22/15. The order remained active through 10/29/15 when Resident #1 was discharged from the facility. No documentation was found to indicate the resident was ever evaluated and treated by speech therapy following her return on 9/22/15. Review of the resident's care plan, updated 9/26/15, revealed swallowing was identified to be a problem for the resident. One of the approaches listed on the care plan was to "refer to Speech therapist for Swallowing Evaluation." Nurse #1 was interviewed on 12/8/15 at 12 noon and again at approximately 3:40 PM. Nurse #1 stated the resident had swallowing problems and ate poorly. Nurse #1 did not know why speech therapy did not treat the resident again following the readmission order of 9/22/15 to do so.

The speech therapist reviewed the resident's medical record and confirmed that the resident was referred to the speech therapist on 8/28/15 and was discharged to the hospital on 9/15/15. The speech therapist stated that the resident did not receive evaluation and treatment as ordered 9/22/15. The speech therapist stated that the resident was discharged to the hospital and had worked with her so that her diet could be upgraded to soft food with chopped meats. The therapist stated that the resident had met part of her speech therapy goals and that all orders for Therapy Services were implemented. Corrections were made as indicated. This was completed on December 18, 2015.

C. Systemic changes made to ensure that the deficient practice will not reoccur were to reeducate the Rehab Director COTA and Rehab Tech to assure that all physician's orders are implemented. Email notification of each Admission and Readmission will be forwarded to the Rehab Director and Rehab Tech by the Admissions Director, on the day of the resident's arrival at the facility. All new admissions and readmissions Will be screened by all therapy disciplines.

The resident name will be added to the Plan Of Care (POC) tracker form by the Rehab Tech when notification of admission or readmission is received. The POC Tracker Form will track screens, orders POCs, undated POCs, and extension orders. The Rehab Director or designee will audit the Plan of Care Tracker form weekly to assure all Residents have been Screened and
A. BUILDING __________________________
B. WING _______________________________

NAME OF PROVIDER OR SUPPLIER
MARY GRAN NURSING CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
120 SOUTHWOOD DRIVE BOX 379
CLINTON, NC  28328

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<td>but not all of them prior to her transfer to the hospital on 9/17/15. The speech therapist explained he was not aware the resident had returned to the facility and had a speech therapy order on 9/22/15. The speech therapist did not know why the therapy department had not received the order to evaluate and treat the resident again.</td>
<td>physicians orders have been implemented. The computer software SMART system will alert The Rehab Director to any resident who has not been assigned a Payer source. These alerts will be monitored daily by the Rehab Director or COTA.</td>
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<td>D. To monitor this practice, The QA monitor Therapy Audit will be completed by the Administrator. This monitor will review two new admission or readmission charts to ensure therapy screens were completed by all three disciplines and if physician orders were received that they were followed through. This monitor will be completed weekly times 4 weeks, then monthly times two months or until resolved by QOL/QA committee. Reports will be given to the weekly Quality of Life-QA committee and corrective action initiated as appropriate.</td>
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