

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345167	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 12/6/2018
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NAME OF PROVIDER OR SUPPLIER YADKIN NURSING CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 903 W MAIN STREET YADKINVILLE, NC
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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F 644	<p>Coordination of PASARR and Assessments CFR(s): 483.20(e)(1)(2)</p> <p>§483.20(e) Coordination. A facility must coordinate assessments with the pre-admission screening and resident review (PASARR) program under Medicaid in subpart C of this part to the maximum extent practicable to avoid duplicative testing and effort. Coordination includes:</p> <p>§483.20(e)(1) Incorporating the recommendations from the PASARR level II determination and the PASARR evaluation report into a resident's assessment, care planning, and transitions of care.</p> <p>§483.20(e)(2) Referring all level II residents and all residents with newly evident or possible serious mental disorder, intellectual disability, or a related condition for level II resident review upon a significant change in status assessment. This REQUIREMENT is not met as evidenced by: Based on observations, record review, and staff interviews, the facility failed to refer 1 of 1 sampled resident (Resident #25) with the diagnosis of Down's syndrome, to the state-designated authority for Level II PASRR (Preadmission Screening Resident Review).</p> <p>Findings included:</p> <p>Resident #25 was admitted to the facility on 5/22/18 with diagnoses which included: Down's syndrome, dementia, myoclonic epilepsy, seizure disorder, altered mental status, and impaired mobility.</p> <p>Review of the quarterly minimum data set dated 8/24/18 indicated Resident #25 had short and long term memory loss with severely impaired decision-making skills. The resident was also assessed as having no behaviors during this assessment period.</p> <p>The review of the Care Plan (dated 5/29/18-9/1/18) revealed Resident #25's altered level of cognitive function due to her diagnoses of dementia and Down's syndrome, and the resident's need of social interaction/activities included the following approaches by staff: reality orientation while rendering care; ask yes/no questions to determine resident's needs; keep routine consistent to decrease confusion; Activity Director to discuss/monitor for preferences; assist to and from out of room activities while respecting the resident's right to refuse.</p> <p>Review of the medical record revealed Resident #25 received a PASRR Level 1 Determination Notice dated 5/21/18, prior to her admission to the facility. The facility did not refer the resident for a Level II PASRR evaluation.</p> <p>The review of the Neurology consult dated 8/29/18 revealed Resident #25 had the diagnosis of progressive myoclonus (spasmodic jerky contractures of the muscles) epilepsy secondary to her diagnosis of Down's</p>
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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

The above isolated deficiencies pose no actual harm to the residents

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