### Statement of Deficiencies and Plan of Correction

**Capital Nursing and Rehabilitation Center**

**3000 Holston Lane**

**Raleigh, NC 27610**

**Provider Identification Number:** 345202

**Date Survey Completed:** 01/27/2017

#### Summary Statement of Deficiencies

<table>
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<tr>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
<th>Requirement</th>
<th>Action</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>F 278</td>
<td>SS=E</td>
<td>483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED</td>
<td>The assessment must accurately reflect the resident's status.</td>
<td>Based on record review and staff interviews, the facility failed to coordinate completion of the Minimum Data Set (MDS) and the MDS Coordinator knowingly submitted assessments without completion of the Cognition and Mood interviews for 6 of 35 residents reviewed.</td>
<td>2/10/17</td>
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**Laboratory Director's or Provider/Supplier Representative's Signature:** Electronically Signed

**Date:** 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.
Residents #9, #16, #48, #79, #115, and #177. The findings include:

1. Resident #16 was admitted to the facility on 4/10/15. The Quarterly Minimum Data Set (MDS) for Resident #16, dated 11/28/16, revealed the interviews for Cognition and Mood were not completed. The Section Z item on the MDS, indicating completion, was signed by the RN to show the assessment was completed.

During an interview on 1/25/17 at 2:00 PM the MDS Nurse indicated she had been out on leave for a period of time and after she came back the Social Worker (SW) was terminated for routinely not completing the Cognition and Mood interviews. The MDS Coordinator stated from 11/28/16 the Cognition and Mood interviews were not put into the MDS because they were waiting for a new SW to be hired.

During an interview on 1/25/17 at 2:30 PM the Administrator stated the facility identified the problem of the MDS Cognition and Mood interviews not being completed on 9/16/16. She stated on 10/26/16 the facility put in place a 30 day monitoring tool to ensure the Cognition and Mood interview sections were being completed. She stated it was quickly apparent the person responsible for this section of the MDS was not completing the section. She stated at the end of November 2016 the facility began doing all Brief Interviews for Mental Status (BIMS) on all residents using a tool in the facilities computer. This tool was not connected to the MDS system. The Administrator further stated from 11/28/16 until January 2017 the MDS Cognition and Mood interviews were not completed because the

taken or will take the actions set forth in this Plan of Correction. The Plan of Correction constitutes the facility’s allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated.

1 Corrective action was accomplished for Resident #16, Resident #177, Resident #48, Resident #9, Resident #79, and Resident #115, who was found to have been affected by the deficient practice, new BIMs and Mood Interviews were completed for each resident by the Interdisciplinary Team. Additionally a new Quarterly MDS was completed by the Interdisciplinary Team for all affected residents which included all sections of the MDS. All new Quarterly MDS assessments were submitted by the RN MDS Coordinator on 2/13/2017.

2. All residents in the facility have the potential to be affected by the same deficient practice. An audit was conducted, by the RN MDS Coordinator and the RN MDS Consultant, on 1/25/2017 of current residents to determine which residents had dashes on Section C and D (interview not completed) on their most recent OBRA MDS assessment, and in turn inaccurately selected Section C and D of the MDS was complete. All residents who were identified as not having BIMs or a Mood Interview on their most recent MDS assessment were opened as OBRA Quarterly Assessment to correct the prior
**NAME OF PROVIDER OR SUPPLIER**  
CAPITAL NURSING AND REHABILITATION CENTER

**STREET ADDRESS, CITY, STATE, ZIP CODE**  
3000 HOLSTON LANE  
RALEIGH, NC 27610

<table>
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<tr>
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<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
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<th>PROVIDER’S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
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<td>F 278</td>
<td>Continued From page 2</td>
<td>facility was in the process of hiring a new Social Worker to begin work 1/9/2017.</td>
<td>F 278</td>
<td>OBRA MDS assessments per recommendations of Mary Maas the NC RAI Clinical Coordinator. The Quarterly Assessment was completed, including Section C and D, and the Assessment was submitted. The assessments were completed by the Interdisciplinary Team, and were submitted by the RN MDS Coordinator.</td>
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<td>2. Resident #177 was admitted to the facility on 11/5/16.</td>
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<td>3. Education was provided to the all Interdisciplinary Team Members by the RN MDS Consultant addressing the importance of conducting interviews, how to conduct the interviews, who can conduct interviews, and the timeliness of completing them. This training was completed on 1/26/2017. All members of the team, who complete any section of the MDS assessment, must sign and certify the accuracy of those sections and that an incomplete section indicates an incomplete MDS. In addition the MDS RN Coordinator was in-serviced, by the RN MDS Consultant on coordinating the entire MDS process and signing the MDS as complete in Section Z0400 of the MDS. The RN MDS Coordinator was also in-serviced that she must coordinate each MDS assessment with appropriate participation of the IDT members. In addition, she was in-serviced that she must sign and certify that the MDS assessment is completed and any incomplete section indicates that the MDS is not complete and therefore inaccurate. Furthermore, a new Social Worker was hired on 1/9/2017, and completed training on 1/20/2017 provided by our RN MDS</td>
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<td>The 30-Day Medicare Minimum Data Set (MDS) assessment for Resident #177, dated 12/3/17, revealed the interviews for Cognition and Mood were not completed. The Section Z item on the MDS, indicating completion, was signed by the RN to show the assessment was completed.</td>
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<td>During an interview on 1/25/17 at 2:00 PM the MDS Nurse indicated she had been out on leave for a period of time and after she came back the Social Worker (SW) was terminated for routinely not completing the Cognition and Mood interviews. The MDS Coordinator stated from 11/28/16 the Cognition and Mood interviews were not put into the MDS because they were waiting for a new SW to be hired.</td>
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<td>During an interview on 1/25/17 at 2:30 PM the Administrator stated the facility identified the problem of the MDS Cognition and Mood interviews not being completed on 9/16/16. She stated on 10/26/16 the facility put in place a 30 day monitoring tool to ensure the Cognition and Mood interview sections were being completed. She stated it was quickly apparent the person responsible for this section of the MDS was not completing the section. She stated at the end of November 2016 the facility began doing all Brief Interviews for Mental Status (BIMS) on all residents using a tool in the facilities computer. This tool was not connected to the MDS system. The Administrator further stated from 11/28/16 until January 2017 the MDS Cognition and Mood interviews were not completed because the</td>
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A. BUILDING ______________________

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:
345202

(X2) MULTIPLE CONSTRUCTION
A. BUILDING ______________________
B. WING ___________________________

(X3) DATE SURVEY COMPLETED
01/27/2017

NAME OF PROVIDER OR SUPPLIER
CAPITAL NURSING AND REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
3000 HOLSTON LANE
RALEIGH, NC  27610

(X4) ID PREFIX TAG
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

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<tr>
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<td>Continued From page 3</td>
<td>F 278</td>
<td>Consultant. Since this date, SW has been completing BIMs and the Mood Interview, as well as SW sections in the MDS. SW has also been signing the SW sections of the MDS for completion for any MDS with an ARD after 1/20/2017.</td>
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3. Resident #48 was admitted to the facility on 12/23/16.

The 5-Day Medicare Minimum Data Set (MDS) assessment for Resident #48, dated 12/30/16, revealed the interviews for Cognition and Mood were not completed. The Section Z item on the MDS, indicating completion, was signed by the RN to show the assessment was completed.

During an interview on 1/25/17 at 2:00 PM the MDS Nurse indicated she had been out on leave for a period of time and after she came back the Social Worker (SW) was terminated for routinely not completing the Cognition and Mood interviews. The MDS Coordinator stated from 11/28/16 the Cognition and Mood interviews were not put into the MDS because they were waiting for a new SW to be hired.

During an interview on 1/25/17 at 2:30 PM the Administrator stated the facility identified the problem of the MDS Cognition and Mood interviews not being completed on 9/16/16. She stated on 10/26/16 the facility put in place a 30 day monitoring tool to ensure the Cognition and Mood interview sections were being completed. She stated it was quickly apparent the person responsible for this section of the MDS was not completing the section. She stated at the end of November 2016 the facility began doing all Brief Interviews for Mental Status (BIMS) on all residents using a tool in the facilities computer. This tool was not connected to the MDS system. The Administrator further stated from 11/28/16 until January 2017 the MDS Cognition and Mood interviews were not completed because the

4. The facility plans to monitor its performance to make sure that solutions are sustained by checking 3 MDS submissions weekly for a period of four weeks. The Director of Nursing, or her designee, will check Section C and D for completeness, and to ensure the BIMs and Mood Interviews were completed. After four weeks, if 100% accuracy is achieved, the Director of Nursing, or her Designee will audit Section C and D for completeness, and to ensure the BIMs and Mood Interviews were completed by checking three assessments monthly for three months. Any incomplete sections/missing interviews will be completed immediately. All findings will be reported to the quarterly Quality Assurance Committee Meeting.

5. 2/13/2017
4. Resident #9 was admitted to the facility on 7/1/15. The Quarterly Minimum Data Set (MDS) for Resident #9 dated 1/2/17, revealed the interviews for Cognition and Mood were not completed. The Section Z item on the MDS, indicating completion, was signed by the RN to show the assessment was completed.

During an interview on 1/25/17 at 2:00 PM the MDS Nurse indicated she had been out on leave for a period of time and after she came back the Social Worker (SW) was terminated for routinely not completing the Cognition and Mood interviews. The MDS Coordinator stated from 11/28/16 the Cognition and Mood interviews were not put into the MDS because they were waiting for a new SW to be hired.

During an interview on 1/25/17 at 2:30 PM the Administrator stated the facility identified the problem of the MDS Cognition and Mood interviews not being completed on 9/16/16. She stated on 10/26/16 the facility put in place a 30 day monitoring tool to ensure the Cognition and Mood interview sections were being completed. She stated it was quickly apparent the person responsible for this section of the MDS was not completing the section. She stated at the end of November 2016 the facility began doing all Brief Interviews for Mental Status (BIMS) on all residents using a tool in the facilities computer. This tool was not connected to the MDS system.
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| F 278 | Continued From page 5 | The Administrator further stated from 11/28/16 until January 2017 the MDS Cognition and Mood interviews were not completed because the facility was in the process of hiring a new Social Worker to begin work 1/9/2017.  
5. Resident #79 was admitted to the facility on 11/21/16. The Admission Minimum Data Set (MDS) for Resident #79 dated 11/28/16 revealed the interviews for Cognition and Mood were not completed. The Section Z item on the MDS, indicating completion, was signed by the RN to show the assessment was completed. During an interview on 1/25/17 at 2:00 PM the MDS Nurse indicated she had been out on leave for a period of time and after she came back the Social Worker (SW) was terminated for routinely not completing the Cognition and Mood interviews. The MDS Coordinator stated from 11/28/16 the Cognition and Mood interviews were not put into the MDS because they were waiting for a new SW to be hired. During an interview on 1/25/17 at 2:30 PM the Administrator stated the facility identified the problem of the MDS Cognition and Mood interviews not being completed on 9/16/16. She stated on 10/26/16 the facility put in place a 30 day monitoring tool to ensure the Cognition and Mood interview sections were being completed. She stated it was quickly apparent the person responsible for this section of the MDS was not completing the section. She stated at the end of November 2016 the facility began doing all Brief Interviews for Mental Status (BIMS) on all residents using a tool in the facilities computer. This tool was not connected to the MDS system. | F 278 | | | |
The Administrator further stated from 11/28/16 until January 2017 the MDS Cognition and Mood interviews were not completed because the facility was in the process of hiring a new Social Worker to begin work 1/9/2017.

6. Resident # 115 was admitted to the facility on 10/4/13.

The Quarterly Minimum Data Set (MDS) for Resident # 115 dated 1/2/17 revealed the interviews for Cognition and Mood were not completed. The Section Z item on the MDS, indicating completion, was signed by the RN to show the assessment was completed.

During an interview on 1/25/17 at 2:00 PM the MDS Nurse indicated she had been out on leave for a period of time and after she came back the Social Worker (SW) was terminated for routinely not completing the Cognition and Mood interviews. The MDS Coordinator stated from 11/28/16 the Cognition and Mood interviews were not put into the MDS because they were waiting for a new SW to be hired.

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The Administrator further stated from 11/28/16 until January 2017 the MDS Cognition and Mood interviews were not completed because the
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facility was in the process of hiring a new Social
Worker to begin work 1/9/2017.

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483.20(k)(3)(ii) SERVICES BY QUALIFIED
PERSONS/PER CARE PLAN

The services provided or arranged by the facility
must be provided by qualified persons in
accordance with each resident's written plan of
care.

This REQUIREMENT is not met as evidenced by:

Based on record review, observation and staff
interview Hospice staff failed to follow the care
plan of having fall mats beside a resident's bed
while providing care for 1 of 1 Hospice resident
(Resident #16) whose care plan was reviewed.

The findings included:

Resident #16 was admitted to the facility on
4/19/15 with diagnoses including end-stage
chronic obstructive pulmonary disease (COPD), a
history of traumatic brain injury (TBI) and was
receiving Hospice services.

A review of the significant change Minimum Data
Set MDS dated 6/14/16 and his most recent
quarterly MDS dated 11/28/16 revealed that
Resident #16 had short and long term memory
problems and he required one person physical
extensive assistance with personal hygiene and
was totally dependent on staff for bathing. The
Resident was impaired on the upper and lower
extremity on one side.

A review of the care plan dated 11/14/16 revealed
Resident #16 was at risk for falls related to
impaired balance, a history of falls, and impaired
cognition and communication, hemiplegia and
with history of traumatic brain injury (TBI).

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's
allegation of compliance such that all
alleged deficiencies cited have been or
will be corrected by the date or dates
indicated.

1. Corrective action was accomplished for
Resident #16 when fall mats were
returned to the resident's bedside on
1/26/2017 the Certified Nursing Assistant.
This was verified by the Director of
Nursing.

2. Corrective action will be accomplished
for those residents having the potential to
be affected by the same deficient practice
by ensuring all Hospice Aides are aware
### F 282

Continued From page 8

Intervention included to have floor mats to be continued. On 1/25/17 at 2:02 PM, Resident #16 was observed lying in bed with no floor mats beside his bed.

On 1/26/17 at 9:21 AM, the Director of Nursing (DON) stated that a Hospice Nursing Assistant had provided AM care for Resident #16 on 1/25/17.

On 1/26/17 at 10:37 AM, NA#1 stated on 1/25/17 that a Hospice Nursing Assistant had cared for Resident #16 and that there had been no mats on the floor beside his bed. NA #1 further stated that the resident could easily roll out of the bed because he used his good hand to help and the floor mats could cushion his fall.

On 1/26/17 at 1:17 PM the Hospice Nursing Assistant that provided care for Resident #16 on 1/25/17 stated there had not been a mat on his floor on 1/25/17.

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### F 282

of, and understand, the facility’s Care Plans prior to providing care each time. This will be accomplished by providing an in-service to all Hospice Aides and Nurses on 2/9/2017 by the facility DON and Staff Development Coordinator. In addition, housekeeping staff was in-serviced by the Housekeeping Supervisor on 2/2/2017 regarding noticing if there is a floor mat present when completing deep cleans and ensuring mats are placed beside the bed whenever deep cleans are completed. The facility purchased additional floor mats on 1/30/2017 to ensure residents never go without a mat, if it is Care Planned, even when the mat is being deep cleaned by housekeeping. Mats were delivered on 2/8/2017.

3. Hospice staff will be trained where to obtain an up-to-date Care Plan on each of their residents. They will also be trained on the requirement to speak with the Director of Nursing, or her designee, prior to providing care to each resident, to ensure continuity of care and identification of any new interventions. Additionally, Hospice Care Plans will be updated anytime an intervention is added to the facility’s Care Plan. This will be accomplished by calling the Hospice Nurse anytime an intervention, applying to a Hospice patient, is added to their Care Plan. Facility staff will be in-serviced as well on the residents’ “Kardex.” The Kardex describes all areas of the residents’ Care Plan pertinent to the residents’ care. This in-service training will be completed by 2/13/2017 by the

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**Summary Statement of Deficiencies**

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**Provider’s Plan of Correction**

Each Corrective Action Should Be Cross-Referenced to the Appropriate Deficiency
<table>
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<td>F282</td>
<td>Continued From page 9</td>
<td>F282</td>
<td>facility SDC.</td>
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4. The facility plans to monitor its performance by completing a Quality Assurance of all residents with floor mats care planned as a falls intervention. The Director of Nursing, or her designee, will check three floor mats to ensure they are by the bed, while residents are in bed, each week for four weeks, then three mats monthly for three months. Any areas for improvement will be addressed by the Director of Nursing with nursing, hospice, or housekeeping staff as needed, and will be brought to the Quality Assurance Team.

5.2/24/2017