

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

PRINTED: 08/04/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345268</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/08/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>AUTUMN CARE OF MARSHVILLE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>311 W PHIFER STREET</b> <b>MARSHVILLE, NC 28103</b>		
(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 000	INITIAL COMMENTS  An unannounced, onsite, complaint investigation for intake # NC00114886 was conducted 3/2/16 - 3/3/16 however two required interviews could not be conducted during the onsite review. These two interviews were conducted by telephone on 3/8/16 and the exit date was therefore 3/8/16. IDR conducted 4/18/16 and resulted in deletion of F 309.	F 000			
F 285 SS=D	483.20(m), 483.20(e) PASRR REQUIREMENTS FOR MI & MR  A facility must coordinate assessments with the pre-admission screening and resident review program under Medicaid in part 483, subpart C to the maximum extent practicable to avoid duplicative testing and effort.  A nursing facility must not admit, on or after January 1, 1989, any new residents with: (i) Mental illness as defined in paragraph (m)(2)(i) of this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission; (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and (B) If the individual requires such level of services, whether the individual requires specialized services for mental retardation. (ii) Mental retardation, as defined in paragraph (m)(2)(ii) of this section, unless the State mental retardation or developmental disability authority has determined prior to admission-- (A) That, because of the physical and mental	F 285		3/31/16	

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

TITLE

(X6) DATE

Electronically Signed

03/31/2016

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345268</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/08/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>AUTUMN CARE OF MARSHVILLE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>311 W PHIFER STREET</b> <b>MARSHVILLE, NC 28103</b>		
(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 285	<p>Continued From page 1</p> <p>condition of the individual, the individual requires the level of services provided by a nursing facility; and</p> <p>(B) If the individual requires such level of services, whether the individual requires specialized services for mental retardation.</p> <p>For purposes of this section:</p> <p>(i) An individual is considered to have "mental illness" if the individual has a serious mental illness defined at §483.102(b)(1).</p> <p>(ii) An individual is considered to be "mentally retarded" if the individual is mentally retarded as defined in §483.102(b)(3) or is a person with a related condition as described in 42 CFR 1009.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on medical record review and staff interview, the facility failed to coordinate with the Preadmission Screening and Resident Review Program (PASRR) for reevaluation of PASRR for continued stay at the facility for one of two sampled residents with a level two screening (Resident #2). The findings included: Resident #2 was readmitted to the facility 11/14/15. Cumulative diagnoses included: depressive disorder, anxiety and knee replacement.</p> <p>A Quarterly Minimum Data Set (MDS) dated 2/13/16 indicated the resident had a preadmission screening and resident review (PASRR) Level 2 and was cognitively intact. The medical record was reviewed and revealed the following PASRR and screening history: Resident #2 was admitted to the facility on 11/14/15 with a PASRR # _____ E with an expiration date of 12/13/15. There was no</p>	F 285	<p>F 285</p> <p>I. For the Resident affected: Resident #2 was discharged from the facility on February 19, 2016.</p> <p>II. For other residents with the potential to be affected: Residents residing in the facility at the time of this survey were audited by the Social Service Director on March 31, 2016 to ensure each did not have an expired PASRR. PASRRs were found to be in compliance. Only one other resident resides in the center with a level 2 PASRR which has no expiration date.</p> <p>III. System Change: Social Service Director and Admission Coordinator were re-educated on PASRR guidelines by the Administrator on March 31, 2016 to include admitting residents with an appropriate PASRR, recognizing the different levels of PASRRs, tracking</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345268</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/08/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>AUTUMN CARE OF MARSHVILLE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>311 W PHIFER STREET</b> <b>MARSHVILLE, NC 28103</b>		
(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 285	Continued From page 2 resubmission submitted by 12/13/15 for a PASRR Level 2 renewal. There was no further PASRR information in the Medical Record for this resident. Telephone interview with a Staff Member at Division of Medical Assistance on 3/2/16 at 2:00 PM revealed a request for reevaluation of PASRR Level 2 status was submitted from the facility on 2/10/16 and the assessment was completed on 2/16/16 and was still pending. Resident #2 was discharged from the facility to the hospital on 2/19/16. On 3/2/16 at 4:09 PM interview with the Social Worker (SW) revealed that she had not submitted a request for PASRR renewal by 12/15/15 because she had not been aware that the resident had a PASRR number with an expiration date. She added that she found out when Medicare denied payment of the resident ' s bill and that was why she submitted the request on 2/10/16. The SW added that approval had not been obtained prior to the resident being discharged from the facility and it was her understanding that Resident #2 had been discharged home after her hospital stay. In addition the SW acknowledged that requests for renewal evaluation were supposed to be submitted before the expiration date.	F 285	PASRR expiration dates, and the PASRR renewal process. The facility Admissions Director is now responsible for validating PASRRs upon admission and the Social Worker is responsible for following up on PASRR expiration dates if there is one. IV. QA Monitoring: Center Administrator/designee began auditing new admissions beginning March 4, 2016 to ensure a tracking system is in place to monitor PASRR expiration dates. This audit will occur weekly for four weeks then monthly for two months to ensure compliance. Results of these audits will be reviewed with the Quality Improvement Committee monthly. Any areas of concern will be addressed and further recommendation will be made as indicated.		