

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345446	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/01/2017
NAME OF PROVIDER OR SUPPLIER COLLEGE PINES HEALTH AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 95 LOCUST STREET CONNELLY SPG, NC 28612		
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F 000	INITIAL COMMENTS	F 000			
F 641 SS=D	<p>Accuracy of Assessments CFR(s): 483.20(g)</p> <p>§483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to accurately assess 1 of 9 sampled residents utilizing the Minimum Data Set (MDS) reviewed for accidents to reflect active diagnoses (Resident #31) and 1 of 3 sampled residents in the area of isolation (Resident #10).</p> <p>Findings included:</p> <p>1. Resident #31 was admitted to the facility on 10/01/15.</p> <p>A review of the physician's orders from 10/01/17 to 10/31/17 that were signed by the physician indicated Resident #31 had diagnoses of anxiety, depression, and hypertension and was receiving medication to treat anxiety, depression, and hypertension.</p> <p>A review of Resident #31's quarterly Minimum Data Set (MDS) assessment dated 10/15/17 indicated Resident #31 had been coded under Section I Active Diagnoses as having no diagnoses.</p> <p>On 12/01/17 at 8:42 AM an interview was conducted with MDS Coordinator #2 who stated</p>	F 641	<p>A clerical error was made in coding the quarterly MDS for Resident #31 and resident #10.</p> <p>Procedures</p> <ul style="list-style-type: none"> * Identified errors corrected and transmitted per RAI guidelines * Education completed with MDS Coordinators r/t differences in questions on the comprehensive assessments versus the quarterly assessment including section O 0100 and section I. MDS Coordinators to double check completed section prior to moving on to next section. * Each quarterly MDS completed during the same time frame audited with focus on section I and O with any identified errors corrected and transmitted per RAI guideline. * Education and expectation reviewed with each MDS Coordinator to utilize the current MDS data check system available to identify potential coding errors with each completed MDS. <p>Monitoring</p> <ul style="list-style-type: none"> * DON or designee to complete Monthly 	12/29/17	

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

TITLE

(X6) DATE

Electronically Signed

12/14/2017

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 641	<p>Continued From page 1</p> <p>she coded Section I Active Diagnoses on Resident #31's quarterly MDS dated 10/15/17. The MDS Coordinator #2 stated Resident #31 had been coded as having no diagnoses and should have been coded as having active diagnoses of anxiety disorder, depression, and hypertension and was an error in coding. The MDS Coordinator #2 stated she would need to submit a modification to Resident #31's quarterly MDS dated 10/15/17 to reflect active diagnoses of anxiety disorder, depression, and hypertension.</p> <p>On 12/1/17 at 8:48 AM an interview was conducted with the MDS Manager who verified that Resident #31's quarterly MDS dated 10/15/17 had been inaccurately coded under Section I to reflect active diagnoses. The MDS Manager stated Resident #31 should have been coded on the quarterly MDS dated 10/15/17 to reflect active diagnoses of anxiety disorder, depression, and hypertension. The MDS Manager stated her expectation was that the quarterly MDS dated 10/15/17 would be modified and submitted to reflect active diagnoses.</p> <p>On 12/01/17 at 8:56 AM an interview was conducted with the Director of Nursing (DON) who stated her expectation was that Resident #31's quarterly MDS assessment dated 10/15/17 would have been accurately coded under Section I active diagnoses to reflect active diagnoses of anxiety disorder, depression, and anxiety. The DON stated her expectation was that the quarterly MDS assessment dated 10/15/17 would be modified and submitted to accurately reflect active diagnoses of anxiety disorder, depression, and hypertension for Resident #31.</p> <p>On 12/01/17 at 11:35 AM an interview was</p>	F 641	<p>MDS audits utilizing an MDS audit form to assure accuracy of coding by looking at 3 random MDS's monthly x 3 months then 3 MDS 's quarterly X 3 quarters</p> <p>* Audit findings to be reviewed in QAPI with PIP teams formed as indicated</p> <p>Responsibility</p> <p>* The DON will be responsible for implementing the acceptable POC and shall ensure audit results and corrections are presented at the Quarterly QAPI meetings. The QAPI team shall ensure corrective actions are achieved and maintained.</p>		

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F 641	<p>Continued From page 2</p> <p>conducted with the Administrator who stated her expectation was that the quarterly MDS assessment dated 10/15/17 would have been accurately coded to reflect active diagnoses of anxiety disorder, depression, and hypertension for Resident #31. The Administrator stated her expectation was the quarterly MDS assessment 10/15/17 would be modified and submitted to accurately reflect Resident #31's active diagnoses.</p> <p>2. Resident #10 was admitted to the facility on 05/30/16.</p> <p>A review of the quarterly MDS assessment dated 09/17/17 indicated Resident #10 had been coded under Section O Special Treatments, Procedures, and Programs as being on isolation or quarantine for active infectious disease.</p> <p>On 11/29/17 at 9:37 AM an interview was conducted with the MDS Manager who stated the quarterly assessment dated 09/17/17 had been incorrectly coded under Section O to indicate Resident #10 was on isolation. The MDS Manager stated Resident #10 had not been on isolation during the look back period from 09/11/17 to 09/17/17. The MDS Manager stated MDS Coordinator #1 had been clicking on different sections of the MDS while under Section O and had inaccurately coded isolation for Resident #10. The MDS Manager stated her expectation was that the quarterly assessment dated 09/17/17 would have been accurately coded to reflect Resident #10 had not been on isolation during the look back period 09/11/17 to 09/17/17. The MDS Manager stated her expectation was that the quarterly MDS assessment dated 09/17/17 would be modified</p>	F 641			

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

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F 641	<p>Continued From page 3</p> <p>and submitted to accurately reflect Resident #10 had not been on isolation during the look back period 09/11/17 to 09/17/17.</p> <p>On 11/29/17 at 09:45 AM an interview was conducted with the Director of Nursing (DON) who stated her expectation was that MDS Coordinator #1 would have accurately coded the quarterly MDS assessment dated 9/17/17 to reflect Resident #10 had not been on isolation during the look back period 9/11/17 to 9/17/17. The DON stated her expectation was that the quarterly MDS assessment dated 09/17/17 would be modified and submitted to accurately reflect Resident #10 had not been on isolation during the look back period 09/11/17 to 09/17/17.</p> <p>On 11/29/17 at 2:44 PM an interview was conducted with MDS Coordinator #1 who stated she coded the quarterly MDS assessment dated 09/17/17 and incorrectly indicated Resident #10 was on isolation. The MDS Coordinator #1 stated Resident #10 had not been on isolation during the look back period 09/11/17 to 09/17/17. The MDS Coordinator #1 stated she had clicked on the wrong box under Section O that indicated Resident #10 was on isolation. The MDS Coordinator #1 stated the quarterly MDS assessment dated 9/17/17 would be modified and submitted to indicate Resident #10 had not been on isolation.</p> <p>On 11/29/17 at 3:11 PM an interview was conducted with the Administrator who stated her expectation was that MDS Coordinator #1 would have accurately coded the quarterly MDS assessment dated 9/17/17 to indicate Resident #10 had not been on isolation during the look back period 9/11/17 to 9/17/17. The administrator</p>	F 641			

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F 641	Continued From page 4 stated that Resident #10 had never been on isolation. The administrator stated her expectation was that Resident #10's quarterly MDS assessment dated 9/17/17 would be modified and submitted to accurately reflect Resident #10 had not been on isolation during the look back period 9/11/17 to 9/17/17.	F 641		