

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/05/2018
NAME OF PROVIDER OR SUPPLIER BETHESDA HEALTH CARE FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 3532 DUNN ROAD EASTOVER, NC 28301		
(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 657 SS=D	<p>Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii)</p> <p>§483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be-</p> <p>(i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to invite the resident in the care plan conference for 1 of 1 sampled resident (Residents # 17). Findings included: Resident #17 was admitted to the facility on 1/18/2017 with multiple diagnoses including anemia, hypertension, diabetes, anxiety and</p>	F 657	<p>1. The Administrator will conduct an in-service with the MDS/Care Plan coordinators on 04/24/18 to include that all Care Plans must be developed within 7 days after the completion of the comprehensive assessment and prepared by the interdisciplinary team, that includes but is not limited to: the attending</p>	4/26/18	

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

TITLE

(X6) DATE

Electronically Signed

04/20/2018

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 657	<p>Continued From page 1</p> <p>depression. The quarterly Minimum Data Set (MDS) assessment dated 1/3/2018 indicated that Resident # 17's cognition was intact. The resident had no short or long term memory problems.</p> <p>Review of the interdisciplinary care conference attendance record dated 1/4/2018 revealed that Resident # 17 had a care plan conference .The record did not indicate that the resident had attended the conference.</p> <p>On 4/3/2018 at 11:46 AM, Resident # 17 was interviewed. The resident stated that she had not been invited to a care plan conference for the last 3 months. She also indicated she wanted to be discharged home but no staff had discussed with her about her goals and progress in her health. She indicated she was feeling much better compared to the time she was admitted to the facility.</p> <p>On 4/4/18 at 10:59 AM, The MDS coordinator indicated she was responsible for inviting the residents and residents' representative to the care plan conference. She further indicated she did not invite Resident # 17 to the last care planning conference on 1/4/2018. She added that next time the resident's conference is due she will make sure she is invited.</p> <p>On 4/4/2018 at 12:25 PM, the Administrator was interviewed. She stated that she expected the care plan meeting to be held every 3 months and the residents or resident's representative should be invited in the care plan conference every 3 months.</p>	F 657	<p>physician, a registered nurse with responsibility for the resident, a nurse aide with responsibility for the resident, a member of food and nutrition services staff, to the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan, and other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident, and reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. Finally, to ensure that the resident or responsible party invitation is documented on the care plan with their signature and to circle if they came or did not come in the appropriate box.</p> <p>2. The Administrator will in-service all nursing staff and all department heads/interdisciplinary team on 04/26/2018 to include that all Care Plans must be developed within 7 days after the completion of the comprehensive assessment and prepared by the interdisciplinary team, that includes but is not limited to: the attending physician, a registered nurse with responsibility for the resident, a nurse aide with responsibility for the resident, a member of food and nutrition services staff, to the extent practicable, the participation of the</p>		

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

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F 657	Continued From page 2	F 657	<p>resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan, and other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident, and reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. Finally, to ensure that the resident or responsible party invitation is documented on the care plan with their signature and to circle if they came or did not come in the appropriate box. This will ensure that all staff is knowledgeable of regulation 483.21 Care Plan timing and revision and that they are expected to help in the process of development and to be present for these meetings. It will be explained that this is a necessary and mandatory process to ensure the resident receives the best possible care.</p> <p>3. In this circumstance, there is no need for systematic change but rather staff education and inspection. The MDS/Care Plan coordinators will ensure that all necessary persons will be present for the development of the comprehensive Care Plan for each resident and that presents or absence is documented.</p> <p>4. The facility's QAPI coordinator will conduct an audit of all comprehensive Care Plans using new QAPI form titled</p>		

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