## Statement of Deficiencies and Plan of Correction

### (X1) Provider/Supplier/CLIA Identification Number:
345413

### (X2) Multiple Construction
A. Building _____________________________
B. Wing _____________________________

### (X3) Date Survey Completed
C 05/22/2019

### Name of Provider or Supplier
Fleshers Fairview Health Care

### Street Address, City, State, Zip Code
3016 Cane Creek Road
Fairview, NC 28730

### (X4) ID Prefix Tag

<table>
<thead>
<tr>
<th>Summary Statement of Deficiencies (Each Deficiency Must Be Preceded by Full Regulatory or LSC Identifying Information)</th>
<th>ID Prefix Tag</th>
<th>Provider's Plan of Correction (Each Corrective Action Should Be Cross-Referenced to the Appropriate Deficiency)</th>
<th>(X5) Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>E 000 Initial Comments</td>
<td>E 000</td>
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<td>An unannounced recertification survey was conducted on 5/19/19 thru 5/22/19. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID 5B7G11.</td>
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<tr>
<td>F 641 Accuracy of Assessments</td>
<td>F 641</td>
<td>6/14/19</td>
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<tr>
<td>CFR(s): 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 the Minimum Data Set (MDS) assessment in the area of active diagnosis for 1 of 5 sampled residents reviewed for unnecessary medications (Resident #16). Findings included: Resident #16 was readmitted to the facility on 01/18/18 with diagnosis of history of transient (not lasting) ischemic (blood flow reduced) attack (TIA) and cerebral infarction (tissue death) without residual deficits. A review of the quarterly Minimum Data Set (MDS) assessment dated 02/18/19 indicated Resident #16 had not been coded under Section I Active Diagnosis as having a diagnosis of Cerebrovascular Accident (CVA), Transient Ischemic Attach (TIA). A review of the physician's monthly orders for February 2019 that were signed by the physician indicated Resident #16 was to receive one</td>
<td>483.20 Accuracy of Assessments</td>
<td>Resident #16. The MDS section I-I4500 Active Diagnosis was not coded for Transient Ischemic Attack (TIA) or Cerebrovascular Accident (CVA) to justify use of anti-coagulant therapy (Xarelto). Although the diagnosis is through out the resident's clinical record it was not recorded on the MDS. This was an oversight by the MDS Coordinator. The Diagnosis was corrected at the time it was brought to her attention by the surveyor and the 2/18/19 modified MDS was submitted to reflect the CVA/TIA diagnosis for the anti-coagulant use. Plan of correcting the specific deficiency: MDS Coordinators reviewed the guidelines, steps for assessment, intent and coding instructions outlined in the MDS Manual for Section I on 6/5/19. MDS Coordinators did online in-service education for the MDS Section I through</td>
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</table>

### Laboratory Director's or Provider/Supplier Representative's Signature

Electronically Signed

### (X6) Date
06/05/2019

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.
**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**NAME OF PROVIDER OR SUPPLIER**
FLESHERS FAIRVIEW HEALTH CARE

**STREET ADDRESS, CITY, STATE, ZIP CODE**
3016 CANE CREEK ROAD
FAIRVIEW, NC  28730

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<tr>
<th>ID PREFIX TAG</th>
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<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
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<td>(X4) F 641</td>
<td></td>
<td>Continued From page 1</td>
<td>(X5) CMS</td>
<td>(CMS.gov/medicare/quality-initiatives-patient-assessment-instruments/nursinghomequalityinitiatives/NHQIMDS30trainingmaterials.html) Related link: Section I/N/L (YouTube) on 6/11/19. A corrected MDS was filed for the affected resident.</td>
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<td>Xarelto (blood thinner) 20 milligram (mg) tablet by mouth daily for personal history of TIA and cerebral infarct without residual deficits.</td>
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<td>Plan for implementing the plan of correction: MDS Coordinator reviewed all resident's on anti-coagulants most recent MDS to ensure that the diagnosis was appropriately marked on 6/5/19. ADON is randomly checking 10 residents most recent MDS's to ensure that all active diagnosis are coded correctly on the MDS this week (thru 6/14/19) and documentation will be maintained and presented to the QAPI committee. Any discrepancies will be corrected and resubmitted.</td>
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<td>A review of the medication administration record (MAR) revealed per nursing documentation on the MAR that Resident #16 received Xarelto 20 mg 1 tablet daily during the look back period from 02/12/19 to 02/18/19.</td>
<td></td>
<td>Monitoring Plan of Correction: Director of Nursing and Assistant Director of Nursing audit Section I of all MDS's completed each week starting 6/10/19 to ensure that all active diagnosis are coded correctly on the MDS. Documentation of the audits will be maintained and presented by the Assistant Director of Nursing quarterly at the QAPI meetings where the corrective action will be evaluated for effectiveness and changes to corrective action made as needed. The audits will continue until compliance is maintained for a minimum of 3 months or longer per the QAPI committee recommendations.</td>
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<td>On 05/15/19 at 04:20 PM an interview was conducted with the MDS Coordinator who stated she was responsible for coding Section I Active Diagnosis on Resident #16's quarterly MDS assessment dated 02/18/19. The MDS Coordinator stated she missed coding that Resident #16 had a diagnosis of Cerebrovascular Accident (CVA), Transient Ischemic Attack (TIA). The MDS Coordinator stated she would have to submit a modification to the quarterly MDS assessment dated 02/18/19 to accurately reflect Resident #16 had diagnosis of Cerebrovascular Accident (CVA), Transient Ischemic Attack (TIA).</td>
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<td>Person responsible to implement: MDS</td>
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<td>F 641</td>
<td>Continued From page 2 conducted with the Administrator who stated it was her expectation that the MDS Coordinator would have accurately coded the quarterly MDS assessment dated 02/18/19 to reflect Resident #16 had a diagnosis of Cerebrovascular Accident (CVA), Transient Ischemic Attack (TIA). The Administrator stated the facility had worked hard to assure a diagnosis was associated with each medication and that Resident #16 was missed for coding.</td>
<td>F 641</td>
<td>Coordinator</td>
<td>Person responsible to monitor compliance: Director of Nursing and Assistant Director of Nursing</td>
<td>Corrective action completed: 6/2019</td>
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**SUMMARY STATEMENT OF DEFICIENCIES**

Each deficiency must be preceded by full regulatory or LSC identifying information.