

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345111	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/23/2025
NAME OF PROVIDER OR SUPPLIER PENICK VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 401 EAST RHODE ISLAND AVENUE SOUTHERN PINES, NC 28387	
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E 000	Initial Comments	E 000		
F 000	INITIAL COMMENTS	F 000		
F 641 SS=D	<p>Accuracy of Assessments CFR(s): 483.20(g)</p> <p>§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 medications for 1 of 5 residents (Resident #19) reviewed for unnecessary medications.</p> <p>Findings included: Resident #19 was admitted to the facility on 9/4/24.</p> <p>A review of Resident #19's physician orders revealed an order dated 9/4/24 for Lantus insulin (a long acting injectable medication to control blood sugar) 10 units subcutaneously (injected with a needle beneath the skin) daily at bedtime.</p> <p>A review of Resident #19's Medication Administration Record for December 2024</p>	F 641	<p>Corrective action taken regarding resident affected by deficient practice: On 1/24/2025, Minimum Data Set (MDS) Nurse completed a corrective MDS and transmitted which was accepted for Resident # 19. Corrective action taken regarding those residents with the potential to be affected: An audit was completed on all residents for the past 30 days on 1/27/2025 to reconcile the medication administration records and MDS assessment section N by the Director of Nursing and MDS Nurse. To prevent this from reoccurring, Administrator educated the MDS Nurse and Director of Nursing on 1/27/25 regarding the importance of accurate coding of the MDS Assessments. Monitoring Compliance: To monitor and</p>	2/6/25

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

TITLE

(X6) DATE

Electronically Signed

02/06/2025

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>revealed documentation Resident #19 received Lantus insulin 10 units subcutaneously at bedtime on 12/6/24, 12/7/24, 12/8/24, 12/9/24, 12/10/24, 12/11/24 and 12/12/24.</p> <p>A review of Resident #19's quarterly Minimum Data Set (MDS) assessment dated 12/12/24 revealed documentation she received insulin injections on 4 of the 7 day look-back period days of the assessment.</p> <p>On 1/23/25 at 11:41 AM in an interview the MDS Nurse indicated she completed the medication section of Resident #19's MDS assessment dated 12/12/24. She stated the look-back period for the assessment would have been from 12/6/24 through 12/12/24. She reported she could see documentation on Resident #19's MAR that Resident #19 received insulin injections on all 7 of the look-back days. The MDS Nurse stated she missed this when coding Resident #19's 12/12/24 MDS assessment. She reported this was an oversight on her part and she would correct it.</p> <p>On 1/23/25 at 11:51 AM in an interview the Director of Nursing confirmed Resident #19 received insulin injections on all 7 of the look-back period days of her 12/12/24 quarterly MDS assessment. She stated Resident #19's MDS assessment should have accurately reflected the number of days she received insulin injections.</p> <p>On 1/23/25 at 12:00 PM an interview with the Administrator indicated MDS assessments should accurately reflect the medication a resident received.</p>	F 641	<p>maintain ongoing compliance, the MDS Coordinator and Director of Nursing or RN Supervisor will audit assessments weekly for 3 months to determine the accuracy of MDS Assessments related to insulin administration for 3 months. The Director of Nursing or Designee will report the results of the monitoring to the QAPI committee for review and recommendations for the time frame of the monitoring period or as it is amended by the committee.</p>		

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F 849 F 849 SS=D	Continued From page 2 Hospice Services CFR(s): 483.70(n)(1)-(4) §483.70(n) Hospice services. §483.70(n)(1) A long-term care (LTC) facility may do either of the following: (i) Arrange for the provision of hospice services through an agreement with one or more Medicare-certified hospices. (ii) Not arrange for the provision of hospice services at the facility through an agreement with a Medicare-certified hospice and assist the resident in transferring to a facility that will arrange for the provision of hospice services when a resident requests a transfer. §483.70(n)(2) If hospice care is furnished in an LTC facility through an agreement as specified in paragraph (o)(1)(i) of this section with a hospice, the LTC facility must meet the following requirements: (i) Ensure that the hospice services meet professional standards and principles that apply to individuals providing services in the facility, and to the timeliness of the services. (ii) Have a written agreement with the hospice that is signed by an authorized representative of the hospice and an authorized representative of the LTC facility before hospice care is furnished to any resident. The written agreement must set out at least the following: (A) The services the hospice will provide. (B) The hospice's responsibilities for determining the appropriate hospice plan of care as specified in §418.112 (d) of this chapter. (C) The services the LTC facility will continue to provide based on each resident's plan of care. (D) A communication process, including how the	F 849 F 849		2/6/25	

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F 849	Continued From page 3 communication will be documented between the LTC facility and the hospice provider, to ensure that the needs of the resident are addressed and met 24 hours per day. (E) A provision that the LTC facility immediately notifies the hospice about the following: (1) A significant change in the resident's physical, mental, social, or emotional status. (2) Clinical complications that suggest a need to alter the plan of care. (3) A need to transfer the resident from the facility for any condition. (4) The resident's death. (F) A provision stating that the hospice assumes responsibility for determining the appropriate course of hospice care, including the determination to change the level of services provided. (G) An agreement that it is the LTC facility's responsibility to furnish 24-hour room and board care, meet the resident's personal care and nursing needs in coordination with the hospice representative, and ensure that the level of care provided is appropriately based on the individual resident's needs. (H) A delineation of the hospice's responsibilities, including but not limited to, providing medical direction and management of the patient; nursing; counseling (including spiritual, dietary, and bereavement); social work; providing medical supplies, durable medical equipment, and drugs necessary for the palliation of pain and symptoms associated with the terminal illness and related conditions; and all other hospice services that are necessary for the care of the resident's terminal illness and related conditions. (I) A provision that when the LTC facility personnel are responsible for the administration	F 849			

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F 849	<p>Continued From page 4</p> <p>of prescribed therapies, including those therapies determined appropriate by the hospice and delineated in the hospice plan of care, the LTC facility personnel may administer the therapies where permitted by State law and as specified by the LTC facility.</p> <p>(J) A provision stating that the LTC facility must report all alleged violations involving mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property by hospice personnel, to the hospice administrator immediately when the LTC facility becomes aware of the alleged violation.</p> <p>(K) A delineation of the responsibilities of the hospice and the LTC facility to provide bereavement services to LTC facility staff.</p> <p>§483.70(n)(3) Each LTC facility arranging for the provision of hospice care under a written agreement must designate a member of the facility's interdisciplinary team who is responsible for working with hospice representatives to coordinate care to the resident provided by the LTC facility staff and hospice staff. The interdisciplinary team member must have a clinical background, function within their State scope of practice act, and have the ability to assess the resident or have access to someone that has the skills and capabilities to assess the resident.</p> <p>The designated interdisciplinary team member is responsible for the following:</p> <p>(i) Collaborating with hospice representatives and coordinating LTC facility staff participation in the hospice care planning process for those residents receiving these services.</p> <p>(ii) Communicating with hospice representatives</p>	F 849			

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F 849	<p>Continued From page 5</p> <p>and other healthcare providers participating in the provision of care for the terminal illness, related conditions, and other conditions, to ensure quality of care for the patient and family.</p> <p>(iii) Ensuring that the LTC facility communicates with the hospice medical director, the patient's attending physician, and other practitioners participating in the provision of care to the patient as needed to coordinate the hospice care with the medical care provided by other physicians.</p> <p>(iv) Obtaining the following information from the hospice:</p> <p>(A) The most recent hospice plan of care specific to each patient.</p> <p>(B) Hospice election form.</p> <p>(C) Physician certification and recertification of the terminal illness specific to each patient.</p> <p>(D) Names and contact information for hospice personnel involved in hospice care of each patient.</p> <p>(E) Instructions on how to access the hospice's 24-hour on-call system.</p> <p>(F) Hospice medication information specific to each patient.</p> <p>(G) Hospice physician and attending physician (if any) orders specific to each patient.</p> <p>(v) Ensuring that the LTC facility staff provides orientation in the policies and procedures of the facility, including patient rights, appropriate forms, and record keeping requirements, to hospice staff furnishing care to LTC residents.</p> <p>§483.70(n)(4) Each LTC facility providing hospice care under a written agreement must ensure that each resident's written plan of care includes both the most recent hospice plan of care and a description of the services furnished by the LTC facility to attain or maintain the resident's highest</p>	F 849			

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F 849	<p>Continued From page 6</p> <p>practicable physical, mental, and psychosocial well-being, as required at §483.24.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews the facility failed to have an active order for hospice for 1 of 2 residents reviewed for hospice care. (Resident #3)</p> <p>Findings included:</p> <p>Resident #3 was admitted to the facility on 3/7/22.</p> <p>Review of physician orders revealed on 1/10/24 Resident #3 was ordered to have hospice consult and care. This order was discontinued on 8/8/24 by Nurse #3.</p> <p>During an interview on 1/22/25 at 4:49 PM Nurse #3 stated she must have incorrectly discontinued the hospice order for Resident #3 by accident in August 2024. Resident #3 had no break in her hospice care and was still currently receiving hospice care.</p> <p>Review of Resident #3's Hospice Certification dated 1/11/24 revealed Resident #3's hospice election date was 1/11/24.</p> <p>Review of Resident #3's Minimum Data Set assessment dated 1/10/25 revealed the resident was assessed to be receiving hospice services.</p> <p>Review of Resident #3's care plan dated 1/10/25 revealed Resident #3 was care planned to receive hospice services.</p> <p>During an interview on 1/22/25 at 4:45 PM Nurse #2 stated Resident #3 was on hospice and had</p>	F 849	<p>Corrective action taken for affected Resident #3: On 1/23/2025, the licensed nurse initiated a hospice order for Resident #3, no lapse in hospice services had occurred. Corrective Action taken for those residents with the potential to be affected: An audit was completed for all residents under hospice care by the Administrator on 1/23/25 to ensure active orders were in place. To prevent this from recurring: The Director of Nursing educated all licensed nurses regarding Hospice admission orders on 1/24/25. Any licensed or nursing staff that cannot be reached within the initial reeducation time frame will not take an assignment until they have received this reeducation. Agency licensed nurses or nursing staff and newly hired licensed nursing or nursing staff will have this education during their orientation. Monitoring Compliance: The RN Supervisor or Designee will audit Hospice Orders weekly x 3 months. Information will be discussed during the clinical morning meeting. The Director of Nursing or Designee will report the results of the monitoring to the QAPI committee for review and recommendations for the time frame of the monitoring period or as it is amended by the committee.</p>		

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F 849	<p>Continued From page 7</p> <p>been on hospice a long time. Resident #3 and any resident on hospice should have an active order for hospice. She stated Resident #3 was currently receiving hospice care and did not have any breaks in her hospice care since January 2024 but could not find an active order for hospice care in the health record.</p> <p>During an interview on 1/22/25 at 4:37 PM the Director of Nursing stated there was no active hospice order in Resident #3's medical record and there should be an active order for hospice. She stated the floor nurse was responsible for entering the hospice order and she could not find it. There was no break in Resident #3's hospice care.</p> <p>During an interview on 1/22/25 at 4:44 PM the Administrator stated there should be an active order for hospice if a resident was admitted to hospice.</p>	F 849		