

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345570</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/05/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HUNTERSVILLE HEALTH &amp; REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>13835 BOREN STREET HUNTERSVILLE, NC 28078</b>
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F 655 SS=D	<p><b>Baseline Care Plan</b> CFR(s): 483.21(a)(1)-(3)</p> <p>§483.21 Comprehensive Person-Centered Care Planning §483.21(a) Baseline Care Plans §483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must-</p> <ul style="list-style-type: none"> <li>(i) Be developed within 48 hours of a resident's admission.</li> <li>(ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to-                             <ul style="list-style-type: none"> <li>(A) Initial goals based on admission orders.</li> <li>(B) Physician orders.</li> <li>(C) Dietary orders.</li> <li>(D) Therapy services.</li> <li>(E) Social services.</li> <li>(F) PASARR recommendation, if applicable.</li> </ul> </li> </ul> <p>§483.21(a)(2) The facility may develop a comprehensive care plan in place of the baseline care plan if the comprehensive care plan-</p> <ul style="list-style-type: none"> <li>(i) Is developed within 48 hours of the resident's admission.</li> <li>(ii) Meets the requirements set forth in paragraph (b) of this section (excepting paragraph (b)(2)(i) of this section).</li> </ul> <p>§483.21(a)(3) The facility must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to:</p> <ul style="list-style-type: none"> <li>(i) The initial goals of the resident.</li> <li>(ii) A summary of the resident's medications and dietary instructions.</li> </ul>	F 655		5/3/18
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE <b>04/20/2018</b>
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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 655	<p>Continued From page 1</p> <p>(iii) Any services and treatments to be administered by the facility and personnel acting on behalf of the facility.</p> <p>(iv) Any updated information based on the details of the comprehensive care plan, as necessary. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews the facility failed to complete an initial care plan within 48 hours of admission for 1 of 3 sampled residents (Resident #1).</p> <p>Findings included:</p> <p>Resident #1 was admitted on 12/01/2018 with diagnoses that included anxiety disorder, major depressive disorder, and spinal stenosis, fusion of the spine lumbar region, muscle weakness, neuromuscular scoliosis, hypertension and diabetes.</p> <p>Review of Resident #1's initial care was dated 12/04/2018 four days after the resident's admission.</p> <p>Review of the facility's care planning policy indicated a baseline care plan was to be initiated within 48 hours.</p> <p>An interview on 04/05/2018 at 08:50 AM with the Minimum Data Set (MDS) Coordinator revealed the initial care plan was done by the hall nurse and was to be done in 48 hours. It gave staff a "let's take care of the resident focus". The hall nurse who admitted was not available to be interviewed.</p> <p>Interview on 04/05/2018 at 09:45 AM with the Director of Nursing (DON) revealed it was his</p>	F 655	<p>The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated.</p> <p>The plan for correcting the specific deficiency. The plan should address the processes that lead to the deficiency cited. The nursing staff failed to implement the baseline care plan within 48 hours of the patient admission to the facility as indicated by the Regulatory Guidelines.</p> <p>The procedure for implementing the acceptable plan of correction for the specific deficiency cite; corrected and/or in compliance with the regulatory requirements. Staff Development Coordinator educated all Licensed nurses on correct practice of implementing a Baseline Care Plan care plan at the within</p>		

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F 655	<p>Continued From page 2</p> <p>expectation that the initial care plan be done with 48 hours of a resident being admitted to the facility.</p> <p>Interview on 04/05/2018 at 10:41 AM with Nurse #1 revealed the hall nurse who got an admission was the person who was to do the initial care plan as part of the admission process for that resident.</p> <p>Interview on 04/05/2018 at 02:25 PM with the Administrator revealed her expectation was that the initial care plan was done per the facility's policy and within the first 48 hours after the resident was admitted.</p>	F 655	<p>48 hours of admission and this education will be completed prior to 4/26/2018. If any nurses is not trained by this date they will be removed from the schedule until education is received. All New Licensed nurses will receive education during orientation on correct practice of implementing a Baseline Care Plan care plan within 48 hours of admission.</p> <p>A 100% audit of the patients in-house as of 4/19/18 was completed by the Nurse Consultant of care plans that were admitted to the facility after the completion of the survey on 4/5/18 with no baseline care plans not completed within 48 hours of admission.</p> <p>How the facility plans to monitor and ensure correction is achieved and sustained.</p> <p>Unit Managers will audit 100% of patient admissions/readmissions on their unit for Sundays thru Thursdays x16 weeks every other day and the Weekend Supervisor will check for care plans of patients admitted/readmitted on days that fall on the weekends x16 weeks. Any new admissions/readmissions will result in 1) additional education, and 2) if another admission is found to have a care plan out of the 48 hour time frame will result in a written counseling. Results of audits will be reviewed at weekly Quality Assurance Risk Meeting, and at Quarterly Quality Assurance meeting x2 for further problem resolution if needed.</p> <p>The title of the person responsible for</p>		

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

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