PRINTED: 01/10/2022 FORM APPROVED OMB NO. 0938-0391

, , ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
		345252	B. WING _		C 12/10/2021
NAME OF PROVIDER OR SUPPLIER WARSAW NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 214 LANEFIELD ROAD WARSAW, NC 28398	12/10/2021
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE COMPLETION
E 000	Initial Comments		E 0	00	
F 000		3.73, Emergency nt ID #NSFG11.	F 0	00	
	survey was conduct 12/8/21. Additional i offsite on 12/9/21 ar exit date was 12/10/ 13 of the 13 compla substantiated.	complaint investigation ed from 12/6/21 through information was obtained and 12/10/21. Therefore, the 21. Event ID# NSFG11 int allegations were not			
F 641 SS=D	CFR(s): 483.20(g) §483.20(g) Accurac The assessment muresident's status. This REQUIREMEN		F 6	41	1/7/22
	facility failed to code (MDS) assessment level II Preadmission	view and staff interviews the the Minimum Data Set accurately in the areas of a Screening and Resident 1 of 3 resident (Resident # SRR Level II.		The Minimum Data (MDS) assortion resident #42 was modified be nurse on 12/8/2021 with the control Preadmission Screening and Review (PASRR) information.	oy MDS rrect esident
	Findings included:			100% audit of all current reside current comprehensive assessr initiated on 12/22//2021 by MD	ment was
	3/21/07 and most re	dmitted to the facility on cently readmitted on 4/15/21 with multiple diagnoses that nia.		Consultant to ensure all Level II were coded accurately. Any ideareas of concerns were correct include modifications by the ME during the audit. The audit was	I PASRR entified ed to DS Nurse
ARODATODY		ated Resident #42 had a	IDE	completed on 12/23/2021.	(X6) DATE

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

Electronically Signed 12/27/2021

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		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345252	B. WING _				C / 10/2021	
NAME OF P	ROVIDER OR SUPPLIER	1.0202		ST	FREET ADDRESS, CITY, STATE, ZIP CODE	1 12/	10/2021	
TO WILL OF TH					4 LANEFIELD ROAD			
WARSAW	NURSING AND REHAB	SILITATION CENTER			ARSAW, NC 28398			
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F 641	Continued From pag	e 1	F 6	641	11			
	Preadmission Screening and Resident Review (PASRR) Level II Determination Notification dated 10/17/17. The annual MDS assessment dated 6/16/21 indicated a "No" to question A1500 which asked if				Completed Comprehensive MDS Assessments will be reviewed by Dire	ctor		
					of Nursing or designee to ensure all PASRR level information is coded	^		
		een evaluated by a level II ned to have a serious mental			accurately utilizing a MDS Accuracy QA Tool weekly for 8 weeks, then monthly			
		ctual disability or a related			1 month. Modifications will be complete			
	condition.	stati disability of a foldiod			as indicated. The DON will review and initial the MDS Accuracy QA Tool week			
	An interview was cor	nducted on 12/06/21 at 2:38			for 8 weeks then monthly for 1 month.	,		
	PM with the Social Worker (SW). She confirmed				·			
	Resident #42 was id	entified as a level II PASRR.			On 12/27/2021 an in-service was completed by MDS Consultant with the	:		
	Data Set (MDS) Nur	nducted with the Minimum se on 12/08/21 at 1:00 PM.			MDS nurse in regards to accurately coding PASRR Level II			
		ewed the question A 1500						
		esident #42. She confirmed			The Administrator will forward the resu			
	the MDS was coded	·			of the MDS Accuracy QA Tool to the QA Committee monthly for 3 months. The	QA		
	12/08/21 at 1:30 PM	with the Administrator o , the Administrator indicated			Committee will meet monthly to review MDS Accuracy QA Tool to determine	the		
		ect, and it would be corrected			trends and/or issue that may need furth	ner		
		discussion and plan would be groward to monitor PASRR			interventions and/or frequency of monitoring.			
F 644	-	ARR and Assessments	F 6	14			1/7/22	
SS=E	_			,			1/1/22	
	pre-admission scree (PASARR) program of this part to the ma	ation. inate assessments with the ning and resident review under Medicaid in subpart C eximum extent practicable to ting and effort. Coordination						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345252	B. WING		C	0/2024
NAME OF D	ROVIDER OR SUPPLIER	040202		STREET ADDRESS, CITY, STATE, ZIP CODE	12/10	0/2021
INAIVIE OF F	NOVIDER OR SUFFLIER					
WARSAW	NURSING AND REHABI	LITATION CENTER	214 LANEFIELD ROAD			
				WARSAW, NC 28398		
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F 644	F 644 Continued From page 2		F 64	14		
	from the PASARR lev PASARR evaluation i	rating the recommendations vel II determination and the report into a resident's nning, and transitions of				
	all residents with new serious mental disord related condition for leasing significant change in This REQUIREMENT by: Based on record reversal facility failed to reque Screening and Residetermination for resion of serious mental illustresidents reviewed for Resident #37, and Resident #37, and Resident #21 was ad 1/26/15 with last resensity in the North Carolina Diagrates and anxiety The North Carolina Diagrates and PASRR in individual 's stay. A transferred with he in to another nursing facts as required	iew and staff interviews the st a Level II Preadmission ent Review (PASRR) dents with active diagnosis ess for 3 of 5 sampled or PASRR (Resident #21, esident #45). mitted to the facility on entry on 2/26/21 after moses included major post traumatic stress disorder. repartment of Health and SRR Level I determination 17/14 revealed the Level I umber remains valid for the copy of this notice should be dividual if he/she relocates cility. No further PASRR unless a significant change		A Preadmission Screening & Reside Review (PASRR) for a Level II review submitted for resident #37, #21, and on 12/21/2021 by Social Services Director. A 100% review of all other residents census was completed on 12/21/202 current diagnosis to determine if a level review was needed for qualifying diagnosis by Social Service Director. 12/21/2021, Social Service Director in-serviced on requirements for PASI screening prior to admission and upor receipt of qualifying diagnosis during resident stay by Administrator. All new admissions will be reviewed I Social Services Director to ensure PA is present upon admission, and that the level of PASRR is appropriate for the diagnosis present. Upon receipt of qualifying diagnosis of existing reside identified through physician order reviewed I services of the diagnosis of existing reside identified through physician order reviewed I services of the diagnosis of existing reside identified through physician order reviewed I services of the diagnosis of existing reside identified through physician order reviewed I services of the diagnosis of existing reside identified through physician order reviewed I services of the diagnosis of existing reside identified through physician order reviewed I services of the diagnosis of existing reside identified through physician order reviewed I services of the diagnosis of existing residentified through physician order reviewed I services of the services of	via 1 of vel II On RR n Dy SSRR he	
	occurs with the individual suggests a diagnosis	dual ' s status which of mental illness or mental		daily, facility Social Services Director designee will re-submit for a level II	or	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	201/1252 02 01/221/52	343232	D. WING _			12/	10/2021
NAME OF PROVIDER OR SUPPLIER					TREET ADDRESS, CITY, STATE, ZIP CODE		
WARSAW	NURSING AND REHABI	LITATION CENTER		214 LANEFIELD ROAD			
		-		W	/ARSAW, NC 28398		
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F 644	Continued From page	3	F6	644			
	retardation or, if present, suggests a change in treatment needs for those conditions. The most recent comprehensive Minimum Data Set (MDS) assessment dated 6/02/21 indicated Resident #21 was not currently considered by the state Level II PASRR process to have a serious mental illness. Diagnoses included anxiety, depression, and post-traumatic stress disorder. Resident #21 diagnosis/history sheet dated 12/08/21 indicated Resident #21 was diagnosed				PASRR review using the weekly admission report for Point Click Care. The administrator will review the initial audit, then new admissions weekly for eight weeks, then monthly for one month. The Quality Assurance Committee will meet monthly to review PASRR audits to ensure any issues were identified, make changes as needed to include re-submission of level II PASRR when indicated, to include frequency of		
	dementia without beh anxiety disorder, 1/26 stress disorder 1/26/1				monitoring for 3 months.		
	Services Coordinator The Social Services C started working at the confirmed the PASRF have been submitted	ident #21 when the new					
	Administrator stated of mental health diagnost screened for a PASR Administrator also state with the previous Soc PASRR updates, and longer employed at the explain she would have complete reviews and moving forward.	8/21 at 10:50 AM. The when there was a new sis, the resident should be					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
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	NAME OF PROVIDER OR SUPPLIER WARSAW NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 214 LANEFIELD ROAD WARSAW, NC 28398		12/10/2021	
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F 644	notification dated 01. revealed the level I seremains valid for the significant change of status which sugges illness. Resident #45 was addiagnoses including diagnosis list dated diagnosis of delusion Minimum Data Set (I Resident #45 coded extensive assistance (ADL). The MDS was disorder (other than The comprehensive had a focus of reside behaviors of delusion someone had put rocaused him not to be An interview with the conducted on 12/09/stated when a reside significant change, a should be completed diagnosis of delusion determination notifical tidd not include the	SRR level I determination /30/2013 for Resident #45 creen and PASRR number individual's stay unless a ccurs with the individual's tadiagnosis of mental dimitted on 02/01/2013 with chronic atrial fibrillation. The I0/10/2019 revealed a nal disorder. The quarterly MDS) dated 10/26/2021 had as cognitively intact needing with activities of daily living a salso coded for a psychotic schizophrenia). Care plan dated 11/10/2021 ent's behaviors or history of the state of the salso coded for a psychotic schizophrenia). Care plan dated 11/10/2021 ent's behaviors or history of the state of the salso coded for a psychotic schizophrenia). Care plan dated 11/10/2021 ent's behaviors or history of the state of the salso coded for a psychotic schizophrenia). Care plan dated 11/10/2021 ent's behaviors or history of the state of the salso coded for a psychotic schizophrenia). Care plan dated 11/10/2021 ent's behaviors or history of the state of the salso code for a psychotic schizophrenia). Care plan dated 11/10/2021 ent's behaviors or history of the salso coded for a psychotic schizophrenia). Care plan dated 11/10/2021 ent's behaviors or history of the salso coded for a psychotic schizophrenia).	F6	·			
	a new mental health level II was not comp	gnosis would be considered diagnosis and a PASRR bleted. The SW also stated ployee with the facility since					

		(X1) PROVIDER/SUPPLIER/CLIA (X2) MU IDENTIFICATION NUMBER: A. BUILE		PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
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	NAME OF PROVIDER OR SUPPLIER WARSAW NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 214 LANEFIELD ROAD WARSAW, NC 28398	I	12/10/2021	
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 644	Administrator stated new mental health of disorder on 10/10/2 a PASRR level II so screening was not of also stated the form the PASRR screening the new SW to get a Based on record refacility failed to requisite screening and Resident grain and Fasting included: Resident #37 and Fasting included: Resident #37 was a 4/30/2018 with diag schizophrenia, vaso behavioral disturbate generalized anxiety. The North Carolina Human Services Panotification dated of screen and PASRR individual's stay. A transferred with the to another nursing fascreening is required occurs with the individual a diagnosis of mental screening is required occurs with the individual and screening is required occurs with the individual and screening is of mental screening is occurs with the individual and screening is of mental screening is occurs with the individual and screening is of mental screening is of mental screening is of mental screening is of mental screening is occurs with the individual screening is of mental screening is occurs with the individual	diagnosis of delusional 019, there should have been reening completed, and the completed. The Administrator are SW was responsible for any and was going to work with the PASRR's updated. View and staff interviews the uest a Level II Preadmission ident Review (PASRR) sidents with active diagnoses are for 3 of 5 sampled for PASRR (Resident #21, Resident #45). Admitted to the facility on anoses that included cular dementia without are, depressive episodes, and psychotic disorder. Department of Health and ASRR level I determination B/30/2017 revealed the level I number remains valid for the copy of this notice should be individual if he/she relocates facility. No further PASRR dunless a significant change vidual's status which suggests al illness or mental retardation ests a change in treatment	F 6	44			

OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
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ROVIDER OR SUPPLIER	04020 <u>2</u>	5: ******	STRE	FET ADDRESS CITY STATE ZIP CODE	12/	10/2021	
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NURSING AND REHABI	LITATION CENTER						
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Continued From page	÷ 6	F 6	644				
Set (MDS) assessme Resident #37 was not state Level II PASRR mental illness. Diagno non-Alzheimer's demo	nt dated 2/9/2021 indicated to currently considered by the process to have a serious oses included depression, entia, anxiety, schizophrenia						
12/8/2021 indicated F with schizophrenia 4/3 depressive episodes anxiety disorder on 4/ without behavioral disunspecified psychosis	Resident #37 was diagnosed 30/2018, other specified on 4/30/2018, generalized (30/2018, vascular dementia sturbance on 4/30/2018 and so not due to a substance or						
Services Coordinator AM. The SSC stated of facility June 2021 and should have been subdetermination for Resmental health diagnos An interview was cone Administrator on 12/0 Administrator stated was mental health diagnos screened for a PASRI also stated she did not had not been complete	(SSC) on 12/08/21 at 9:52 she started working at the PASARR level II screening omitted for evaluation and ident #37 with the new ses in 2018 and 2020. ducted with the 8/2021 at 10:48 AM. The when there was a new sis, the resident should be R level II. The Administrator of know why the screening ted for Resident #37 and						
	ROVIDER OR SUPPLIER SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Continued From page The most recent composed (MDS) assessme Resident #37 was not state Level II PASRR mental illness. Diagnon-Alzheimer's demand psychotic disorder Resident #37's diagnon-Alzheimer's demand psychotic disorder With schizophrenia 4/3 depressive episodes anxiety disorder on 4/4 without behavioral disunspecified psychosis known physiological of the services Coordinator AM. The SSC stated facility June 2021 and should have been subdetermination for Resmental health diagnose and interview was confident and the services and the services confidence of the services and	CORRECTION IDENTIFICATION NUMBER:	ROVIDER OR SUPPLIER NURSING AND REHABILITATION CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 6 The most recent comprehensive Minimum Data Set (MDS) assessment dated 2/9/2021 indicated Resident #37 was not currently considered by the state Level II PASRR process to have a serious mental illness. Diagnoses included depression, non-Alzheimer's dementia, anxiety, schizophrenia and psychotic disorder. Resident #37's diagnosis/history sheet dated 12/8/2021 indicated Resident #37 was diagnosed with schizophrenia 4/30/2018, other specified depressive episodes on 4/30/2018, generalized anxiety disorder on 4/30/2018, vascular dementia without behavioral disturbance on 4/30/2018 and unspecified psychosis not due to a substance or known physiological condition on 8/12/20. An interview was conducted with the Social Services Coordinator (SSC) on 12/08/21 at 9:52 AM. The SSC stated she started working at the facility June 2021 and PASARR level II screening should have been submitted for evaluation and determination for Resident #37 with the new mental health diagnoses in 2018 and 2020. An interview was conducted with the Administrator on 12/08/2021 at 10:48 AM. The Administrator stated when there was a new mental health diagnosis, the resident should be screened for a PASRR level II. The Administrator also stated she did not know why the screening had not been completed for Resident #37 and	A BUILDING 345252 B. WING ROVIDER OR SUPPLIER NURSING AND REHABILITATION CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 6 The most recent comprehensive Minimum Data Set (MDS) assessment dated 2/9/2021 indicated Resident #37 was not currently considered by the state Level II PASRR process to have a serious mental illness. Diagnoses included depression, non-Alzheimer's dementia, anxiety, schizophrenia and psychotic disorder. 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