| ID | PREFIX | TAG | SUMMARY STATEMENT OF DEFICIENCIES | ID | PREFIX | TAG | PROVIDER'S PLAN OF CORRECTION | COMPLETION DATE |
|---|---|---|---|---|---|---|---|---|---|
| F 636 | SS=D | | Comprehensive Assessments & Timing | F 636 | | | | 5/14/18 |

CFR(s): 483.20(b)(1)(2)(i)(iii)

§483.20 Resident Assessment
The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.

§483.20(b) Comprehensive Assessments
§483.20(b)(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:

1. Identification and demographic information
2. Customary routine.
5. Vision.
6. Mood and behavior patterns.
7. Psychological well-being.
8. Physical functioning and structural problems.
10. Disease diagnosis and health conditions.
11. Dental and nutritional status.
12. Skin Conditions.
15. Special treatments and procedures.
16. Discharge planning.
17. Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS).
18. Documentation of participation in assessment. The assessment process must include direct observation and communication.
F 636 Continued From page 1

with the resident, as well as communication with
licensed and nonlicensed direct care staff
members on all shifts.

§483.20(b)(2) When required. Subject to the
timeframes prescribed in §413.343(b) of this
chapter, a facility must conduct a comprehensive
assessment of a resident in accordance with the
timeframes specified in paragraphs (b)(2)(i)
through (iii) of this section. The timeframes
prescribed in §413.343(b) of this chapter do not
apply to CAHs.
(i) Within 14 calendar days after admission,
excluding readmissions in which there is no
significant change in the resident's physical or
mental condition. (For purposes of this section,
"readmission" means a return to the facility
following a temporary absence for hospitalization
or therapeutic leave.)
(iii) Not less than once every 12 months.
This REQUIREMENT is not met as evidenced
by:
Based on record review and staff interviews the
facility failed to complete a comprehensive
assessment using the Resident Assessment
Instrument (RAI) for 3 of 11 residents (Resident
#8, Resident #5 and Resident #4) whose records
were reviewed. Findings included:

1. Review of the quarterly Minimum Data Set
(MDS) dated 01/15/18 revealed Resident #8 was
admitted to the facility on 04/25/17 with diagnoses
of seizure disorder, major depressive disorder,
and anxiety disorder. Resident #8 was severely
cognitively impaired.

2. Audit completed of MDS assessments.
Assessments completed as required.
MDS scheduling process reviewed and

1. Identified assessments completed as
required. Process for completion of MDS
reviewed and revised. MDS Coordinator
and Director of Clinical Services (MDS RN
Coordinator) educated on the
requirements for timely completion per the
RAI Manual.

Administrator Responsible for audit.
MDS Coordinator responsible for MDS
completion
Director of Clinical Services responsible
for signature of completion
F 636 Continued From page 2
04/09/18.

In an interview on 05/09/18 at 4:15 PM the MDS Coordinator indicated she had an assessment schedule that showed her which assessments needed to be done. She stated she knew the assessments were late but that she had been working on them. The MDS Coordinator indicated she had not informed the facility Administrator or the Director of Nursing Services (DNS) that the comprehensive assessments were late. She indicated she could have asked for help completing the assessments but she had not.

In an interview on 05/09/18 at 5:05 PM the DNS stated she had just learned that the comprehensive assessments had not been completed on time. She indicated when an assessment was completed she was informed and went into the computer and validated the completion and signed off on the assessment. She indicated she did not have a list which showed when assessments were due. The DNS stated the MDS Coordinator had informed her periodically that she was behind in completing the assessments but that the MDS Coordinator was catching up and had not requested assistance.

In an interview on 05/09/18 at 5:20 PM the Administrator stated she did not know the MDS Coordinator was so far behind in completing the assessments. She indicated there were other resources that could have been implemented had she known. The Administrator stated there appeared to be a problem with the assessment process. She indicated it was her expectation that the comprehensive assessments be completed on time and that the DNS oversee the completion.

revised. MDS completion process reviewed and revised from scheduling to completing signature attestation.

The Quality Care Committee responsible for the QAPI Plan established an MDS Action Team. The Action team will monitor the MDS schedule for required MDS completion with RN completion attestation.

Administrator responsible

3. The MDS Action Team will monitor MDS completion on a weekly basis for 4 weeks to ensure the staff training was successful and the monitoring system is effective. The monitoring results will be reported to the Quality Care Committee monthly for 3 months to ensure ongoing compliance.

Administrator Responsible

The Quality Care Committee responsible for the QAPI Plan established an MDS Action Team. The Action team will monitor the MDS schedule for required MDS completion with RN completion attestation.

Administrator responsible

3. The MDS Action Team will monitor MDS completion on a weekly basis for 4 weeks to ensure the staff training was successful and the monitoring system is effective. The monitoring results will be reported to the Quality Care Committee monthly for 3 months to ensure ongoing compliance.

Administrator Responsible
2. Review of the quarterly MDS dated 11/26/17 revealed Resident #5 was readmitted to the facility on 04/07/17 with diagnoses of vascular dementia, hemiplegia, and aphasia. Resident #5 had short and long term memory problems and was severely impaired in cognitive skills for daily decision making.

Review of the undated facility Assessment Schedule revealed Resident #5 was scheduled to have a comprehensive assessment completed on 02/20/18.

In an interview on 05/09/18 at 4:15 PM the MDS Coordinator indicated she had an assessment schedule that showed her which assessments needed to be done. She stated she knew the assessments were late but that she had been working on them. The MDS Coordinator indicated she had not informed the facility Administrator or the DNS that the comprehensive assessments were late. She indicated she could have asked for help completing the assessments but she had not.

In an interview on 05/09/18 at 5:05 PM the DNS stated she had just learned that the comprehensive assessments had not been completed on time. She indicated when an assessment was completed she was informed and went into the computer and validated the completion and signed off on the assessment. She indicated she did not have a list which showed when assessments were due. The DNS stated the MDS Coordinator had informed her periodically that she was behind in completing the assessments but that the MDS Coordinator was catching up and had not requested assistance.
In an interview on 05/09/18 at 5:20 PM the Administrator stated she did not know the MDS Coordinator was so far behind in completing the assessments. She indicated there were other resources that could have been implemented had she known. The Administrator stated there appeared to be a problem with the assessment process. She indicated it was her expectation that the comprehensive assessments be completed on time and that the DNS oversee the completion.

3. Review of the quarterly MDS dated 11/24/17 revealed Resident #4 was readmitted to the facility on 04/03/17 with diagnoses of heart failure, malnutrition and atrial fibrillation. Resident #4 was not cognitively impaired.

Review of the undated facility Assessment Schedule revealed Resident #4 was scheduled to have a comprehensive assessment completed on 02/18/18.

In an interview on 05/09/18 at 4:15 PM the MDS Coordinator indicated she had an assessment schedule that showed her which assessments needed to be done. She stated she knew the assessments were late but that she had been working on them. The MDS Coordinator indicated she had not informed the facility Administrator or the DNS that the comprehensive assessments were late. She indicated she could have asked for help completing the assessments but she had not.

In an interview on 05/09/18 at 5:05 PM the DNS stated she had just learned that the comprehensive assessments had not been completed.
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<th>F 636</th>
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<td>completed on time. She indicated when an assessment was completed she was informed and went into the computer and validated the completion and signed off on the assessment. She indicated she did not have a list which showed when assessments were due. The DNS stated the MDS Coordinator had informed her periodically that she was behind in completing the assessments but that the MDS Coordinator was catching up and had not requested assistance.</td>
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In an interview on 05/09/18 at 5:20 PM the Administrator stated she did not know the MDS Coordinator was so far behind in completing the assessments. She indicated there were other resources that could have been implemented had she known. The Administrator stated there appeared to be a problem with the assessment process. She indicated it was her expectation that the comprehensive assessments be completed on time and that the DNS oversee the completion.

F 638 | Qtly Assessment at Least Every 3 Months | F 638 |
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<td>CFR(s): 483.20(c)</td>
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$§483.20(c)$ Quarterly Review Assessment
A facility must assess a resident using the quarterly review instrument specified by the State and approved by CMS not less frequently than once every 3 months. This REQUIREMENT is not met as evidenced by:

Based on record review and staff interviews the facility failed to complete quarterly review assessments for 4 of 11 residents (Resident #6, Resident #3, Resident #7 and Resident #9) whose records were reviewed. Findings included:

1. Identified assessments completed as required. Process for completion of MDS reviewed and revised. MDS Coordinator and Director of Clinical Services (MDS RN Coordinator) educated on the requirements for timely completion per the
1. Review of the quarterly Minimum Data Set (MDS) dated 11/27/17 revealed Resident #6 was admitted to the facility on 09/30/16 with diagnoses of anemia, hypertension and depression. Resident #6 was moderately cognitively impaired.

Review of the undated facility Assessment Schedule revealed Resident #6 was scheduled to have a quarterly assessment completed on 02/21/18.

In an interview on 05/09/18 at 4:15 PM the MDS Coordinator indicated she had an assessment schedule that showed her which assessments needed to be done. She stated she knew the assessments were late but that she had been working on them. The MDS Coordinator indicated she had not informed the facility Administrator or the Director of Nursing Services (DNS) that the quarterly assessments were late. She indicated she could have asked for help completing the assessments but she had not.

In an interview on 05/09/18 at 5:05 PM the DNS stated she had just learned that the quarterly assessments had not been completed on time. She indicated when an assessment was completed she was informed and went into the computer and validated the completion and signed off on the assessment. She indicated she did not have a list which showed when assessments were due. The DNS stated the MDS Coordinator had informed her periodically that she was behind in completing the assessments but that the MDS Coordinator was catching up and had not requested assistance.

In an interview on 05/09/18 at 5:20 PM the Administrator stated she did not know the MDS RAI Manual.

Administrator Responsible for audit.
MDS Coordinator responsible for MDS completion
Director of Clinical Services responsible for signature of completion

2. Audit completed of MDS assessments. Assessments completed as required.
MDS scheduling process reviewed and revised. MDS completion process reviewed and revised from scheduling to completing signature attestation.

The Quality Care Committee responsible for the QAPI Plan established an MDS Action Team. The Action team will monitor the MDS schedule for required MDS completion with RN completion attestation.

Administrator responsible

3. The MDS Action Team will monitor MDS completion on a weekly basis for 4 weeks to ensure the staff training was successful and the monitoring system is effective. The monitoring results will be reported to the Quality Care Committee monthly for 3 months to ensure ongoing compliance.

Administrator Responsible
**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

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<thead>
<tr>
<th>ID PREFIX TAG</th>
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| F 638 | Coordinator was so far behind in completing the assessments. She indicated there were other resources that could have been implemented had she known. The Administrator stated there appeared to be a problem with the assessment process. She indicated it was her expectation that the quarterly assessments be completed on time and that the DNS oversee the completion.  
2. Review of the significant change MDS dated 12/18/17 revealed Resident #3 was re-admitted to the facility on 12/11/17 with diagnoses of anemia, malnutrition and Parkinson's disease. Resident #3 was severely cognitively impaired.  
Review of the undated facility Assessment Schedule revealed Resident #3 was scheduled to have a quarterly assessment completed on 03/12/18.  
In an interview on 05/09/18 at 4:15 PM the MDS Coordinator indicated she had an assessment schedule that showed her which assessments needed to be done. She stated she knew the assessments were late but that she had been working on them. The MDS Coordinator indicated she had not informed the facility Administrator or the DNS that the quarterly assessments were late. She indicated she could have asked for help completing the assessments but she had not.  
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**SUMMARY STATEMENT OF DEFICIENCIES**

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<td>3. Review of the annual MDS dated 01/07/18 revealed Resident #7 was re-admitted to the facility on 12/16/17 with diagnoses of depression, hypothyroidism, and chronic pain. Resident #7 had short and long term memory problems and was severely impaired in cognitive skills for daily decision making.</td>
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<td>Review of the undated facility Assessment Schedule revealed Resident #7 was scheduled to have a quarterly assessment completed on 04/01/18.</td>
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<td>In an interview on 05/09/18 at 4:15 PM the MDS Coordinator indicated she had an assessment schedule that showed her which assessments needed to be done. She stated she knew the assessments were late but that she had been working on them. The MDS Coordinator indicated she had not informed the facility Administrator or the DNS that the quarterly</td>
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## Summary Statement of Deficiencies

### F 638

Assessments were late. She indicated she could have asked for help completing the assessments but she had not.

In an interview on 05/09/18 at 5:05 PM the DNS stated she had just learned that the quarterly assessments had not been completed on time. She indicated when an assessment was completed she was informed and went into the computer and validated the completion and signed off on the assessment. She indicated she did not have a list which showed when assessments were due. The DNS stated the MDS Coordinator had informed her periodically that she was behind in completing the assessments but that the MDS Coordinator was catching up and had not requested assistance.

In an interview on 05/09/18 at 5:20 PM the Administrator stated she did not know the MDS Coordinator was so far behind in completing the assessments. She indicated there were other resources that could have been implemented had she known. The Administrator stated there appeared to be a problem with the assessment process. She indicated it was her expectation that the quarterly assessments be completed on time and that the DNS oversee the completion.

4. Review of the quarterly MDS dated 01/16/18 revealed Resident #9 was admitted to the facility on 10/04/17 with diagnoses of anxiety disorder, cardiac arrhythmias, and insomnia. Resident #9 was moderately cognitively impaired.

Review of the undated facility Assessment Schedule revealed Resident #9 was scheduled to have a quarterly assessment completed on 04/10/18.
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<td>F 642 SS=D</td>
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<td>CFR(s): 483.20(h)-(j)</td>
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<td>§483.20(h) Coordination. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</td>
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<td>§483.20(i) Certification. §483.20(i)(1) A registered nurse must sign and certify that the assessment is completed.</td>
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<td>§483.20(i)(2) Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</td>
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<td>§483.20(j) Penalty for Falsification. §483.20(j)(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.</td>
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<td>§483.20(j)(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 coordinate and certify the completion of comprehensive and quarterly assessments for 7 of 11 residents (Resident #8, Resident #5, Resident #4, Resident #6, Resident #3, Resident #7 and Resident #9) whose records were reviewed. Findings included:</td>
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1. Identified assessments completed as required. Process for completion of MDS reviewed and revised. MDS Coordinator and Director of Clinical Services (MDS RN Coordinator) educated on the requirements for timely completion per the RAI Manual.
1. Review of the quarterly Minimum Data Set (MDS) dated 01/15/18 revealed Resident #8 was admitted to the facility on 04/25/17 with diagnoses of seizure disorder, major depressive disorder, and anxiety disorder. Resident #8 was severely cognitively impaired.

Review of the undated facility Assessment Schedule revealed Resident #8 was scheduled to have a comprehensive assessment completed on 04/09/18.

In an interview on 05/09/18 at 4:15 PM the MDS Coordinator indicated she had an assessment schedule that showed her which assessments needed to be done. She indicated a Registered Nurse (RN) was needed to coordinate and sign off the completion of each MDS. The MDS Coordinator stated after the assessments were filled out in the computer she would provide a list to the Director of Nursing Services (DNS), who was an RN, and the DNS would sign the assessments signifying that she had coordinated and completed the assessments. She indicated that unless the RN signed the MDS it was not validated.

In an interview on 05/09/18 at 5:05 PM the DNS stated she had just learned that the quarterly and comprehensive assessments had not been filled out and submitted to her for her signature to show completion. She indicated when an assessment was ready for her signature she was informed by the MDS Coordinator and went into the computer and validated the completion and signed off on the assessment. She indicated she did not track when the resident's assessments were due and expected the MDS Coordinator to inform her when the assessments were ready for her signature.

2. Audit completed of MDS assessments. Assessments completed as required. MDS scheduling process reviewed and revised. MDS completion process reviewed and revised from scheduling to completing signature attestation.

The Quality Care Committee responsible for the QAPI Plan established an MDS Action Team. The Action team will monitor the MDS schedule for required MDS completion with RN completion attestation.

3. The MDS Action Team will monitor MDS completion on a weekly basis for 4 weeks to ensure the staff training was successful and the monitoring system is effective. The monitoring results will be reported to the Quality Care Committee monthly for 3 months to ensure ongoing compliance.

Administrator Responsible
In an interview on 05/09/18 at 5:20 PM the Administrator stated she did not know the MDS Coordinator was so far behind in filling out the assessments. The Administrator stated there appeared to be a problem with the assessment process. She stated it was her expectation that the DNS oversee the MDS Coordinator and the MDS process to make sure each resident's MDS was signed as completed and submitted as required.

2. Review of the quarterly MDS dated 11/26/17 revealed Resident #5 was readmitted to the facility on 04/07/17 with diagnoses of vascular dementia, hemiplegia, and aphasia. Resident #5 had short and long term memory problems and was severely impaired in cognitive skills for daily decision making.

Review of the undated facility Assessment Schedule revealed Resident #5 was scheduled to have a comprehensive assessment completed on 02/20/18.

In an interview on 05/09/18 at 4:15 PM the MDS Coordinator indicated she had an assessment schedule that showed her which assessments needed to be done. She indicated an RN was needed to coordinate and sign off the completion of each MDS. The MDS Coordinator stated after the assessments were filled out in the computer she would provide a list to the DNS, who was an RN, and the DNS would sign the assessments signifying that she had coordinated and completed the assessments. She indicated that unless the RN signed the MDS it was not validated.
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In an interview on 05/09/18 at 5:05 PM the DNS stated she had just learned that the quarterly and comprehensive assessments had not been filled out and submitted to her for her signature to show completion. She indicated when an assessment was ready for her signature she was informed by the MDS Coordinator and went into the computer and validated the completion and signed off on the assessment. She indicated she did not track when the resident's assessments were due and expected the MDS Coordinator to inform her when the assessments were ready for her signature.

In an interview on 05/09/18 at 5:20 PM the Administrator stated she did not know the MDS Coordinator was so far behind in filling out the assessments. The Administrator stated there appeared to be a problem with the assessment process. She stated it was her expectation that the DNS oversee the MDS Coordinator and the MDS process to make sure each resident's MDS was signed as completed and submitted as required.

3. Review of the quarterly MDS dated 11/24/17 revealed Resident #4 was readmitted to the facility on 04/03/17 with diagnoses of heart failure, malnutrition and atrial fibrillation. Resident #4 was not cognitively impaired.

Review of the undated facility Assessment Schedule revealed Resident #4 was scheduled to have a comprehensive assessment completed on 02/18/18.

In an interview on 05/09/18 at 4:15 PM the MDS Coordinator indicated she had an assessment...
F 642 Continued From page 15

schedule that showed her which assessments needed to be done. She indicated an RN was needed to coordinate and sign off the completion of each MDS. The MDS Coordinator stated after the assessments were filled out in the computer she would provide a list to the DNS, who was an RN, and the DNS would sign the assessments signifying that she had coordinated and completed the assessments. She indicated that unless the RN signed the MDS it was not validated.

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In an interview on 05/09/18 at 5:20 PM the Administrator stated she did not know the MDS Coordinator was so far behind in filling out the assessments. The Administrator stated there appeared to be a problem with the assessment process. She stated it was her expectation that the DNS oversee the MDS Coordinator and the MDS process to make sure each resident's MDS was signed as completed and submitted as required.

4. Review of the quarterly Minimum Data Set (MDS) dated 11/27/17 revealed Resident #6 was
### STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

**NAME OF PROVIDER OR SUPPLIER**

DAVIS HEALTH & WELLNESS CTR AT CAMBRIDGE VILLAGE

**STREET ADDRESS, CITY, STATE, ZIP CODE**

83 CAVALIER DRIVE

WILMINGTON, NC 28405

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| F 642 |  |  | Continued From page 16
admitted to the facility on 09/30/16 with diagnoses of anemia, hypertension and depression. Resident #6 was moderately cognitively impaired.

Review of the undated facility Assessment Schedule revealed Resident #6 was scheduled to have a quarterly assessment completed on 02/21/18.

In an interview on 05/09/18 at 4:15 PM the MDS Coordinator indicated she had an assessment schedule that showed her which assessments needed to be done. She indicated an RN was needed to coordinate and sign off the completion of each MDS. The MDS Coordinator stated after the assessments were filled out in the computer she would provide a list to the DNS, who was an RN, and the DNS would sign the assessments signifying that she had coordinated and completed the assessments. She indicated that unless the RN signed the MDS it was not validated.

In an interview on 05/09/18 at 5:05 PM the DNS stated she had just learned that the quarterly and comprehensive assessments had not been filled out and submitted to her for her signature to show completion. She indicated when an assessment was ready for her signature she was informed by the MDS Coordinator and went into the computer and validated the completion and signed off on the assessment. She indicated she did not track when the resident's assessments were due and expected the MDS Coordinator to inform her when the assessments were ready for her signature.

In an interview on 05/09/18 at 5:20 PM the Administrator stated she did not know the MDS...
F 642 Continued From page 17

Coordinator was so far behind in filling out the assessments. The Administrator stated there appeared to be a problem with the assessment process. She stated it was her expectation that the DNS oversee the MDS Coordinator and the MDS process to make sure each resident's MDS was signed as completed and submitted as required.

5. Review of the significant change MDS dated 12/18/17 revealed Resident #3 was re-admitted to the facility on 12/11/17 with diagnoses of anemia, malnutrition and Parkinson's disease. Resident #3 was severely cognitively impaired.

Review of the undated facility Assessment Schedule revealed Resident #3 was scheduled to have a quarterly assessment completed on 03/12/18.

In an interview on 05/09/18 at 4:15 PM the MDS Coordinator indicated she had an assessment schedule that showed which assessments needed to be done. She indicated an RN was needed to coordinate and sign off the completion of each MDS. The MDS Coordinator stated after the assessments were filled out in the computer she would provide a list to the DNS, who was an RN, and the DNS would sign the assessments signifying that she had coordinated and completed the assessments. She indicated that unless the RN signed the MDS it was not validated.

In an interview on 05/09/18 at 5:05 PM the DNS stated she had just learned that the quarterly and comprehensive assessments had not been filled out and submitted to her for her signature to show completion. She indicated when an assessment
6. Review of the annual MDS dated 01/07/18 revealed Resident #7 was re-admitted to the facility on 12/16/17 with diagnoses of depression, hypothyroidism, and chronic pain. Resident #7 had short and long term memory problems and was severely impaired in cognitive skills for daily decision making.

Review of the undated facility Assessment Schedule revealed Resident #7 was scheduled to have a quarterly assessment completed on 04/01/18.

In an interview on 05/09/18 at 4:15 PM the MDS Coordinator indicated she had an assessment schedule that showed her which assessments needed to be done. She indicated an RN was needed to coordinate and sign off the completion of each MDS. The MDS Coordinator stated after
### Statement of Deficiencies and Plan of Correction

<table>
<thead>
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<td>In an interview on 05/09/18 at 5:20 PM the Administrator stated she did not know the MDS Coordinator was so far behind in filling out the assessments. The Administrator stated there appeared to be a problem with the assessment process. She stated it was her expectation that the DNS oversee the MDS Coordinator and the MDS process to make sure each resident's MDS was signed as completed and submitted as required.</td>
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<td>7.</td>
<td>Review of the quarterly MDS dated 01/16/18 revealed Resident #9 was admitted to the facility on 10/04/17 with diagnoses of anxiety disorder, cardiac arrhythmias, and insomnia. Resident #9 was moderately cognitively impaired.</td>
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Review of the undated facility Assessment Schedule revealed Resident #9 was scheduled to have a quarterly assessment completed on 04/10/18.

In an interview on 05/09/18 at 4:15 PM the MDS Coordinator indicated she had an assessment schedule that showed her which assessments needed to be done. She indicated an RN was needed to coordinate and sign off the completion of each MDS. The MDS Coordinator stated after the assessments were filled out in the computer she would provide a list to the DNS who was an RN, and the DNS would sign the assessments signifying that she had coordinated and completed the assessments. She indicated that unless the RN signed the MDS it was not validated.

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**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

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<th>(X2) MULTIPLE CONSTRUCTION</th>
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<td>B. WING____________________</td>
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<th>(X3) DATE SURVEY COMPLETED:</th>
<th>05/10/2018</th>
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**NAME OF PROVIDER OR SUPPLIER:**

DAVIS HEALTH & WELLNESS CTR AT CAMBRIDGE VILLAG

**STREET ADDRESS, CITY, STATE, ZIP CODE:**

83 CAVALIER DRIVE
WILMINGTON, NC  28405

**SUMMARY STATEMENT OF DEFICIENCIES**

(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

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<th>ID</th>
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<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
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<td>F 642</td>
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**Event ID:** K36E11

**Facility ID:** 130546

If continuation sheet Page 22 of 22