

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

PRINTED: 06/26/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345353	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/18/2019
NAME OF PROVIDER OR SUPPLIER HIGHLAND HOUSE REHABILITATION AND HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1700 PAMALEE DRIVE FAYETTEVILLE, NC 28301	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments	E 000		
F 000	<p>An unannounced Recertification survey was conducted on 04/14/19 through 04/18/19. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #DY2V11.</p> <p>INITIAL COMMENTS</p> <p>No deficiencies were cited as a result of the complaint investigation conducted on 04/18/19. Event ID #DY2V11.</p>	F 000		
F 644 SS=D	<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 record review and staff interview, the facility failed to refer residents for re-evaluation after changes in mental status for Pre-Admission</p>	F 644	<p>1. Residents #31 and #42 have been referred for re-evaluation for PASRR due to mental status changes by the MDS</p>	5/1/19

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

TITLE

(X6) DATE

Electronically Signed

05/06/2019

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 644	<p>Continued From page 1</p> <p>Screening and Annual Resident Review (PASARR) for 2 of 2 residents reviewed for PASARR. (Residents #31 and #42)</p> <p>Findings included:</p> <p>1. Resident #31 was admitted to the facility on 04/15/2016 with diagnoses including Coronary Artery Disease and Hypertension. There were no diagnoses of Psychosis listed.</p> <p>The PASRR determination notification letter dated 04/14/2016 noted there were no further PASRR screening required unless a significant change occurs with the individual's status that suggest a diagnosis of mental illness or mental retardation or if there was a change in treatment.</p> <p>The Physicians note for Resident #31 dated 9/18/18 Read: 95-year-old male seen today for evaluation for recent delusions concerning his wife. The symptoms are ongoing but are getting worse. Resident #31 gets angry at times due to delusions, will add Seroquel 25 mg twice a day for 2 weeks.</p> <p>The review of the Physicians orders dated 09/2018 had Seroquel 25mg tab twice x2 weeks that ended 09/28/2018 for Psychosis. There was a new order dated 09/29/2018 for Seroquel 50mg tab every morning and Seroquel 100mg tab every evening for Psychosis.</p> <p>The quarterly Minimum Data Set (MDS) dated 11/14/2018, section I5900, had Resident #31 coded with a diagnosis of a Psychotic Disorder and according to Section N0410 there was a use of antipsychotics 7 days during that look back period.</p>	F 644	<p>Coordinator and Business Office (BO).</p> <p>2. Residents with a change in status assessment due to newly evident or possible mental disorder were reviewed to ensure the appropriate level of screening, PASRR, is in place by MDS and IDT(inter-disciplinary team). 4-19-19</p> <p>3. MDS nurses communicate to all department managers and the IDT (inter-disciplinary team) all residents with a newly evident diagnosis of mental illness change in status at morning meeting and at weekly care plan meetings. Residents are then referred for re-evaluation for PASRR by the Business Office and Social Service Department.</p> <p>4. The Social Service Department will maintain a log indicating the residents' PASRR level, annual review dates as required, and RE-evaluation Referral Notification as needed. The log will be maintained by the Social Service Department and documentation will be kept by the SW and BO.</p>		

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F 644	Continued From page 2 The comprehensive Minimum Data Set (MDS) dated 02/11/2019, section I5900, had Resident #31 coded with a diagnosis of a Psychotic Disorder and according to Section N0410 there was a use of antipsychotics 7 days during that look back period. The comprehensive care plan dated 04/04/2019 had a focus use of psychotropic medication Seroquel related to psychotic episode dated initiated: 09/26/2018. The care plan had measurable goals and interventions. During an interview with MDS Nurse #1 on 04/15/19 at 03:42 PM, the MDS Nurse #1 stated the resident was diagnosed for having psychotic delusions on 9/18/18 and that it was a significant change for this resident. MDS Nurse #1 also stated the Minimum Data Set's that were dated 11/18/2018 and 2/14/2019 were coded for a Psychotic Disorder and was receiving medications for the 7 days during the look back period. MDS Nurse#1 further stated she did not make anyone aware of the need to screen for a PASRR level II for a significant change that occurred with the resident and here expectations were to have an additional screening when there is a significant change. During an interview with the Administrator on 04/15/19 at 04:13 PM, the Administrator stated her expectations were for her staff to screen for a PASRR II when there is a significant change that occurs with the individual's status that suggest a diagnosis of mental illness.	F 644			

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F 644	Continued From page 3 2. Resident #42 was admitted to the facility on 10/27/15 with a re-entry on 7/03/18 after hospitalization. Resident #42 current diagnoses included psychotic disorder, dementia, depression, epilepsy, and cerebral vascular accident. The PASRR determination notification letter dated 10/26/15 noted there were no further PASRR screening required unless a significant change occurs with the individual ' s status that suggest diagnosis of mental illness or mental retardation or if there was a change in treatment. The annual Minimum Data Set (MDS) dated 7/03/18, section I5900, had Resident #42 coded with a diagnosis of a Psychotic Disorder. Review of Resident #42's Psychiatric Evaluation Progress Notes dated 2/15/19, read Resident #42 was assessed and had a diagnosis of follow up for history of unspecified psychosis not due to a substance or known physiological condition. Resident #42 progress notes continued to read the psychiatric medication regimen continue to improve quality of life and to reduce psychiatric symptoms. No changed medication regime due to stability of behaviors. An interview was conducted with the Minimum Data Set Nurse #1 on 4/17/19 at 09:44 AM, stated the resident was initially diagnosed with	F 644			

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F 644	<p>Continued From page 4</p> <p>having psychosis on 06/08/17. The Minimum Data Set (MDS) Nurse #1 stated the Social Worker would usually be the one to submit an evaluation for a Level PASARR change but there was no social worker in the facility at the time of the assessment and it did not get done. She continued by saying the Social Worker position was still vacant. She confirmed Resident #42's medical record indicated she was admitted to the facility with a Level I PASARR and no mental health diagnoses. Resident #42 presently was receiving antidepressants and was not currently on antipsychotics. She stated she should have made the Administrator aware of the need to screen for a PASRR II for a significant change that occurred with this resident.</p> <p>A follow up interview was conducted with MDS Nurse #1 on 4/17/19 at 3:50 PM. She stated she had completed a referral for a Level II PASARR evaluation for Resident #42 today 4/17/19.</p> <p>An interview was conducted with the Administrator on 4/17/19 at 4:33 PM. The Administrator stated she had not been aware that a referral for a Level II PASARR evaluation was required for this newly evident diagnosis of a serious mental illness that was identified for this resident. She indicated her expectation was for the regulation to be followed immediately.</p>	F 644			