

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

PRINTED: 03/03/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345192	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/26/2017
NAME OF PROVIDER OR SUPPLIER LONGLEAF NEURO-MEDICAL TREATMENT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 4761 WARD BOULEVARD WILSON, NC 27893		
(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 No deficiencies were cited as a result of the complaint investigation survey of 1/27/2017. Event ID # 24JF11. Intake NC00124447.	F 000			
F 272 SS=E	483.20(b)(1) COMPREHENSIVE ASSESSMENTS (b) Comprehensive Assessments (1) Resident Assessment Instrument. A facility must make a comprehensive assessment of a resident's needs, strengths, goals, life history and preferences, using the resident assessment instrument (RAI) specified by CMS. The assessment must include at least the following: (i) Identification and demographic information (ii) Customary routine. (iii) Cognitive patterns. (iv) Communication. (v) Vision. (vi) Mood and behavior patterns. (vii) Psychological well-being. (viii) Physical functioning and structural problems. (ix) Continence. (x) Disease diagnosis and health conditions. (xi) Dental and nutritional status. (xii) Skin Conditions. (xiii) Activity pursuit. (xiv) Medications. (xv) Special treatments and procedures. (xvi) Discharge planning. (xvii) Documentation of summary information regarding the additional assessment performed on the _____ care areas triggered by the completion of the Minimum Data Set (MDS).	F 272		2/15/17	

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

TITLE

(X6) DATE

Electronically Signed

02/10/2017

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 272	<p>Continued From page 1</p> <p>(xviii) Documentation of participation in assessment. The assessment process must include direct observation and communication with the resident, as well as communication with licensed and non-licensed direct care staff members on all shifts.</p> <p>The assessment process must include direct observation and communication with the resident, as well as communication with licensed and non-licensed direct care staff members on all shifts.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review, and resident and staff interviews, the facility failed to complete a Care Area Assessment that addressed the underlying causes, contributing factors, and factors that must be considered in developing individualized care plan interventions for 3 of 3 residents (Resident #76, #89 and #185) reviewed for dental concerns.</p> <p>The findings included:</p> <p>1. Resident #89 had diagnoses that included vascular dementia, hypertension, and schizophrenia. The most recent comprehensive Minimum Data Set (MDS), dated 07/06/16, indicated Resident #89 had obvious or likely cavities or broken natural teeth. One of the Care Area Assessments (CAA) triggered from the comprehensive MDS was the Dental CAA.</p> <p>The Dental CAA Summary dated 07/06/16 stated, "has obvious broken down and decayed natural teeth. Risk factors include pain, infection, loss of</p>	F 272	<p>Response for Tag F 272</p> <p>The facility maintains that a comprehensive assessment, of a resident's needs, strengths, goals, life history and preferences, using the Resident Assessment Instrument (RAI) specified by CMS, is made for each resident.</p> <p>The Dental Care Area Assessments for Resident # 76, Resident # 89, and Resident # 185 were reviewed. The residents were reassessed by the Dental Hygienist and assigned MDS Nurse using the Dental Care Area Assessment (CAA) resource provided in the RAI manual. The revised Dental CAAs were completed on 2/9/17 and the residents' care plans were updated as needed.</p> <p>All residents whose Dental CAA triggers from the comprehensive MDS could be</p>		

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F 272	<p>Continued From page 2</p> <p>additional and loss of appetite/nutrition. [Resident #89] states he is not in any pain and does not want treatment. " It also included that dental professionals would continue regular exams and treat as needed, and that no Care Plan was needed. The CAA did not indicate if the resident had any concerns with ability to chew food or any concerns with side effects from medications that affect oral health.</p> <p>On 01/24/2017 03:45:29 PM), Resident #89 was observed to have had caries and broken teeth.</p> <p>During an interview on 01/26/17 at 4:34 PM, the Dental Hygienist indicated she didn 't know she should individualize the Care Area Assessment Summary and include concerns that should be considered in the Care Plan.</p> <p>On 01/27/17 at 9:14 AM, the Director of Standards stated she would expect staff to follow the instructions in the RAI manual and include a comprehensive analysis of the resident's condition.</p> <p>2. Resident #185 had diagnoses that included heart failure, hypertension, anxiety, and gastroesophageal Reflux Disease. The most recent comprehensive Minimum Data Set (MDS), dated 06/16/16, indicated Resident #185 had obvious or likely cavities or broken natural teeth. One of the Care Area Assessments (CAA) triggered from the comprehensive MDS was the Dental CAA.</p> <p>The Dental CAA Summary dated 06/16/16 stated, " triggered because resident has an obvious cavity/broken down natural tooth. Risk factors</p>	F 272	<p>affected by the deficient practice. The facility's Dental Hygienist was provided education on 2/6/17 regarding the requirement to use the CAA resource tool for each Dental CAA which triggers.</p> <p>The following corrective actions were implemented:</p> <p>On 1/27/17, a plan was initiated by the Director of Standards Management to schedule the Dental Hygienist for training, offered through the NC Division of Health Service Regulation, Nursing Home Licensure and Certification Section, on Care Area Assessments and Care Planning. The Dental Hygienist and two MDS Nurses completed the training on 2/8/17.</p> <p>On 2/6/17, the Assistant Director of Nursing and Director of Standards Management reviewed the CAA process, and the expectation to use the CAA resource tools available in the RAI Manual, with all the MDS Nurses.</p> <p>All facility staff members who complete Care Area Assessments, attended a facility based training on the CAA process, provided by an MDS Nurse, on 2/9/17. All attendees were provided a copy of the CAA resource tools and instructions on how to properly complete a CAA.</p> <p>A quality assurance process was implemented under the direction of the Director of Nursing (DON) to monitor that CAAs address the underlying causes,</p>		

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F 272	<p>Continued From page 3</p> <p>include pain, infection, or inability to eat. Proceed with Care Plan. " It also stated that treatment had already begun which included extraction of " several " teeth. The CAA did not indicate if the resident had any concerns with ability to chew food or any concerns with side effects from medications that affect oral health.</p> <p>On 01/24/17 at 12:13 PM, Resident #185 was observed to be missing upper and lower teeth.</p> <p>During an interview on 01/26/17 at 4:34 PM, the Dental Hygienist indicated she didn ' t know she should individualize the Care Area Assessment Summary and include concerns that should be considered in the Care Plan.</p> <p>On 01/27/17 at 9:14 AM, the Director of Standards stated she would expect staff to follow the instructions in the RAI manual and include a comprehensive analysis of the resident's condition.</p> <p>3. Resident #76 had diagnoses that included cardiovascular disease, diabetes and hypertension. The most recent comprehensive Minimum Data Set (MDS), dated 05/05/16, indicated Resident #76 had obvious or likely cavities or broken natural teeth. One of the Care Area Assessments (CAA) triggered from the comprehensive MDS was the Dental CAA.</p> <p>The Dental CAA Summary dated 05/05/16 stated Resident #76, "has decayed/broken natural teeth. Risk factors include pain/infection, loss of teeth and loss of appetite/nutrition. No Care Plan at this time. Resident is not complaining of any pain. " It also included the dentist ' s recommendation that</p>	F 272	<p>contributing factors, and factors that must be considered in developing individualized care plan interventions Beginning 2/10/17, MDS Nurses will review each CAA and confirm that CAA resource tools are used to develop an individualized summary which includes concerns that should be considered in the care plan. Findings will be documented on an audit tool which will be reviewed weekly by the Director of Nursing/Assistant Director of Nursing x 12 months and corrective action taken as warranted. The audit findings will be compiled by the Director of Standards Management/designee and reported monthly x 12 months to the QI Committee for review or additional action.</p>		

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F 272	Continued From page 4 teeth only be extracted when the resident complained of pain. The CAA did not indicate if the resident had any concerns with her ability to chew food or any concerns with side effects from medications that affect oral health. The most recent Minimum Data Set (MDS), dated 12/29/16 indicated the resident was severely cognitively impaired. During an interview on 01/26/17 at 4:34 PM, the Dental Hygienist indicated she didn ' t know she should individualize the Care Area Assessment Summary and include concerns that should be considered in the Care Plan. On 01/27/17 at 9:14 AM, the Director of Standards stated she would expect staff to follow the instructions in the RAI manual and include a comprehensive analysis of the resident's condition.	F 272			
F 285 SS=D	483.20(e)(k)(1)-(4) PASRR REQUIREMENTS FOR MI & MR (e) Coordination. A facility must coordinate assessments with the pre-admission screening and resident review (PASARR) program under Medicaid in subpart C of this part to the maximum extent practicable to avoid duplicative testing and effort. Coordination includes: (1) Incorporating the recommendations from the PASARR level II determination and the PASARR evaluation report into a resident's assessment, care planning, and transitions of care. (2) Referring all level II residents and all residents	F 285		2/15/17	

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F 285	<p>Continued From page 5</p> <p>with newly evident or possible serious mental disorder, intellectual disability, or a related condition for level II resident review upon a significant change in status assessment.</p> <p>(k) Preadmission Screening for individuals with a mental disorder and individuals with intellectual disability.</p> <p>(1) A nursing facility must not admit, on or after January 1, 1989, any new residents with:</p> <p>(i) Mental disorder as defined in paragraph (k)(3)(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,</p> <p>(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</p> <p>(B) If the individual requires such level of services, whether the individual requires specialized services; or</p> <p>(ii) Intellectual disability, as defined in paragraph (k)(3)(ii) of this section, unless the State intellectual disability or developmental disability authority has determined prior to admission-</p> <p>(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</p>	F 285			

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F 285	<p>Continued From page 6</p> <p>(B) If the individual requires such level of services, whether the individual requires specialized services for intellectual disability.</p> <p>(2) Exceptions. For purposes of this section-</p> <p>(i)The preadmission screening program under paragraph(k)(1) of this section need not provide for determinations in the case of the readmission to a nursing facility of an individual who, after being admitted to the nursing facility, was transferred for care in a hospital.</p> <p>(ii) The State may choose not to apply the preadmission screening program under paragraph (k)(1) of this section to the admission to a nursing facility of an individual-</p> <p>(A) Who is admitted to the facility directly from a hospital after receiving acute inpatient care at the hospital,</p> <p>(B) Who requires nursing facility services for the condition for which the individual received care in the hospital, and</p> <p>(C) Whose attending physician has certified, before admission to the facility that the individual is likely to require less than 30 days of nursing facility services.</p> <p>(3) Definition. For purposes of this section-</p> <p>(i) An individual is considered to have a mental disorder if the individual has a serious mental disorder defined in 483.102(b)(1).</p> <p>(ii) An individual is considered to have an</p>	F 285			

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F 285	<p>Continued From page 7</p> <p>intellectual disability if the individual has an intellectual disability as defined in §483.102(b)(3) or is a person with a related condition as described in 435.1010 of this chapter.</p> <p>(k)(4) A nursing facility must notify the state mental health authority or state intellectual disability authority, as applicable, promptly after a significant change in the mental or physical condition of a resident who has mental illness or intellectual disability for resident review. This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview and record review the facility failed to make a referral for re-evaluation after a significant change in condition, for 1 of 2 sampled residents (Resident #134) reviewed for Preadmission Screening Resident Review Level II status. Findings included:</p> <p>Resident #134 had a diagnoses of schizophrenia.</p> <p>Review of the medical record revealed Resident #134 was determined to have a Level II Preadmission Screening Resident Review (PASRR), dated 03/21/13.</p> <p>Further record review revealed the resident had a decline in cognition and activities of daily living and a Significant Change in Status assessment was completed on 11/23/16.</p> <p>MDS Coordinator #1 was interviewed on 01/26/17 at 3:00 PM. MDS Coordinator #1 indicated she was responsible for making a referral to the PASRR Authority when a resident with Level II status, had a significant change in status. She indicated she had completed the Significant</p>	F 285	<p>Response for Tag F285</p> <p>The facility maintains that assessments are coordinated with the pre-admission screening and resident review (PASRR) program.</p> <p>A referral for re-evaluation of Resident # 134 was made on 1/27/17. Screening was completed by the PASRR authority on 2/2/17 and an updated PASRR letter was filed in the resident's medical record.</p> <p>All residents who have a significant change could be affected by the deficient practice. An audit was conducted on 1/27/17 of all residents who had significant change assessments from July 1, 2016- January 27, 2017. Referrals for re-evaluation were submitted to the PASRR authority as needed on 1/27/17.</p> <p>The following corrective actions were implemented:</p> <p>The Assistant Director of Nursing (ADON)</p>		

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F 285	Continued From page 8 Change in Status assessment (11/23/16) for Resident #134, but she had not yet made a referral to the PASRR Authority for re-evaluation. During an interview on 1/27/17 at 9:14 AM, the Director of Standards stated it was her expectation that a referral be done when a resident with Level II PASRR had a significant change in status.	F 285	sent a memo to all MDS Nurses on 1/27/17 instructing them to submit a referral for a re-evaluation when a resident with Level II PASRR has a significant change. All MDS Nurses signed the memo on 1/27/17 acknowledging receipt. Training on the PASRR program was provided by the ADON and Director of Standards Management on 2/6/17. The expectation to submit the referral within 7 business days of the significant change was reviewed. A resource book which contains PASRR regulations and instructions was provided to each MDS Nurse on 2/6/17. A quality assurance process was implemented under the direction of the Director of Nursing to monitor that PASRR referrals for re-evaluation are submitted to the PASRR authority for all significant changes. A tracking form for significant changes was implemented on 2/10/17. MDS Nurses will notify the DON and ADON when a significant change occurs and submission of the referral within 7 days will be confirmed. The DON/ADON will confirm weekly that referrals have been made. Findings will be reviewed weekly x 12 months by the DON/ADON and corrective action taken as warranted. The audit findings will be compiled by the Director of Standards Management/designee and reported monthly x 12 months to the QI Committee for review or additional action.	