

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

APR 07 2017
PRINTED: 03/23/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345408	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/15/2017
NAME OF PROVIDER OR SUPPLIER DOWN EAST LIVING & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 38 CARTERS ROAD GATESVILLE, NC 27938	
(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 206 SS=D	<p>483.15(e)(1)(2) POLICY TO PERMIT READMISSION BEYOND BED-HOLD</p> <p>(e)(1) Permitting residents to return to facility.</p> <p>A facility must establish and follow a written policy on permitting residents to return to the facility after they are hospitalized or placed on therapeutic leave. The policy must provide for the following.</p> <p>(i) A resident, whose hospitalization or therapeutic leave exceeds the bed-hold period under the State plan, returns to the facility to their previous room if available or immediately upon the first availability of a bed in a semi-private room if the resident-</p> <p>(A) Requires the services provided by the facility; and</p> <p>(B) Is eligible for Medicare skilled nursing facility services or Medicaid nursing facility services.</p> <p>(ii) If the facility that determines that a resident who was transferred with an expectation of returning to the facility, cannot return to the facility, the facility must comply with the requirements of paragraph (c) as they apply to discharges.</p> <p>(e)(2) Readmission to a composite distinct part. When the facility to which a resident returns is a composite distinct part (as defined in § 483.5), the resident must be permitted to return to an available bed in the particular location of the composite distinct part in which he or she resided previously. If a bed is not available in that location at the time of return, the resident must be given the option to return to that location upon the first</p>	F 206	<p>On 04/05/2017 Accordlus Health and Rehabilitation contacted Kinda Coleman – the daughter and responsible party of Resident #59- to offer a bed to resident #59 for readmission. Ms. Coleman informed Mary Boone, Accordlus Health and Rehabilitation Social Worker that resident #59 died on 03/23/2017.</p> <p>In order to assure such situations do not occur, the policy has been clarified to state that a resident is entitled to return to the facility as long as the facility has an appropriate bed and can meet the clinical needs of the resident, and no other contradictions such as those defined by regulations exist.</p> <p>The Accordlus Health and Rehabilitation staff has been inserviced on this clarified policy. All referrals will be tracked with a periodic review of any denials for admission or readmission assuring adherence to the policy.</p> <p>Further, no resident can be denied admission or readmission without the review and approval of the Administrator with final review/approval by the Vice President of Clinical Services for the company, or the company's owners. Any such denial would then be tested against the standard of the above policy.</p> <p>Denials will be tracked and brought to monthly QAPI for review. The VP of Clinical Services will track and monitor these monthly for 6 months for further needs for training or appropriate action to assure ongoing compliance with this corrective action.</p> <p>F272 Our Date for substantiated Compliance is April 11, 2017</p>	4/11/17

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

TITLE

(X6) DATE

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 206	<p>Continued From page 1</p> <p>availablilty of a bed there. This REQUIREMENT is not met as evidenced by: Based on staff interviews and record reviews, the facility failed to readmit 1 of 1 sampled resident back to the first available bed after being discharged from the hospital. (Resident #59).</p> <p>The findings include:</p> <p>Resident #59 was originally admitted to the facillly on 10/12/16 with diagnoses including Peripheral Vascular Disease, Acute kidney failure and Acute and chronic respiratory failure.</p> <p>Review of signed doctor's telephone orders dated 11/6/16, read in part, "Send to er (emergency room) evaluate and treat."</p> <p>During an interview on 03/14/2017 at 3:09 PM, the facility Social Worker revealed Resident #59 was dlscharged from the facility on 11/6/16. She stated she thought Resident #59 might have moved closer to her family member.</p> <p>During an interview on 3/14/17 at 3:19 PM, the Director of Nursing (DON) revealed Resident #59's family member was not happy with the services provided by the facillty and another family member wanted her to move closer to their family. She recalled the previous Administrator dealt with Resident #59's family more than she did. The DON revealed Resident #59's family member did not want her to return to the facility and wanted the resident transferred to another facillty with the same doctor as the facility from which she was being dlscharged.</p> <p>During an interview on 03/15/2017 at 10:38 AM,</p>	F 206			

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F 206	<p>Continued From page 2</p> <p>the facility Admissions Director/Discharge Coordinator revealed Resident #59 had medical complications in the facility and she was sent to the hospital. She revealed Resident #59's family member was not satisfied with the care provided by the facility. The Admissions Director/Discharge Coordinator stated she asked the hospital discharge coordinator to ask Resident #59's family member if they would like Resident #59 placed at another facility. She revealed Resident #59's family member said she wanted Resident #59 to be seen by the same doctor she had at the facility.</p> <p>The Admissions Director/Discharge Coordinator stated the hospital discharge coordinator found placement at another nursing home. She stated Resident #59's family member phoned her and said she was wondering why the facility did not want to readmit Resident #59 back to the facility. The Admissions Director/Discharge Coordinator revealed she told the family member that the family seemed to be unhappy with the care provided by the facility, and it was not as if the facility was discharging Resident #59, but the family member seemed to be unhappy. The Admissions Director/Discharge Coordinator stated the family member asked if the facility doctor would be at the facility Resident #59 was discharged to and the Admissions Director/Discharge Coordinator told her yes. She stated Resident #59's family member said ok, and the facility did not hear anything else from the family member.</p> <p>The Admissions Director/Discharge Coordinator revealed there was some miscommunication, because it was not that the facility did not want to readmit Resident #59 back to the facility, but it</p>	F 206			

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F 206	Continued From page 3 was just that the family was not happy and the facility wanted the family member to be happy. The Admissions/Discharge Coordinator explained Resident #59 was admitted to the hospital and stayed there for five days until she was moved to another facility. She revealed Resident #59 was a Medicare resident at the time. The Admissions Director/Discharge Coordinator revealed once the family member found out Resident #59 would have the same doctor, the family member was fine with the discharge to another facility. During an interview on 3/15/16 at 4:36 PM, the Hospital Discharge Coordinator recalled she was told by the facility admission's coordinator that the facility was not going to accept Resident #59 back to the facility. She revealed she could not recall the reason why the facility would not accept Resident #59 once the resident was discharged from the hospital nor did she document anything else about the conversation. The Hospital Discharge Coordinator revealed she found placement at another facility for Resident #59. She emphasized the facility usually accepted residents back to the facility and there was never an issue with the facility accepting residents with behaviors, or residents requiring total care. During an interview on 3/15/16 at 4:45 PM, the Administrator stated his expectation would be that upon discharge from the hospital, a resident would be readmitted back to the first available bed.	F 206		
F 272 SS=E	483.20(b)(1) COMPREHENSIVE ASSESSMENTS (b) Comprehensive Assessments	F 272	Resident #35 will have Care Area Assessments (CAA) that are current and accurate as triggered by the completion of Minimum Data Set (MDS). This CAA will include resident's diagnosis, underlying cause, contributing factors or risk factors of anti-depressant drugs, care plan considerations or referrals to other disciplines. Resident #28 will have Care Area Assessments (CAA) that are current and accurate as triggered by the completion of Minimum Data Set (MDS). This CAA will include resident's diagnosis, underlying cause, contributing factors of his	4/11/17

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F 272	Continued From page 4 (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). (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.	F 272	Chronic Kidney Disease, care plan considerations or referrals to other disciplines. Resident #45 will have Care Area Assessments (CAA) that are current and accurate as triggered by the completion of Minimum Data Set (MDS). This CAA will include resident's diagnosis, underlying cause, contributing factors or risk factors of anti-depressant drugs, care plan considerations or referrals to other disciplines Resident #32 will have Care Area Assessments (CAA) that are current and accurate as triggered by the completion of Minimum Data Set (MDS). This CAA will include resident's ADL goals, care plan considerations or referrals to other disciplines. All resident MDS assessments will be reviewed to ensure they have corresponding Care Area Assessments (CAA) that are current and accurate as triggered by the completion of Minimum Data Set (MDS). The company is in final stages of hiring a full time MDS Coordinator who has completed appropriate training and demonstrated competency. In the full scope of MDS Coordinator functions and duties. By the end of a 60 day period, the MDS Coordinator will review all MDS assessments, CAAs, Care Plans and current orders to assure the resident is correctly and comprehensively assessed and planned in order to reach his/her highest practicable level of function. Findings from the audit will be followed by corrective action on each resident MDS/CAA/Care Plan/Orders which would benefit from changes/corrections.	

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F 272	<p>Continued From page 5</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:</p> <p>Based on record reviews and staff interviews the facility failed to complete Care Area Assessments that addressed underlying causes, contributing factors, and risk factors for 1 of 5 residents (Resident #35) reviewed for psychoactive medication assessment, for 1 of 1 resident (Resident #28) reviewed for hydration/nutrition and for 1 of 3 residents (Resident #32) reviewed for Activities of Daily Living.</p> <p>1. Resident #35 was admitted to the facility on 11/18/14 and re-admitted on 3/3/17 with diagnosis including Depressive disorder.</p> <p>The most recent Quarterly Minimum Data Set (MDS) Assessment dated 12/12/16 revealed the resident was cognitively intact and received an antidepressant medication for 7 days of the 7 day assessment period.</p> <p>The Care Area Assessment (CAA) Summary for Psychotropic Drug Use dated 1/12/17 noted the resident was taking an antidepressant medication. The CAA did not list the resident's diagnoses, underlying causes, contributing factors or risk factors of anti-depressant drugs, care plan considerations or referrals to other disciplines.</p> <p>Review of the care plan dated 3/7/17 revealed Resident #35 used an antidepressant medication related to a diagnosis of Depression.</p>	F 272	<p>The initial audit will be used as a model for a weekly review of any new assessments or Care Plan reviews to assure ongoing compliance with the required standards. These findings will be brought to QAPI on a monthly basis for review by the Interdisciplinary team and submitted to the VP of Clinical Services or the owners. This will be monitored for a period of 6 months on a monthly basis by the VP of Clinical Services with adjustments made to assure ongoing compliance. Monitoring will then continue on at least a quarterly basis ongoing or until the IDT determines full and sustained compliance has been achieved.</p> <p>All Department Heads will be serviced by a the MDS Coordinator with respect to their role and their specific CAA related to their area of service</p>	

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F 272	Continued From page 6 During an interview with the Director of Nursing on 3/15/17 at 1:40 PM she stated that the facility had been without an MDS Coordinator and had temporary help in completing the assessments. She stated that she would expect that the CAAs be complete and accurate. During an interview with the Vice President Executive Director on 3/15/16 at 2:00 PM she stated that it would be her expectation that the CAAs be accurately completed. 2. Resident #28 was admitted to the facility on 11/3/16 and re-admitted on 1/5/17 with diagnosis including Chronic Kidney Disease, stage IV. The Annual Minimum Data Set (MDS) dated 9/19/16 revealed the resident had severe cognitive impairment and received renal dialysis 3 times week due to chronic kidney disease. The Care Area Assessment (CAA) for Nutrition dated 9/26/16 noted the resident was receiving a therapeutic diet. The CAA did not list the resident's diagnoses, underlying causes, contributing factors, care plan considerations or referrals to other disciplines. During an interview with the Director of Nursing on 3/15/17 at 1:40 PM she stated that the facility had been without an MDS Coordinator and had temporary help in completing the assessments. She stated that she would expect that the CAAs be complete and accurate. During an interview with the Vice President Executive Director on 3/15/16 at 2:00 PM she stated that it would be her expectation that the CAAs be accurately completed.	F 272		

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F 272	<p>Continued From page 7</p> <p>Resident #45 was admitted to the facility on 6/9/15 and re-admitted on 5/29/16 with diagnosis including Depressive disorder. The most recent Quarterly MDS dated 9/3/16 revealed the resident was cognitively intact and received an antidepressant medication for 7 days of the 7 day assessment period.</p> <p>The Care Area Assessment (CAA) Summary for Psychotropic Drug Use dated 6/14/16 noted the resident was taking an antidepressant medication. The CAA did not list the resident's diagnoses, underlying causes, contributing factors or risk factors of anti-depressant drugs, care plan considerations or referrals to other disciplines.</p> <p>Review of the care plan dated 6/14/16 revealed Resident #45 used an antidepressant medication related to a diagnosis of Depression.</p> <p>During an interview with the Director of Nursing on 3/15/17 at 1:40 PM she stated that the facility had been without an MDS Coordinator and had temporary help in completing the assessments. She stated that she would expect that the CAAs be complete and accurate.</p> <p>During an interview with the Vice President Executive Director on 3/15/16 at 2:00 PM she stated that it would be her expectation that the CAAs be accurately completed.</p> <p>3. Resident #32 was admitted to the facility on 3/30/15 and readmitted on 7/15/16 with diagnoses of cerebrovascular disease, hemiplegia, benign prostatic hyperplasia, atrial fibrillation, hyperlipidemia, major depression, and dementia.</p>	F 272			

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F 272	Continued From page 8 The most recent annual Minimum Data Set (MDS) dated 3/7/16 revealed Resident #32 was cognitively intact and required extensive assistance with activities of daily living. A review of the Care Area Assessment (CAA) dated 4/18/16 noted that Resident #32 triggered for activities of daily living (ADL). The CAA did not list the resident's possible ADL goals, care plan considerations or referral to other disciplines. A review of the care plan dated 1/21/17 revealed Resident #32 was care planned for ADLs due to hemiplegia, limited mobility and being unable to ambulate. During an interview with the Director of Nursing on 3/15/17 at 1:40 PM she stated that the facility had been without an MDS Coordinator and had temporary help in completing the assessments. She stated that she would expect that the CAAs be complete and accurate. During an Interview with the Vice President Executive Director on 3/15/16 at 2:00 PM she stated that it would be her expectation that the CAAs be accurately completed.	F 272	F278 483.20(g)-(j) Assessment Accuracy / Coordination / Certified Our Date for substantiated Compliance is April 11, 2017 Facility will review Resident #18 diagnosis and ensure that the Section 1 of the MDS reflect the primary diagnosis of Neurogenic Bladder and that the diagnosis of Neurogenic Bladder supports the current medication prescribed for the resident as reflected on the EMAR. Facility will review Resident #35 diagnosis and ensure that the Section 1 of the MDS reflect the primary diagnosis of Hyperlipidemia and that the diagnosis of Hyperlipidemia supports the current medication prescribed for the resident reflected on the EMAR. Facility will review Resident #9 diagnosis and ensure that the Section 1 of the MDS reflect the primary diagnosis of Neurogenic Bladder and that the diagnosis of Neurogenic Bladder supports the current medication prescribed for the resident reflected on the EMAR. Facility will review Resident #45 diagnosis' and ensure that the Section 1 of the MDS reflect the primary diagnosis of Major Depressive Disorder and the diagnosis of Major Depressive Disorder supports the current medication prescribed for the resident reflected on the EMAR. Facility will review all current resident's diagnosis' and ensure that the Section 1 of the MDS reflect the primary diagnosis of the resident as it appears on the resident face sheet and that the diagnosis on Section 1 of the MDS supports the current medication prescribed for the resident reflected on the EMAR.	#/4/17
F 278 SS=E	483.20(g)-(j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED (g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. (h) Coordination A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.	F 278		

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F 278	Continued From page 9 (i) Certification (1) A registered nurse must sign and certify that the assessment is completed. (2) Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. (j) Penalty for Falsification (1) Under Medicare and Medicaid, an individual who willfully and knowingly- (i) Certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or (ii) Causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty or not more than \$5,000 for each assessment. (2) Clinical disagreement does not constitute a material and false statement. This REQUIREMENT is not met as evidenced by: Based on record review, observations and interviews the facility failed to accurately code a diagnosis under Section 1 of the Minimum Data Set Assessment (MDS) for 5 of 5 records reviewed (Resident #18, Resident #35, Resident #9, Resident #32 and Resident #45). The findings included: 1. Resident #18 was admitted to the facility on 1/28/16 and re-admitted on 1/16/17 with Neurogenic Bladder. Resident #18 was observed to have an Indwelling	F 278	The company is in final stages of hiring a full time MDS Coordinator who has completed appropriate training and demonstrated competency in the full scope of MDS Coordinator functions and duties. By the end of a 60 day period, the MDS Coordinator will review all MDS assessments, CAAs, Care Plans and current orders to assure the resident is correctly and comprehensively assessed and planned in order to reach his/her highest practicable level of function. Findings from the audit will be followed by corrective action on each resident MDS/CAA/Care Plan/Orders which would benefit from changes/corrections. The initial audit will be used as a model for a weekly review of any new assessments or Care Plan reviews to assure ongoing compliance with the required standards. These findings will be brought to QAPI on a monthly basis for review by the interdisciplinary team and submitted to the VP of Clinical Services or the owners. This will be monitored for a period of 6 months on a monthly basis by the VP of Clinical Services with adjustments made to assure ongoing compliance. Monitoring will then continue on at least a quarterly basis ongoing or until the IDT determines full and sustained compliance has been achieved. Additionally, Administrator will review the MDS of all new admissions for the next three months for the Section 1 Diagnosis to match the face sheet diagnosis and for the diagnosis the support the current medications prescribed as reflected on the EMAR. Documentation of this review will be included in the monthly QAPI for a period of 6 months with review by the IDT for adjustments to process.	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 346406	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/16/2017
NAME OF PROVIDER OR SUPPLIER DOWN EAST LIVING & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 38 CARTERS ROAD GATESVILLE, NC 27938		
(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 278	Continued From page 10 urinary catheter on 3/15/17 at 9:30 AM. Review of the Significant Change dated 5/6/16 did not list Neurogenic Bladder as a diagnosis under Section I. Review of the Quarterly Minimum Data Set Assessment dated 12/6/16 did not list Neurogenic Bladder as a diagnosis under Section I. During an interview with the residen'ts physician on 3/15/17 at 10:23 AM he stated that the resident had had a neurogenic bladder for years. During an interview with the Director of Nurisng on 3/15/17 at 1:40 PM she stated that she would expect that Section I of the Minlimum Data Set would reflect all diagnoses that the resident was being treated for. During an interview with the Vice President Executive Director on 3/15/17 at 2:00 AM she stated It would be her expectation that the MDS be coded accurately. 2. Resident #35 was admittted to the facility on 11/18/16 and re-admitted on 3/3/17 with Hyperlipidemia. Review of the Annual Minimum Data Set Assessment dated 11/3/16 did not list Hyperlipidemia as a diagnosis under Section I. Review of the Quarterly Minimum Data Set (MDS) Assessment dated 12/12/16 did not list Hyperlipidemia as a diagnosis under Section i. Review of the Medication Administration Record for the months of November 2016 and December 2016 revealed resident #35 was receiving Lipltor 40 milligrams every day for Hyperlipidemia. During an interview with the Director of Nurlisng on 3/15/17 at 1:40 PM she stated that she would expect that Section I of the Minimum Data Set would reflect all diagnoses that the resident was being treated for.	F 278			

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

PRINTED: 03/23/2017
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NAME OF PROVIDER OR SUPPLIER DOWN EAST LIVING & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 38 CARTERS ROAD GATESVILLE, NC 27938	
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F 278	<p>Continued From page 11</p> <p>During an interview with the Vice President Executive Director on 3/15/17 at 2:00 AM she stated it would be her expectation that the MDS be coded accurately.</p> <p>3. Resident #9 was admitted to the facility on 9/25/12 and readmitted on 2/10/17 with diagnosis including Neurogenic Bladder.</p> <p>A review of the physician 's orders dated 2/10/17 revealed Resident #9 had an indwelling catheter to be changed monthly and as needed.</p> <p>Review of the most recent 14-day Minimum Data Set (MDS) assessment dated 2/24/17 did not list Neurogenic Bladder as a diagnosis under Section I.</p> <p>On 3/13/17 at 2:23 PM the Director of Nursing (DON) stated that Resident #9 did have an indwelling catheter related to a Neurogenic Bladder.</p> <p>On 3/15/17 at 9:08 AM Resident #9 was observed with an indwelling catheter.</p> <p>On 3/15/17 at 1:40 PM the Director of Nursing stated that she would expect that Section I of the Minimum Data Set would reflect all diagnoses that the resident was being treated for.</p> <p>On 3/15/17 at 2:00 PM the Vice President Executive Director stated that it would be her expectation that the MDS be coded accurately.</p> <p>5. Resident # 45 was admitted to the facility on 6/9/15 and readmitted on 5/29/16 with diagnoses</p>	F 278		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345406	DEPARTMENT OF HEALTH AND HUMAN SERVICES APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES A. BUILDING _____ B. WING 0938-0391		(X3) SURVEY COMPLETED 03/15/2017
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F 278	<p>Continued From page 12 of Major Depressive Disorder.</p> <p>Review of the annual Minimum Data Set (MDS) dated 6/14/17 did not list Major Depressive Disorder as a diagnoses under Section I.</p> <p>Review of the Quarterly MDS dated 9/13/17 did not list Major Depressive Disorder as a diagnoses under Section I.</p> <p>During an interview with the Director of Nursing on 3/15/17 at 1:40 PM she stated that she would expect that Section I of the Minimum Data Set would reflect all diagnoses that the resident was being treated for.</p> <p>During an interview with the Vice President Executive Director on 3/15/17 at 2:00 PM she stated it would be her expectation that the MDS be coded correctly.</p>	F 278			