

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

PRINTED: 12/28/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345244</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/03/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>HARBORVIEW HEALTH CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>812 SHEPARD STREET MOREHEAD CITY, NC 28557</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 273 SS=D	<p>483.20(b)(2)(i) COMPREHENSIVE ASSESSMENT 14 DAYS AFTER ADMIT</p> <p>A facility must conduct a comprehensive assessment of a resident within 14 calendar days after admission, excluding readmissions in which there is no significant change in the resident's physical or mental condition. (For purposes of this section, "readmission" means a return to the facility following a temporary absence for hospitalization or for therapeutic leave.)</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to complete a comprehensive assessment within 14 days of admission to the facility for 1 of 16 residents reviewed for comprehensive assessments. (Resident #12). Findings Included: Resident #12 was originally admitted to the facility on 06/21/16 with diagnoses which included dementia, generalized muscle weakness and difficulty in walking. A comprehensive assessment was completed on 7/15/16. On 08/12/16, Resident #12 was discharged with his return not anticipated. On 08/26/16, Resident #12 was admitted to the facility as a new admission and he was discharged with his return anticipated, the same day. Resident #12 re-entered the facility on 09/06/16. The comprehensive assessment, due within 14 days of the admission date of 08/26/16, was not completed by 09/08/16. During an interview on 11/03/16 at 1:00 p.m., the Director of Nursing (DON) stated she had been the facility 's MDS Registered Nurse Coordinator until she accepted the DON position at the end of May 2016. The DON stated the facility had been</p>	F 273	<p>The comprehensive assessment for Resident #12 will be completed as required.</p> <p>The facility will audit current residents to determine if they received a comprehensive assessment within 14 days of admission in accordance with regulations. If it is determined that a resident did not receive the required comprehensive assessment, the MDS Coordinator will complete the assessment at that time.</p> <p>The MDS Coordinator or designee will audit new admissions on a monthly basis for six months and submit documentation to the Director of Nursing and Administrator that the required comprehensive assessments have been completed. If any are found to have not been completed, the MDS Coordinator will complete at that time.</p> <p>The Director of Nursing or designee will</p>	12/1/16

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

TITLE

(X6) DATE

Electronically Signed

11/27/2016

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.

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F 273	Continued From page 1 unsuccessful in their attempts to find her MDS replacement. The DON stated this had caused many of the MDS assessments to be late. The DON stated it was her expectation the MDS assessments be completed by their due date. During an interview with the Administrator on 11/03/16 at 2:36 p.m., the Administrator stated it was his expectation the MDS assessments were completed when due.	F 273	complete monthly audits of MDS documentation to ensure all residents have received a comprehensive assessment within 14 days of admission in accordance with regulations. The Director of Nursing or designee will report findings to the QAPI committee for six months to monitor the effectiveness of these measures, to ensure ongoing compliance, and to make any changes to the plan when necessary. This Plan of Correction will be integrated into the quality assurance system of the facility.	