

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345140</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/04/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRIGHTMOOR NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>610 WEST FISHER STREET</b> <b>SALISBURY, NC 28145</b>	
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F 274 SS=D	<p>COMPREHENSIVE ASSESS AFTER SIGNIFICANT CHANGE CFR(s): 483.20(b)(2)(ii)</p> <p>(b)(2)(ii) Within 14 days after the facility determines, or should have determined, that there has been a significant change in the resident's physical or mental condition. (For purpose of this section, a "significant change" means a major decline or improvement in the resident's status that will not normally resolve itself without further intervention by staff or by implementing standard disease-related clinical interventions, that has an impact on more than one area of the resident's health status, and requires interdisciplinary review or revision of the care plan, or both.) This REQUIREMENT is not met as evidenced by: Based on record review, and staff interviews, the facility failed to complete a significant change in condition assessment for 1 of 4 sampled residents (Resident #2).</p> <p>The finding included:</p> <p>Resident #2's diagnoses included peripheral vascular disease and dementia. The 5-day Minimum Data Set (MDS) dated 7/5/17, specified Resident #2 had no falls since the prior assessment. The resident was also assessed to be moderately cognitively impaired.</p> <p>The quarterly MDS dated 7/26/17, specified Resident #2 had sustained a fall without injury and was severely cognitively impaired.</p> <p>The MDS Coordinator was interviewed on 10/4/17 at 9:11 AM, about this resident's significant change in cognition and the sustained falls. The</p>	F 274	<p>Brightmoor Nursing Center's response to these cited deficiencies does not denote agreement with or admission of deficient practice. We are simply filing this response as we are required to do so by law.</p> <p>1. The plan of correcting the specific deficiency. The plan should address the processes that lead to the deficiency cited;</p> <p>The Minimum Data Status (MDS) nurse failed to update the significant change in status assessment on resident #2 which was done on 7/26/2017. She then updated and re-transmitted the 7/26/2017 Minimum Data Status for Resident # 2 to include the significant change in status assessment on 7/26/2017.</p>	11/16/17

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

TITLE

(X6) DATE

Electronically Signed

10/27/2017

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 274	<p>Continued From page 1</p> <p>MDS Coordinator agreed that due to the resident changes, the 7/26/17 MDS should have been a significant change in status assessment. She indicated the facility software program did not flag changes on the MDS, but that the interdisciplinary team met daily to discuss resident changes and determine if a significant changes assessment was warranted.</p> <p>On 10/4/17 at 9:45 AM, the Director of Nursing indicated that said she had been made aware there was a difference in the resident status between the two assessments so a Significant Change in Condition assessment should have been done for Resident #2.</p>	F 274	<p>2. The procedure for implementing the acceptable plan of correction for the specific deficiency cited;</p> <p>Any resident has the potential to be effected by the same practice.</p> <p>All residents <input type="checkbox"/> last assessment will be reviewed by November 3rd to determine if a significant change is necessary and if any are found, they will be corrected and re-transmitted</p> <p>3. The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements;</p> <p>American HealthTech has been contacted to update our software so that it automactly alerts us that the MDS needs to be a significant change MDS. They are currently working on an update to the software that will accomplish this. In the meantime, residents will be discussed in the morning meeting Monday-Friday with the Interdisciplinary Team (IDT) to discuss each disciplines assessment to determine if there has been a decline or improvement in the resident. The MDS nurse will use the information gleaned from this meeting to assist in the determination that a significant change is warranted. The MDS nurse will initiate a signature sheet to reflect the disciplines present as well as document the areas discussed on a log and what the decision is and the justification for completing or</p>		

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F 274	Continued From page 2	F 274	<p>not completing a significant change assessment.</p> <p>The MDS nurse will also utilize the Reimbursement Utilization Grid (RUG) Analysis Worksheet that is generated from our computer system that reflects the current MDS coding and the previous MDS coding. This is the second check to assist in determining if the resident has met the criteria for a significant change. The MDS nurse will present this log to the Director of Nursing (DON) after the meeting and the DON will sign the form to indicate agreement with the IDT decision. The MDS nurse will complete the Significant Change Quality Assurance (QA) log weekly for one (1) month; bi-weekly for two (2) months; monthly for six (6) months</p> <p>4. The title of the person responsible for implementing the acceptable plan of correction.</p> <p>The MDS nurse will initiate a signature sheet to reflect the disciplines present as well as document the areas discussed on a log and what the decision is and the justification for completing or not completing a significant change assessment.</p> <p>The MDS nurse will present this log to the DON after the meeting and the DON will sign the form to indicate agreement with the IDT decision.</p> <p>The MDS nurse will complete the Significant Change QA log weekly for one (1) month; bi-weekly for two (2) months; monthly for six (6) months. This log will be</p>		

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F 278 SS=D	<p><b>ASSESSMENT ACCURACY/COORDINATION/CERTIFIED</b> CFR(s): 483.20(g)-(j)</p> <p>(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status.</p> <p>(h) Coordination A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>(i) Certification (1) A registered nurse must sign and certify that the assessment is completed.</p> <p>(2) Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>(j) Penalty for Falsification (1) Under Medicare and Medicaid, an individual who willfully and knowingly-</p> <p>(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</p> <p>(ii) Causes another individual to certify a material</p>	F 278	presented to the Quality Assurance Committee monthly x 3 months, quarterly x 6 months and then prn. The Quality Assurance Committee is responsible to monitor the facility's performance for effectiveness and to ensure that solutions are achieved and sustained.	11/16/17	

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F 278	<p>Continued From page 4</p> <p>and false statement in a resident assessment is subject to a civil money penalty or not more than \$5,000 for each assessment.</p> <p>(2) Clinical disagreement does not constitute a material and false statement. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to accurately code 1 of 4 residents (Resident #3) reviewed for diagnoses. The findings included:</p> <p>Resident #3 was re-admitted to the facility on 8/11/17, with diagnoses including hypertension, dementia, a hip fracture and End Stage Renal Disease (ESRD).</p> <p>A Significant Change in Status assessment was completed for this resident on 8/25/17. The assessment revealed that hypertension was the only diagnosis coded in the list of major disease categories.</p> <p>The MDS Coordinator was interviewed on 10/4/17 at 9:30 AM, about this resident's active diagnoses for which the facility was providing care. The MDS Coordinator reviewed the list of diagnoses signed by the physician in the last 60 days and specified she should have also coded the hip fracture, ESRD and the dementia. She stated she was unaware she was supposed to code in the list of major disease categories on the Minimum Data Set.</p> <p>On 10/4/17 at 9:45 AM, the Director of Nursing indicated it was her expectation that the assessments be coded according to directions in the Resident Assessment Instrument Manual.</p>	F 278	<ol style="list-style-type: none"> <li>The plan of correcting the specific deficiency. The plan should address the processes that lead to the deficiency cited;</li> </ol> <p>The MDS nurse was not aware of the need to code the diagnosis in the Major Disease Categories for the MDS. She is now aware of coding in the list of Major Disease Categories in the MDS. The MDS was modified on resident #3 on 10/6/2017 with the diagnosis moved into the list of Major Disease category and re-transmitted on this day.</p> <ol style="list-style-type: none"> <li>The procedure for implementing the acceptable plan of correction for the specific deficiency cited;</li> </ol> <p>Any resident has the potential to be effected by the same practice. All residents will be reviewed on 11/3/2017 to determine if any diagnosis is missing from the major disease category and will be moved into the Major Disease Category and will be re-transmitted.</p> <ol style="list-style-type: none"> <li>The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains</li> </ol>		

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F 278	Continued From page 5	F 278	<p>corrected and/or in compliance with the regulatory requirements.</p> <p>A QA form has been initiated for the MDS nurse to reflect that the Major Disease categories have been coded accurately. The DON will review the MDS for accurate coding of the diagnosis to be listed in the major disease categories (section I). The DON will sign the QA form behind the MDS nurse to verify that she has reviewed the diagnosis coding for accuracy. The QA form will be done weekly for one (1) month; bi-weekly for two (2) months; monthly for six (6) months</p> <p>4. The title of the person responsible for implementing the acceptable plan of correction.</p> <p>A Quality Assurance (QA) form has been initiated for the MDS nurse to reflect that the Major Disease categories have been coded accurately. This form will be done weekly The DON will review the MDS for accurate coding of the diagnosis to be listed in the major disease categories (section I) on a weekly basis. The DON will sign the QA form behind the MDS nurse to verify that she has reviewed the diagnosis coding for accuracy on a weekly basis. The QA form will be reviewed in the Monthly Quality Assurance Committee meeting monthly x 3 months; quarterly x six (6) months and PRN after that.</p>		