

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345409	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/11/2019
NAME OF PROVIDER OR SUPPLIER PEMBROKE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 310 E WARDELL DRIVE PEMBROKE, NC 28372		
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E 000	Initial Comments	E 000			
F 000	An unannounced Recertification/Complaint investigations survey was conducted from 4/8/19 through 4/11/19. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID#QKY811. INITIAL COMMENTS	F 000			
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §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 code 2 of 21 Minimum Data Set (MDS) assessments reviewed (Resident #37 and Resident #73). 1) Resident #37 was inaccurately coded as having a restraint and; 2) Resident #73 was inaccurately coded as being discharged to the hospital. Findings included: 1) Resident #37 was admitted to the facility on 07/20/17. Diagnoses included, in part, end stage renal disease, renal dialysis, chronic pain, osteomyelitis, and right below the knee amputation. The MDS quarterly assessment dated 02/13/19 revealed the resident was cognitively aware with no moods or behaviors indicated. Resident #37	F 641	1. Modification was made to the Minimum Data Set for Resident#37 and Resident# 73 on 04/11/2019. The modification for resident #37 and resident#73 included changing A02100 and P0100 were modified to reflect the corrections to D/C location coding, and use of restraints. 2. Clinical Reimbursement Coordinators (CRC) completed 100% audit on 4/12/2019 of Minimum Data Set for last 90 days 1/1/2019-4/12/2019 for those residents who discharged from facility and their destination and coding related to restraints. Any deviations discovered during the audits were modified on 4/12/2019. 3. Regional Clinical Reimbursement	5/3/19	

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

TITLE

(X6) DATE

Electronically Signed

04/29/2019

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>was coded under Section P, physical restraints, as having a restraint recorded as "other."</p> <p>An observation of Resident #37 on 04/09/19 at 11:15 AM revealed Resident #37 was alert and lying in bed. He was not noted to have any type of restraint on his person.</p> <p>An interview was conducted with Resident #37 on 04/09/19 at 11:15 AM. The resident was alert and oriented and reported he did not have any type of restraint. Resident #37 stated he comes and goes out of his room when he pleases and did not need any assistance. Resident #37 indicated where his wheelchair was and stated he transferred independently from his bed to his wheelchair.</p> <p>An interview was conducted with the MDS nurse on 04/11/19 at 12:10 PM. The MDS nurse stated Resident #37 did not have a restraint and she did not know why he was coded as having a restraint. The MDS nurse stated she did not know what "other" meant under Section P of physical restraints.</p> <p>An interview was conducted with the Unit Manager (UM) on 04/11/19 at 12:20 PM. The UM reported Resident #37 did not have a restraint and that it was coded in error on the MDS assessment.</p> <p>An interview was conducted with the Director of Nursing (DON) on 04/11/19 at 3:30 PM. The DON reported her expectation was for the MDS nurse to code the MDS assessments accurately. Example #2</p> <p>Resident # 73 was admitted to the facility on</p>	F 641	<p>Coordinator provided re-education to the Clinical Reimbursement Coordinator and the interdisciplinary team, including DON, ADON, Recreation Director, Social Worker, Registered Dietitian and Center Executive Director on 4/16/2019 on coding of MDS section A0200 and P0100 for accuracy.</p> <p>4. The Reimbursement Coordinator and the interdisciplinary team, including ADON, Recreation Director, Social Worker, Registered Dietitian will review Minimum Data Set for accuracy prior to transmission each week on 100% of residents for 2 weeks then 50% of residents for 2 weeks, then 25% of residents for 2 weeks and 10% of residents quarterly thereafter. The center Clinical Reimbursement Coordinator will present the results of the audit for accuracy for the entire Minimum Data Set that was completed prior to submission monthly to the QAPI meeting for 3 months, then quarterly.</p>		

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F 641	<p>Continued From page 2</p> <p>2/1/19 with active diagnoses to include: Weakness, Abnormality of Gait, Left Lower Extremity amputation, Diabetes, and Peripheral Vascular Disease.</p> <p>A review of the most recent Minimum Data Set (MDS) dated 2/8/19 and coded as an admission assessment indicated Resident #73 was cognitively intact. She required extensive assistance with bed mobility and transfers and required total dependence with activities of daily living (ADL 's).</p> <p>A review conducted on 4/11/19 of the discharge MDS assessment dated 2/20/19 documented that the resident was discharged to the hospital.</p> <p>A review of the facility discharge summary dated 2/20/19 documented the resident was discharged home with her family.</p> <p>An interview was conducted on 4/11/19 at 3:11 PM with the facility Social Worker. She stated the resident was here briefly for short term rehab after a lower extremity amputation. She stated the resident returned home with family, and with Physical Therapy, and Home Health services.</p> <p>An interview was conducted on 4/11/19 at 3:14 PM with the Director of Rehab. She stated the resident did receive Physical Therapy during her stay. She stated there were no concerns with her care while she was at the facility.</p> <p>An interview was conducted on 4/11/19 at 5:04 PM with the MDS nurse. She stated morning meetings are conducted daily with all disciplines and the facility Social Worker will let her know of any upcoming discharges, and if residents are</p>	F 641			

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F 641	Continued From page 3 discharged to the hospital the Director of Nursing will notify her as well as all members of the interdisciplinary team. She stated that the resident was discharged home with her family, and that she inadvertently coded her MDS as being discharged to the hospital. She stated it was an error on her part, and she would make the necessary changes right away. An interview was conducted on 4/11/19 at 5:30 PM with the Director of Nursing, she stated her expectation is that the MDS is coded accurately for all residents. An interview was conducted on 4/11/19 at 5:35 PM with Administrator, she stated her expectation is that the MDS is coded accurately.	F 641			
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on physician interview, staff interview, and record review the facility failed to obtain lab work ordered by the physician for 1 of 5 sampled residents (Resident #33) reviewed for unnecessary medications. Findings included: Hospital records documented while in the hospital on 10/26/18 Resident #33 was begun on magnesium oxide 400 milligrams (mg) twice daily (BID).	F 658	1. Corrective action for the residents found to be affected by the alleged deficient practice: Resident#93 no longer resides in the facility. The facility failed to ensure resident's physician order for a scheduled Magnesium level was drawn per physicians order. 2. Corrective action taken for those residents having the potential to be affected by the alleged deficient practice:	5/3/19	

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F 658	<p>Continued From page 4</p> <p>Hospital lab results revealed Resident #33's magnesium was 1.85 milligrams per deciliter (mg/dL) on 11/01/18 with the normal range being 1.70 to 2.70 mg/dL.</p> <p>Record review revealed Resident #33 was admitted to the facility on 11/01/18. The resident's documented diagnoses included chronic kidney disease stage five and atherosclerotic heart disease.</p> <p>A 11/01/18 physician order continued Resident #33 on magnesium oxide 400 mg BID in the facility.</p> <p>A 01/20/19 physician order requested that a complete blood count (CBC), chem 7 panel, and a magnesium level be obtained for Resident #33 every three months, specifying February, May, August, and November.</p> <p>Resident #33's 02/03/19 quarterly minimum data set (MDS) documented the resident's cognition was moderately impaired, he rejected care four to six days during the assessment look back period, he ranged from being independent to being dependent on the staff for his activities of daily living, and he had an indwelling catheter.</p> <p>Review of lab results revealed a CBC and chem 7 panel were obtained for Resident #33 on 02/21/19. No February 2019 magnesium level was present among the lab results included in the resident's paper and electronic medical records.</p> <p>On-line medical periodicals documented when taken in very large amounts magnesium supplements could be unsafe, causing too much magnesium to build up in the body resulting in</p>	F 658	<p>Residents that have labs ordered have the potential to be affected by the same alleged deficient practice. Lab orders have been audited for accuracy from January-April 2019, any deviations discovered during the audit were corrected. DON completed audit on 4/24/2019.</p> <p>3. The Director of Nursing or her designee will in-service licensed nurses on the policy/protocol for obtaining lab orders by date of compliance. This education will include full-time, part-time, and PRN nurses will be in-serviced prior to first scheduled work day.</p> <p>4. Corrective actions will be monitored to ensure the alleged deficient practice will not re-occur: the DON or her designee will audit all lab orders twice weekly x 4 weeks, then twice monthly x 3 months, the bring results to QAPI committee meeting for 3 months.</p>		

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F 658	<p>Continued From page 5</p> <p>side effects such as irregular heart beat, low blood pressure, confusion, and slowed breathing. It was documented that the kidneys cleared excess magnesium from the body, and people with renal problems or kidney failure were more likely to absorb too much magnesium. It was documented that doctors usually advised people with this risk to avoid supplements and medications that contained magnesium.</p> <p>During an interview with the Director of Nursing (DON) on 04/11/19 at 5:00 PM she stated labs to be drawn were listed in a lab book. She reported these labs were drawn on Tuesdays and Thursdays by a hospitalist. She commented the labs were processed through the hospital lab system, and the hospital faxed the lab results to the facility.</p> <p>During an interview with the Administrator on 04/11/19 at 5:14 PM she stated the only magnesium level that could be found for Resident #33 was drawn in the hospital on 11/01/18, the day the resident was discharged from the hospital to the facility. She reported after reviewing the facility's lab book, it was determined that a magnesium level was not listed in the facility's lab book to be obtained in February 2019 for Resident #33, even though the need for obtaining a CBC and chem 7 was documented in this book.</p> <p>During a telephone interview with Resident #33's primary physician on 04/11/19 at 5:20 PM he stated magnesium supplementation was usually provided due to low magnesium levels or poor diet and food intake. He reported the usual dose in the elderly was 400 mg daily or BID. He stated at this dosage there was little chance of the magnesium level rising outside of the normal</p>	F 658			

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F 658	Continued From page 6 range. However, the physician stated he expected labs to be obtained when they were ordered. He also commented that excess magnesium was usually excreted via the kidneys, but this excretion could be hampered in residents who had chronic kidney disease stage III or higher. During an interview with the DON on 04/11/19 at 5:32 PM she stated she expected labs to be drawn when they were ordered by the physician.	F 658		