



Complete Living Care
 1475 Virginia Avenue
 Harrisonburg, VA 22802
 (540) 564-3500

To: Virginia Dept. of Health Office of Licensure
 and Certification

From: Jonathan Hamilton

Company:

Date:

Fax Number:

Total No. Pages:

Phone Number:

Sender's Phone:

Re: Mr. Rodney Miller

Sender's Fax Number:

Comments:

Dear Mr. Miller,

I'm faxing our plan of correction with gratitude to you and your survey team for all your support and guidance as we improve our service.

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Confidentiality Notice: The information contained in this transmission is confidential, proprietary or privileged and may be subject to protection under the law, including the Health Insurance Portability and Accountability Act (HIPAA). The message is intended for the sole use of the individual or entity to whom it is addressed. If you are not the intended recipient, you are notified that any use, distribution or copying of the message is strictly prohibited and may subject you to criminal or civil penalties. If you received this transmission in error, please contact the sender immediately to arrange for return of the documents.

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

PRINTED: 03/03/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495385	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/18/2016
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NAME OF PROVIDER OR SUPPLIER VMRC, COMPLETE LIVING CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1475 VIRGINIA AVENUE HARRISONBURG, VA 22802
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(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
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F 000 INITIAL COMMENTS

F 000

An unannounced Medicare/Medicaid MDS special focus survey was conducted 2/17/16 through 2/18/16. Corrections are required for compliance with 42 CRF Part 483 Requirements for Federal Long Term Care facilities.

The census in this 120 certified bed facility was 113 at the time of the survey. The survey sample consisted of 10 current Resident reviews (Residents #1 through #10).

F 272 483.20(b)(1) COMPREHENSIVE
SS=D ASSESSMENTS

F 272

The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.

- A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following:
- Identification and demographic information;
- Customary routine;
- Cognitive patterns;
- Communication;
- Vision;
- Mood and behavior patterns;
- Psychosocial well-being;
- Physical functioning and structural problems;
- Continence;
- Disease diagnosis and health conditions;
- Dental and nutritional status;
- Skin conditions;
- Activity pursuit;
- Medications;

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

[Handwritten Signature]

TITLE

Administrator

(X6) DATE

3/14/2016

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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Special treatments and procedures;
Discharge potential;
Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and
Documentation of participation in assessment.

This REQUIREMENT is not met as evidenced by:
Based on staff interview, clinical record and facility document review it was determined that the facility staff failed to complete the Care Area Assessment Summary (CAA'S) on 2 of 10 Residents in the sample survey, Resident # 4 and Resident #10.
The Findings Included:
1. For Resident #4 the facility staff failed to complete the Care Area Assessment Summary (CAA'S) on an Admission Minimum Data Set (MDS) assessment with the Assessment Reference Date (ARD) of 1/29/16.
Resident #4 was a 77 year old male who was admitted on 1/12/16. Admitting diagnoses included, but were not limited to: right hip fracture with an open reduction and internal fixation, hypertension, syncope, asthma, neuropathy and osteoarthritis.
The most current Minimum Data Set (MDS) located in the clinical record was a 30 Day Medicare MDS assessment with an Assessment Reference Date (ARD) of 2/9/16. The facility staff coded that Resident #4 had a Cognitive Summary

- 1) Care Area Assessments (CAA) for resident #4 were completed and signed 2/19/2016. Completion includes identification of the location and date of CAA information.
- 2) An audit of all current residents to identify incomplete CAA's was completed on 2/19/2016. All records identified with incomplete CAA's will be completed, signed and transmitted by 4/1/2016.

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Score of 15. The facility staff coded that Resident #4 required limited (2/2) to extensive assistance with Activities of Daily Living (ADL's). On February 18, 2016 at 8:20 a.m. the surveyor reviewed Resident #4's clinical record. Review of the clinical record produced an Admission MDS assessment with the ARD of 1/19/16. The facility staff coded that Resident #4 had a Cognitive Summary Score of 15. The facility staff also coded that Resident #4 required extensive (3/3) to total nursing care (4/2) with ADL's. In Section V. Care Area Assessment (CAA'S) Resident #4 triggered for the following areas: Cognitive Loss/Dementia, Visual Function, ADL Functional/Rehabilitation Potential, Urinary Incontinence and Indwelling Catheter, Psychosocial Well-Being, Behavioral Symptoms, Falls, Nutritional Status, Pressure Ulcer and Pain. Review of the CAA'S revealed that the "Location and Date of CAA Information" was not documented and that the "V. B. 1. Signature of RN (Registered Nurse) Coordinator for CAA Process and Date Signed" and "V.C. 1. Signature of Person Completing Care Plan and Date Signed" was not signed and dated. On February 18, 2016 at 9:30 a.m. the surveyor reviewed the Admission MDS with the ARD of 1/19/16 with the MDS Coordinator, who was a Registered Nurse. The surveyor pointed out that Section V. CAA'S and V.B.1 and V.C.1. were not complete and were not signed and dated. The surveyor requested a copy of the facility policy and procedure for completing MDS's. On February 18, 2016 at 10:10 a.m. the MDS Nurse hand delivered the facility policy and procedure titled, "MDS/Quarterly Assessments and Care Planning." The policy and procedure read in part ... "Purpose: The comprehensive assessment shall include all information specified

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- 3) All interdisciplinary team members responsible for completion of the MDS will complete a review of the current RAI manual chapter 4. They will also successfully complete online learning MDS modules in the VMRC Relias learning system. These educations will be completed by 4/1/2016. A weekly face-to-face meeting of nursing, life enrichment, social services and registered dietician staff responsible for MDS section completion will begin the week of 3/14/2016. The meeting will be convened by the MDS Coordinator and/or her designee, and will review all pending MDS's for timely completion.

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in the state-approved RAI (Resident Assessment Instrument) manual. Comprehensive assessments include completion of the assessment, the CAA process, and care planning. Comprehensive assessments are completed upon admission, annually, and when a significant change in status (SCSA) occurs, or when a previous comprehensive assessment (SCPA) needs to be corrected. Quarterly assessments are completed a minimum of 3 times annually. . . C. CAA's are completed by the disciplines associated with the MDS sections that they are responsible for ..." (sic)

On February 18, 2016 at 10:45 a.m. the survey team met with the Administrator (Adm), Director of Nursing (DON) and MDS Nurse. The surveyor notified the Administrative Team (AT) that Resident #4's Admission MDS CAA'S were not complete, signed and dated. No additional information was provided prior to exiting the facility as to why the facility staff failed to complete the CAA'S on Resident #4's Admission MDS assessment with the ARD of 1/19/16.

2. For Resident #10, facility staff failed to complete the Care Area Assessment Summary (CAA) on an Admission Minimum Data Set (MDS) assessment with the Assessment Reference Date (ARD) of 10/2/15 within 14 days of admission.

Resident #10 was admitted to the facility on 9/28/15 with diagnoses including atrial fibrillation, dementia, hypertension, debility, and post surgical care with colostomy. The resident scored 11/15 on the Brief Interview for Mental Status on the MDS with ARD 10/2/15 and was assessed to be without signs of delirium or psychosis.

4) The MDS Coordinator and/or her designee will monitor all MDS assessments weekly for timely completion. Any variances will be immediately corrected and the MDS Coordinator and/or her designee will provide staff education needed to prevent reoccurrence. All trends in variances will be reported to the monthly QAPI committee meeting.

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During clinical record review, the surveyor noted that the Admission MDS with ARD 10/2/15 was signed on 10/16/15 and the CAA summary was signed 10/24/15. These items were not completed within 14 days of the resident's admission (The resident was admitted 9/28/15, so the assessment and summary should have been completed 10/13/15). The CMS RAI Version 3.0 Manual published October 2013 states that the Admission Comprehensive assessment must be completed (Item Z0500B) no later than the 14th calendar day of the resident's admission and that the CAAs (Item V0200B2) must be completed no later than the 14th calendar day of the resident's admission. The manual defines the 14th day as the admission day plus 13 calendar days.

Surveyors discussed the concern with late completion of the admission assessment with the MDS coordinator on 2/18/16. The MDS coordinator stated that she had 14 days after the assessment reference date to complete an assessment.

During a summary meeting on 2/18/16, the surveyor notified the administrator and director of nursing that late completion of the admission assessment was a concern.

F 273 483.20(b)(2)(i) COMPREHENSIVE
SS=D ASSESSMENT 14 DAYS AFTER ADMIT

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A facility must conduct a comprehensive assessment of a resident within 14 calendar days after admission, excluding readmissions in which there is no significant change in the resident's physical or mental condition. (For purposes of

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this section, "readmission" means a return to the facility following a temporary absence for hospitalization or for therapeutic leave.)

This REQUIREMENT is not met as evidenced by:
Based on staff interview, clinical record review and facility document review it was determined that the facility staff failed to complete a Comprehensive Admission Minimum Data Set (MDS) assessment in a timely manner for 2 of 10 Residents in that sample survey, Residents #4 and #10.
The Findings Included:
1. For Resident #4, facility staff failed to complete a Comprehensive Admission MDS assessment with the Assessment Reference Date (ARD) of 1/19/16.
Resident #4 was a 77 year old male who was admitted on 1/12/16. Admitting diagnoses included, but were not limited to: right hip fracture with an open reduction and internal fixation, hypertension, syncope, asthma, neuropathy and osteoarthritis.
The most current Minimum Data Set (MDS) located in the clinical record was a 30 Day Medicare MDS assessment with an Assessment Reference Date (ARD) of 2/9/16. The facility staff coded that Resident #4 had a Cognitive Summary Score of 15. The facility staff coded that Resident #4 required limited (2/2) to extensive assistance with Activities of Daily Living (ADL's).
On February 18, 2016 at 8:20 a.m. the surveyor reviewed Resident #4's clinical record. Review of the clinical record produced an Admission MDS assessment with the ARD of 1/19/16. The facility staff coded that Resident #4 had a Cognitive Summary Score of 15. The facility staff also

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- 1) Care Area Assessments for resident #4 were completed and signed on 2/18/2016.
- 2) An audit of admissions to the Complete Living Center and Transitional Care areas to identify other potential tardy or incomplete MDS's was completed on 2/19/29016. All incomplete or tardy MDS's will be completed, signed and transmitted by 4/1/2016.
- 3) All interdisciplinary team members responsible for completion of the MDS will complete a review of the current RAI manual chapter 4. They will also successfully complete online learning MDS modules in the VMRC Relias learning system. These educations will be completed by 4/1/2016. A weekly face-to-face meeting of nursing, life enrichment, social services and registered dietician staff responsible for MDS section completion will begin the week of 3/14/2016. The meeting will be convened by the MDS Coordinator and/or her designee, and will review all pending MDS's for timely completion.

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coded that Resident #4 required extensive (3/3) to total nursing care (4/2) with ADL's. In Section V. Care Area Assessment (CAA's) Resident #4 triggered for the following areas: Cognitive Loss/Dementia, Visual Function, ADL Functional/Rehabilitation Potential, Urinary Incontinence and Indwelling Catheter, Psychosocial Well-Being, Behavioral Symptoms, Falls, Nutritional Status, Pressure Ulcer and Pain. Review of the CAA'S revealed that the "Location and Date of CAA Information" was not documented and that the "V.B. 1. Signature of RN (Registered Nurse) Coordinator for CAA Process and Date Signed" and "V.C.1. Signature of Person Completing Care Plan and Date Signed" as not signed and dated.

On February 18, 2016 at 9:30 a.m. the surveyor reviewed the Admission MDS with the ARD of 1/19/16 with the MDS Coordinator, who was a Registered Nurse. The surveyor pointed out that Section V. CAA'S and V.B.1 and V.C.1 were not complete and were not signed and dated. The surveyor requested a copy of the facility policy and procedure for completing MDS's. The surveyor notified the MDS Nurse that the Admission MDS assessment was not as the CAA's were not signed and that the V.B.1. and V.C.1. were not signed and dated.

On February 18, 2016 at 10:10 a.m. the MDS Nurse hand delivered the facility policy and procedure titled, "MDS/Quarterly Assessments and Care Planning." The policy and procedure read in part ... "Purpose: The comprehensive assessment shall include all information specified in the state-approved RAI (Resident Assessment Instrument) manual. Comprehensive assessments include completion of the assessment, the CAA process, and care planning. Comprehensive assessments are

- 4) The MDS Coordinator and/or her designee will monitor all MDS assessments weekly for timely completion. Any variances will be immediately corrected and the MDS Coordinator and/or her designee will provide staff education needed to prevent reoccurrence. All trends in variances will be reported to the monthly QAPI committee meeting.

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completed upon admission, annually, and when a significant change in status (SCSA) occurs, or when a previous comprehensive assessment (SCPA) needs to be corrected. Quarterly assessments are completed a minimum of 3 times annually. ... Procedure: I. I. Frequency of OBRA/clinical assessments: A. Comprehensive assessments will be commenced upon admission and be completed by the fourteenth (14th) day of the resident's stay. ... C. CAA's are completed by the disciplines associated with the MDS sections that they are responsible for ..." (sic) On February 18, 2016 at 10:45 a.m. the survey team met with the Administrator (Adm), Director of Nursing (DON) and MDS Nurse. The surveyor notified the Administrative Team (AT) that Resident #4's Admission MDS was not complete. The surveyor notified the AT that the CAA'S were not complete and that the V.B.1. and V.C.1. were not signed and dated. No additional information was provided prior to exiting the facility as to why the facility staff failed to complete Resident #4 's Admission MDS assessment with the ARD of 1/19/16.

2. For Resident #10, facility staff failed to complete an Admission Minimum Data Set (MDS) assessment with the Assessment Reference Date (ARD) of 10/2/15 within 14 days of admission.

Resident #10 was admitted to the facility on 9/28/15 with diagnoses including atrial fibrillation, dementia, hypertension, debility, and post surgical care with colostomy. The resident scored 11/15 on the Brief Interview for Mental Status on the MDS with ARD 10/2/15 and was assessed to be without signs of delirium or psychosis.

During clinical record review, the surveyor noted

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that the Admission MDS with ARD 10/2/15 was signed on 10/16/15 and the CAA summary was signed 10/24/15. These items were not completed within 14 days of the resident's admission (The resident was admitted 9/28/16, so the assessment and summary should have been completed 10/13/15). The CMS RAI Version 3.0 Manual published October 2013 states that the Admission Comprehensive assessment must be completed (Item Z0500B) no later than the 14th calendar day of the resident's admission and that the CAAs (Item V0200B2) must be completed no later than the 14th calendar day of the resident's admission. The manual defines the 14th day as the admission day plus 13 calendar days.

Surveyors discussed the concern with late completion of the admission assessment with the MDS coordinator on 2/18/16. The MDS coordinator stated that she had 14 days after the assessment reference date to complete an assessment.

During a summary meeting on 2/18/16, the surveyor notified the administrator and director of nursing that late completion of the admission assessment was a concern.

F 274 483.20(b)(2)(ii) COMPREHENSIVE ASSESS AFTER SIGNIFICANT CHANGE F 274

A facility must conduct a comprehensive assessment of a resident within 14 days after the facility determines, or should have determined, that there has been a significant change in the resident's physical or mental condition. (For purpose of this section, a significant change means a major decline or improvement in the

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resident's status that will not normally resolve itself without further intervention by staff or by implementing standard disease-related clinical interventions, that has an impact on more than one area of the resident's health status, and requires interdisciplinary review or revision of the care plan, or both.)

This REQUIREMENT is not met as evidenced by:

Based on staff interview and clinical record review, facility staff failed to complete a significant change minimum data set (MDS) assessment within 14 days of discovering the change for 1 of 10 residents in the survey sample (Resident #9).

Resident #9 was admitted to the facility on 1/5/16 and readmitted on 2/4/16 with diagnoses including cerebrovascular accident, benign prostatic hypertrophy with obstruction, dementia, vascular disturbance, and malnutrition, anxiety, and depression. On the significant change minimum data set assessment with assessment reference date 1/20/16 the resident was assessed as unable to recall any items on the memory assessment. The resident was assessed as exhibiting physical and verbal behaviors toward others and other symptoms not directed toward others on 1-3 days during the week look back period. The resident was assessed as not exhibiting signs of delirium or psychosis.

During clinical record review on 2/18/16, the surveyor noted that the significant change MDS with assessment reference date (ARD) 1/20/16 had not been signed or transmitted to CMS. For ARD 1/5/16, completion date would be 2/4/16.

- 1) The Significant Change MDS assessment for resident #9 with an ARD of 1/20/2016 was signed and transmitted on 3/8/2016.
- 2) An audit of all current residents to identify other incomplete or tardy significant change MDS assessments will be completed by 4/1/2016. Any incomplete or tardy significant change assessments will be completed, signed and transmitted by 4/1/2016.

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NAME OF PROVIDER OR SUPPLIER VMRC, COMPLETE LIVING CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1475 VIRGINIA AVENUE HARRISONBURG, VA 22802	
(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

F 274 Continued From page 10

F 274

The CMS RAI Version 3.0 Manual published October 2013 states that the Significant Change Comprehensive assessment must be completed no later than the 14th calendar day after discovery of the change and that the assessment must be transmitted no later than the 14th calendar day after the completion date.

Surveyors discussed the concern with late completion date with the MDS coordinator on 2/18/16.

F 278 483.20(g) - (j) ASSESSMENT
SS=E ACCURACY/COORDINATION/CERTIFIED

F 278

The assessment must accurately reflect the resident's status.

A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.

A registered nurse must sign and certify that the assessment is completed.

Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.

Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each

3) All interdisciplinary team members responsible for completion of the MDS will complete a review of the current RAI manual chapter 4. They will also successfully complete online learning MDS modules in the VMRC Relias learning system. These educations will be completed by 4/1/2016. A weekly face-to-face meeting of nursing, life enrichment, social services and registered dietician staff responsible for MDS section completion will begin the week of 3/14/2016. The meeting will be convened by the MDS Coordinator and/or her designee, and will review all pending MDS's for timely completion.

4) The MDS Coordinator and/or her designee will monitor all MDS assessments weekly for timely completion. Any variances will be immediately corrected and the MDS Coordinator and/or her designee will provide staff education needed to prevent reoccurrence. The MDS Coordinator and/or her designee will report audit results weekly to the DON and/or Administrator. All trends in variances will be reported to the monthly QAPI committee meeting.

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F 278

Continued From page 11 assessment.

Clinical disagreement does not constitute a material and false statement.

This REQUIREMENT is not met as evidenced by:
Based on staff interview and clinical record review it was determined that the facility staff failed to ensure complete and accurate Minimum Data Set (MDS) assessments for 9 of 10 Residents in the sample survey, Resident #1, Resident #4, Resident #5, Resident #7, Resident #8, Resident #3, Resident #6, Resident #9 and Resident #10.

The Findings Included:
1. For Resident #1 the facility staff failed to complete a Re-entry Minimum Data Set (MDS) assessment on 2/12/16. The facility staff also failed to sign and date the completion of a 60 Day Medicare MDS assessment with an assessment Reference Date (ARD) of 12/30/15 and a Quarterly MDS with an ARD of 1/26/16. Resident #1 was an 88 year old female who was originally admitted on 11/04/15 and readmitted on 2/12/16. Admitting diagnoses included, but were not limited to: congestive heart failure, bilateral mastectomies, hypothyroidism, Parkinson's, pancreatic mass and chronic kidney disease. The most current MDS located in the clinical record was a Quarterly MDS with an ARD of 1/26/16. The facility staff coded that Resident #1 had a Cognitive Summary Score of 15. The facility staff also coded that Resident #1 required extensive assistance (3/2) with Activities of Daily Living (ADL's). In Section Z. Assessment Administration Z0500. Signature of RN (Registered Nurse) Assessment Coordinator

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- 1) Resident #1: re-entry assessment was completed on 2/19/2016; 60 day assessment completed on 2/29/2016; and quarterly assessment completed on 3/1/2016.
Resident #4 admission/5 day assessment completed on 3/1/2016; 14 day assessment completed on 3/1/2016; 30 day assessment completed on 2/18/2016.
Resident #5 admission/5 day assessment and 14 day assessment completed on 3/4/2016.
Resident #7 admission assessment completed on 3/4/2016; 5 day assessment completed on 3/3/2016; discharge assessment completed on 3/3/2016.
Resident #8 14 day assessment, 30 day assessment and discharge assessment will be completed 3/15/2016.
Resident #3 attestation was completed on 3/8/2016.
Resident #6 admission assessment was completed on 3/8/2016.
Resident #10 quarterly assessment was completed on 3/2/2016.

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F 278

Continued From page 12

Verifying Assessment Completion was not signed or dated.

On February 18, 2016 at 2:20 p.m. the surveyor reviewed Resident #1's clinical record. Review of the clinical record produced a Discharge MDS assessment dated 2/4/16. Continued review of the clinical record failed to produce a Re-entry back into the facility on 2/12/15.

Further review of the clinical record produced a physician telephone order dated 2/12/16 that read "...-Readmit to CLC v -Reactivate CL standing orders and special procedures v." (sic)

Continued review of the clinical record also produced a History and Physical dated 2/13/16 that documented that Resident #1 was readmitted into the facility on 2/12/16.

Additional review of the clinical record produced a 60 Medicare MDS assessment with an ARD of 12/30/15. The facility staff coded that Resident #1 had a Cognitive Summary Score of 15. The facility staff also coded that Resident #1 required limited (2/2) to extensive assistance (3/3) with ADL's. Sections G. 0300 and G0400 were not completed. Additionally Section Z. Assessment Administration Z0500. Signature of RN (Registered Nurse) Assessment Coordinator

Verifying Assessment Completion was not signed or dated.

On February 18, 2016 at 3:10 p.m. the surveyor notified the MDS Nurse that Resident #1's MDS's dated 1/26/16 and 12/30/15 were incomplete/inaccurate. The surveyor reviewed the MDS's with the MDS Nurse. The surveyor pointed out that Section Z was not signed and dated indicating that the MDS's were complete. The surveyor also pointed out that the 60 Day Medicare MDS was not accurate/complete as Section G 0300 and G0400 had not been done.

On February 18, 2016 at 7:30 p.m. the survey

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- 2) An audit of current residents to identify incomplete MDS assessments and inaccurate coding of pressure ulcers and urinary tract infections will be completed by 4/1/2016.
- 3) The MDS Coordinator and/or her designee will use selections from section M of the current RAI manual to educate nursing staff responsible for skin and wound documentation on accurate coding of those issues by 4/1/2016. Beginning 3/17/2016 the agenda of the current weekly Risk Committee meeting will include review of the MDS coding of skin and wounds, as well as of urinary tract infections, for accuracy and timeliness.

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Continued From page 13

team met with the Administrator (Adm), Director of Nursing (DON), Administrator in Training (AIT), MDS Nurse, Activities Director and 2 Unit Managers. The surveyor notified the Administrative Team (AT) that the facility staff failed to ensure complete and accurate MDS's for Resident #1. The surveyor notified the AT that Resident #1's Quarterly MDS with the ARD of 12/30/15 was not signed or dated as being complete and that Sections G 0300 and G 0400 were not done. The surveyor also notified the AT that a Re-entry MDS had not been completed and that Resident #1 was readmitted into the facility on 2/12/16. Lastly the surveyor notified the AT that Resident #1's Quarterly MDS with the ARD of 1/26/16 was not signed or dated as being complete.

No additional information was provided prior to exiting the facility as to why the facility staff failed to ensure complete and accurate MDS's for Resident #1.

2. For Resident #4 the facility staff failed to ensure complete and accurate Minimum Data Set (MDS) assessments. The MDS assessments were a 30 Day Medicare MDS assessment with an Assessment Reference Date (ARD) of 2/9/16, a 14 Day Medicare MDS assessment with an ARD of 1/26/16 and an Admission/5 Day Medicare MDS assessment with an ARD of 1/19/16.

Resident #4 was a 77 year old male who was admitted on 1/12/16. Admitting diagnoses included, but were not limited to: right hip fracture with an open reduction and internal fixation, hypertension, syncope, asthma, neuropathy and osteoarthritis.

The most current Minimum Data Set (MDS) located in the clinical record was a 30 Day Medicare MDS assessment with an Assessment

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- 4) Beginning 3/14/2016 the MDS Coordinator and/or designee will audit weekly for 4 weeks all current resident records for accuracy of MDS coding of pressure ulcers and urinary tract infections. Any identified inaccuracies will be corrected immediately. The MDS Coordinator and/or designee will continue audits of a random selection of 5% of current resident records for accuracy of MDS coding of pressure ulcers and urinary tract infections monthly for six months. Any identified inaccuracies will be corrected immediately. Audit results will be reported to the monthly QAPI committee for trend analysis.

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F 278	Continued From page 14 Reference Date (ARD) of 2/9/16. The facility staff coded that Resident #4 had a Cognitive Summary Score of 15. The facility staff coded that Resident #4 required limited (2/2) to extensive assistance with Activities of Daily Living (ADL's). Section Z. Assessment Administration Z0500. Signature of RN (Registered Nurse) Assessment Coordinator Verifying Assessment Completion was not signed or dated. On February 18, 2016 at 8:20 a.m. the surveyor reviewed Resident #4's clinical record. Review of the clinical record produced a 14 Day Medicare MDS assessment with an ARD of 1/26/16. The facility staff coded that Resident #4 had a Cognitive Summary Score of 15. The facility staff also coded that Resident #4 extensive assistance (3/3) with ADL's. Section Z. Assessment Administration Z0500. Signature of RN (Registered Nurse) Assessment Coordinator Verifying Assessment Completion was not signed or dated. Further review of the clinical record produced the "Skin Condition Report For Selected Conditions" that documented that Resident #4 was admitted on 1/12/16 with redness on the left lower buttock, redness on the rectal area and redness on the right lower buttocks. Documentation verified that the area on the rectal area progressed to a Stage III pressure ulcer on 1/18/16. Continued review of the clinical record produced an Admission/5 Day Medicare MDS assessment with an ARD of 1/19/16. The facility staff coded that Resident #4 had a Cognitive Summary Score of 15. The facility staff also coded that Resident #4 required extensive assistance (3/3) with ADL's. In Section M. Skin Conditions the facility staff did not code/capture that Resident #4 had a Stage III pressure ulcer. Section Z. Assessment Administration Z0500. Signature of RN	F 278	

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Continued From page 15
 (Registered Nurse) Assessment Coordinator Verifying Assessment Completion was not signed or dated.
 On February 18, 2016 at 9:30 a.m. the surveyor reviewed the 30 day Medicare MDS assessment with the ARD of 2/9/16 with the MDS Nurse. The surveyor pointed out that Section G 0300 and G 0400 were not completed. Additionally the surveyor notified the MDS Nurse that Section Z, Assessment Administration Z0500. Signature of RN (Registered Nurse) Assessment Coordinator Verifying Assessment Completion was not signed or dated.
 The surveyor also reviewed the 14 Day Medicare MDS with the ARD of 1/26/16 with the MDS Nurse. The surveyor pointed out that Section Z, Assessment Administration Z0500. Signature of RN (Registered Nurse) Assessment Coordinator Verifying Assessment Completion was not signed or dated.
 Lastly the surveyor reviewed the Skin Condition Report for Selected Conditions and the Admission /5 Day Medicare MDS assessment with the ARD of 1/19/16 with the MDS Nurse. The surveyor pointed out that the facility staff failed to code/capture the Stage III pressure ulcer in Section M. The surveyor also pointed out that Section Z, Assessment Administration Z0500. Signature of RN (Registered Nurse) Assessment Coordinator Verifying Assessment Completion was not signed or dated.
 On February 18, 2016 at 10:45 a.m. the survey team met with the Administrator (Adm), Director of Nursing (DON) and MDS Nurse. The surveyor notified the Administrative Team (AT) that Resident #4's MDS assessments were inaccurate/incomplete. The surveyor informed the AT that Resident #4's MDS's were not signed in Section Z. The surveyor also notified the AT

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	<p>F 278 Continued From page 15</p> <p>that the Admission/5 Day Medicare MDS with the ARD of 1/19/16 did not code/capture the Stage III pressure ulcer. The surveyor notified the AT that the 30 Day Medicare MDS assessment with the ARD of 2/9/16 was incomplete as Section G 0300 and G 0400 were not completed.</p> <p>No additional information was provided prior to exiting the facility as to why the facility staff failed to ensure complete and accurate MDS assessments for Resident #4.</p> <p>3. For Resident #5 the facility staff failed to ensure a complete and accurate 14 Day Medicare Minimum Data Set (MDS) assessment with the Assessment Reference Date (ARD) of 2/11/15 and an Admission/5 Day Medicare MDS assessment with an ARD of 2/4/16.</p> <p>Resident #5 was an 87 year old female who was admitted on 1/28/16. Admitting diagnoses included, but were not limited to: congestive heart failure, aortic stenosis and osteoarthritis.</p> <p>The most current MDS located in the clinical record was a 14 Day Medicare MDS assessment with an ARD of 2/11/16. The facility staff did not accurately code/capture data in Section C. Cognitive Patterns. The staff did not identify that whether or not the resident interview should have been completed, did not code/capture a Cognitive Summary Score or short or long term memory loss. Section D. Mood was not completed. The facility staff coded that Resident #5 required limited assistance (2/2) with Activities of Daily Living (ADL's). However, the facility staff did not complete Section G 0300 or G 0400. Lastly, Section Z. Assessment Administration Z0500. Signature of RN (Registered Nurse) Assessment Coordinator Verifying Assessment Completion was not signed or dated.</p> <p>Further review of the clinical record produced an Admission/5 Day Medicare MDS assessment with</p>	<p>F 278</p>	

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an ARD of 2/04/16. The facility staff coded that Resident #5 had a Cognitive Summary Score of 15. The facility staff also coded that Resident #5 required limited assistance (2/3) with ADL's. However, Section G 0300 and G 0400 were not completed. Lastly, Section Z. Assessment Administration Z0500. Signature of RN (Registered Nurse) Assessment Coordinator Verifying Assessment Completion was not signed or dated.

On February 18, 2016 at 2:45 p.m. the surveyor notified the MDS Nurse that Resident #5's MDS assessments were inaccurate/incomplete. The surveyor reviewed the 14 Day Medicare MDS with the ARD of 2/11/16 with the MDS Nurse. The surveyor pointed out that Section C. Cognitive Patterns was not completed. The surveyor also pointed out that Section G 0300 and G0400 were not completed. Lastly, the surveyor pointed out that Section Z. Assessment Administration Z0500. Signature of RN (Registered Nurse) Assessment Coordinator Verifying Assessment Completion was not signed or dated.

The surveyor also reviewed the Admission/5 Day Medicare MDS assessment with the ARD of 2/4/16 with the MDS Nurse. The surveyor pointed that Section G. 0300 and G 0400 were not completed. Lastly, the surveyor pointed out that Section Z. Assessment Administration Z0500. Signature of RN (Registered Nurse) Assessment Coordinator Verifying Assessment Completion was not signed or dated.

On February 18, 2016 at 7:30 p.m. the survey team met with the Administrator (Adm), Director of Nursing (DON), Administrator in Training (AIT), MDS Nurse, Activities Director and 2 Unit Managers. The surveyor notified the Administrative Team (AT) that the facility staff failed to ensure complete and accurate MDS's for

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Resident #5. The surveyor notified the AT that Sections G 0300 and G 0400 were not done on Resident #5's 14 Day Medicare MDS with the ARD of 2/11/16. The surveyor also notified the AT that Section Z, Assessment Administration Z0500. Signature of RN (Registered Nurse) Assessment Coordinator Verifying Assessment Completion was not signed or dated. The surveyor additionally notified the AT that Section G 0300 and G 0400 on the Admission/5 Day Medicare MDS assessment with the ARD of 2/4/16 were not completed. The surveyor also notified the AT that Section Z, Assessment Administration Z0500. Signature of RN (Registered Nurse) Assessment Coordinator Verifying Assessment Completion was not signed or dated.

No additional information was provided prior to exiting the facility as to why the facility staff failed to ensure complete and accurate MDS assessments for Resident #5.

4. For Resident #7 the facility staff failed to ensure complete and accurate Minimum Data Set (MDS) assessments. The assessments were an Admission MDS assessment with an Assessment Reference Date (ARD) of 2/9/16, a Discharge MDS assessment with an ARD of 1/31/16 and a 5 Day Medicare MDS assessment with an ARD of 1/29/16.

Resident #7 was a 73 year old female who was originally admitted on 1/11/16 and readmitted on 2/2/16. Admitting diagnoses included, but were not limited to: metastatic colon cancer, morbid obesity, hypertension, asthma, diabetes mellitus and acute renal failure.

The most current MDS located in the clinical record was an Admission MDS assessment with an ARD of 2/9/16. The facility staff coded that Resident #7 had a Cognitive Summary Score of

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15. The facility staff also coded that Resident #7 was independent (1/2) with Activities of Daily Living (ADL's). In Section G. Functional Status the facility staff did not code/capture 0300 or 0400. Section Z. Assessment Administration Z0500. Signature of RN (Registered Nurse) Assessment Coordinator Verifying Assessment Completion was not signed or dated.

On February 18, 2016 at 11:15 a.m. the surveyor reviewed Resident #7's clinical record. Review of the clinical record produced an MDS, a Discharge with return anticipated, with an ARD of 1/31/16. Section Z. Assessment Administration Z0500. Signature of RN (Registered Nurse) Assessment Coordinator Verifying Assessment Completion was not signed or dated.

Continued review of the clinical record produced a 5 Day Medicare MDS assessment with an ARD of 1/29/16. The facility staff coded that Resident #7 had a Cognitive Summary Score of 15. The facility staff also coded that Resident #7 required supervision (1/1) to extensive assistance (3/2) with ADL's. In Section G. Functional Status the facility staff did not completed G 0300 or G 0400. In Section Z. Assessment Administration Z0500. Signature of RN (Registered Nurse) Assessment Coordinator Verifying Assessment Completion was not signed or dated.

On February 18, 2016 at 12:05 p.m. the surveyor notified the MDS Nurse that Resident #7's MDS's were incorrect. The surveyor reviewed the Admission MDS with the ARD of 2/9/16 with the MDS Nurse. The surveyor pointed out that Section G. 0300 and 0400 were not completed. The surveyor also pointed out that Section Z. Assessment Administration Z0500. Signature of RN (Registered Nurse) Assessment Coordinator Verifying Assessment Completion was not signed or dated.

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(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)
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Additionally the surveyor reviewed the Discharge MDS assessment with the ARD of 1/31/16 with the MDS Nurse. The surveyor pointed out that Section Z, Assessment Administration Z0500. Signature of RN (Registered Nurse) Assessment Coordinator Verifying Assessment Completion was not signed or dated.

Lastly, the surveyor reviewed the 5 Day Medicare MDS assessment with the ARD of 1/29/16 with the MDS Nurse. The surveyor pointed out that Section G. 0300 and 0400 were not completed. The surveyor also pointed out that Section Z, Assessment Administration Z0500. Signature of RN (Registered Nurse) Assessment Coordinator Verifying Assessment Completion was not signed or dated.

On February 18, 2016 at 7:30 p.m. the survey team met with the Administrator (Adm), Director of Nursing (DON), Administrator in Training (AIT), MDS Nurse, Activities Director and 2 Unit Managers. The surveyor notified the Administrative Team (AT) that the facility staff failed to ensure complete and accurate MDS's for Resident #7. The surveyor notified the AT that Sections G 0300 and G 0400 were not completed and that Section Z, Assessment Administration Z0500. Signature of RN (Registered Nurse) Assessment Coordinator Verifying Assessment Completion was not signed or dated on the Admission MDS assessment with the ARD of 2/9/16 and the 5 Day Medicare MDS assessment with the ARD of 1/29/16. Lastly the surveyor notified the AT that the Discharge MDS with the ARD of 1/31/16 was not signed or dated in Section Z.

No additional information was provided prior to exiting the facility as to why the facility staff failed to ensure complete and accurate MDS assessments for Resident #7.

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5. For Resident #8 the facility staff failed to ensure complete and accurate Minimum Data Set (MDS) assessments. The MDS were a 30 Day Medicare MDS assessment with an Assessment Reference Date (ARD) of 1/22/16, a 14 Day Medicare MDS assessment with an ARD of 1/9/16 and a Discharge with Return Not Anticipated MDS with an ARD of 1/29/16. Resident #8 was a 92 year old female who was originally admitted on 12/15/15 and readmitted on 2/10/16. Admitting diagnoses included, but were not limited to: atrial fibrillation, anemia, hypertension, coronary artery disease, degenerative joint disease, chronic obstructive pulmonary disease, dementia and osteoarthritis. The most current Minimum Data Set (MDS) assessment located in the clinical record was a 30 Day Medicare MDS assessment with an Assessment Reference Date (ARD) of 1/22/16. The facility staff coded that Resident #8 had a Cognitive Summary Score of 10. The facility staff also coded that Resident #8 required limited assistance (2/2) with Activities of Daily Living (ADL's). In Section G. Functional Status the facility staff did not complete 0300 and 0400. Additionally Section Z. Assessment Administration Z0500. Signature of RN (Registered Nurse) Assessment Coordinator Verifying Assessment Completion was not signed or dated. On February 18, 2016 at 4:15 p.m. the surveyor reviewed Resident #8's clinical record. Review of the clinical record produced a Discharge with Return Not Anticipated with an ARD of 1/29/16. Section Z. Assessment Administration Z0500. Signature of RN (Registered Nurse) Assessment Coordinator Verifying Assessment Completion was not signed or dated. Continued review of the clinical record produced

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a 14 Day Medicare MDS assessment with an ARD of 1/9/16. The facility staff coded that Resident #8 had a Cognitive Summary Score of 8. The facility staff also coded that Resident #8 required limited assistance (2/2) with ADL's. In Section G. Functional Status the facility staff did not complete 0300 and 0400. Additionally Section Z. Assessment Administration Z0500. Signature of RN (Registered Nurse) Assessment Coordinator Verifying Assessment Completion was not signed or dated.

On February 18, 2016 at 5:10 p.m. the surveyor reviewed the Discharge with Return Not anticipated with the ARD of 1/29/16, the 30 Day Medicare with the ARD of 1/22/16 and the 14 Day Medicare with the ARD of 1/9/16 with the MDS Nurse. The surveyor pointed out that Section G 0300 and 0400 were not completed on the 30 Day Medicare and the 14 Day Medicare MDS assessments. The surveyor also pointed out that Section Z. Assessment Administration Z0500. Signature of RN (Registered Nurse) Assessment Coordinator Verifying Assessment Completion was not signed or dated on the Discharge with Return Not anticipated with the ARD of 1/29/16, the 30 Day Medicare with the ARD of 1/22/16 and the 14 Day Medicare with the ARD of 1/9/16.

On February 18, 2016 at 7:30 p.m. the survey team met with the Administrator (Adm), Director of Nursing (DON), Administrator in Training (AIT), MDS Nurse, Activities Director and 2 Unit Managers. The surveyor notified the Administrative Team (AT) that the facility staff failed to ensure complete and accurate MDS assessments for Resident #8. The surveyor notified the AT that Sections G 0300 and G 0400 were not completed and that Section Z. Assessment Administration Z0500. Signature of RN (Registered Nurse) Assessment Coordinator

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Verifying Assessment Completion was not signed or dated on the 30 Day Medicare MDS assessment with the ARD of 1/22/16 and the 14 Day Medicare MDS assessment with the ARD of 1/09/16. Lastly the surveyor notified the AT that the Discharge with Return Not Anticipated MDS with the ARD of 1/29/16 was not signed or dated in Section Z.

No additional information was provided prior to exiting the facility as to why the facility staff failed to ensure complete and accurate MDS assessments for Resident #8.

6. For Resident #3, facility staff failed to ensure the quarterly minimum data set (MDS) assessment was accurately coded for diagnosis and signed within the required time frame.

Resident #3 was admitted to the facility on 6/13/10 with diagnoses including obstructive uropathy with indwelling suprapubic catheter, enlarged prostate with lower urinary tract symptoms, atrial fibrillation, hyponatremia, dysphagia, and psychotic disorder. The resident scored 13/15 on the brief interview for mental status on the MDS assessment with assessment reference date (ARD) 12/22/15.

During clinical record review, the surveyor noted that the resident diagnosis list on the quarterly MDS with ARD 9/22/15 was coded for obstructive uropathy at I1650. The diagnosis list on the quarterly MDS with ARD 12/22/15 was not coded for obstructive uropathy at I1650.

The Quarterly MDS assessment with ARD 12/22/15 was not signed until 1/19/16. The CMS RAI Version 3.0 Manual published October 2013 states that the Quarterly assessment must be

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completed (Item Z0500B) no later than the 14th calendar day after the assessment reference date.

Surveyors discussed the concern with coding diagnoses and late completion of the admission assessment with the MDS coordinator on 2/18/16. The MDS coordinator stated that she had 14 days after the assessment reference date to complete an assessment.

During a summary meeting on 2/18/16, the surveyor notified the administrator and director of nursing that late completion of the quarterly assessment was a concern.

7. For Resident #6, facility staff failed to accurately code for urinary tract infection and to complete the comprehensive minimum data set (MDS) assessment within 14 days of admission.

Resident #6 was admitted to the facility on 9/4/15 and readmitted on 1/28/16 with diagnoses hemiplegia, hypertension, dysphagia, depression, and urinary tract infection. Resident #6 scored 9/15 on the brief interview for mental status on the significant change MDS assessment with assessment reference date (ARD) 2/3/16.

During clinical record review, the surveyor noted the resident was diagnosed with urinary tract infection based on symptoms and urine culture on 1/15/16 and treated with antibiotics starting on 1/16/16. The significant change MDS assessment with assessment reference date 1/28/16 was not coded for urinary tract infection at I2300 Urinary Tract Infection (UTI) (Last 30 days).

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Surveyors discussed the concern with coding diagnoses with the MDS coordinator on 2/18/16.

During a summary meeting on 2/18/16, the surveyor notified the administrator and director of nursing that coding of the urinary tract infection was a concern.

8. For Resident #9 facility staff failed to complete minimum data set (MDS) assessments in a timely manner.

Resident #9 was admitted to the facility on 1/5/16 and readmitted on 2/4/16 with diagnoses including cerebrovascular accident, benign prostatic hypertrophy with obstruction, dementia, vascular disturbance, and malnutrition, anxiety, and depression. On the significant change minimum data set assessment with assessment reference date (ARD) 1/20/16 the resident was assessed as unable to recall any items on the memory assessment. The resident was assessed as exhibiting physical and verbal behaviors toward others and other symptoms not directed toward others on 1-3 days during the week look back period. The resident was assessed as not exhibiting signs of delirium or psychosis.

During clinical record review on 2/18/16, the surveyor noted that the Optimus EMR clinical systems list of MDS assessments documented that The admission MDS assessment with ARD 11/4/15 was completed 11/28/15 (completion date should be within 14 calendar days of ARD or 11/18/15); A 14 day assessment with ARD 11/10/15 was completed 12/2/15 (completion date should be within 14 calendar days of ARD or

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11/24/15); an admission MDS with ARD 1/12/15 was not completed (completion date should be within 14 calendar days of ARD or 11/26/15).

Surveyors discussed the concern with late completion dates of MDS assessments with the MDS coordinator on 2/18/16. The MDS coordinator stated that she had 14 days after the assessment reference date to complete an assessment.

During a summary meeting on 2/18/16, the surveyor notified the administrator and director of nursing that late completion of MDS assessments was a concern.

9. For Resident #10, facility staff failed ensure a quarterly minimum data set (MDS) assessment was signed.

Resident #10 was admitted to the facility on 9/28/15 with diagnoses including atrial fibrillation, dementia, hypertension, debility, and post surgical care with colostomy. The resident scored 11/15 on the Brief Interview for Mental Status on the MDS with assessment reference date (ARD) 10/2/15 and was assessed to be without signs of delirium or psychosis.

During clinical record review on 2/18/16, the surveyor noted that the Quarterly MDS assessment with ARD 2/2/16 was not signed. The CMS RAI Version 3.0 Manual published October 2013 states that the Quarterly assessment must be completed (Item Z0500B) no later than the 14th calendar day after the assessment reference date.

Surveyors discussed the concern with late

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F 278	Continued From page 27 completion of the admission assessment with the MDS coordinator on 2/18/16. The MDS coordinator stated that she had 14 days after the assessment reference date to complete an assessment. During a summary meeting on 2/18/16, the surveyor notified the administrator and director of nursing that late completion of the quarterly assessment was a concern.	F 278		
F 279 SS=D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4). This REQUIREMENT is not met as evidenced by: Based on staff interview and clinical record	F 279		

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review, facility staff failed to complete the comprehensive care plan on admission for one of 10 residents in the survey sample (Resident #10)

For Resident #10, facility staff failed to complete the comprehensive care plan for all care areas indicated on the Care Area Assessment Summary (CAA) on an Admission Minimum Data Set (MDS) assessment with the Assessment Reference Date (ARD) of 10/2/15 within 14 days of admission.

Resident #10 was admitted to the facility on 9/28/15 with diagnoses including atrial fibrillation, dementia, hypertension, debility, and post surgical care with colostomy. The resident scored 11/15 on the Brief Interview for Mental Status on the MDS with ARD 10/2/15 and was assessed to be without signs of delirium or psychosis.

During clinical record review, the surveyor noted that the Admission MDS with ARD 10/2/15 indicated on the CAA summary signed 10/24/15 that Cognitive loss/dementia, communication, ADL function/rehabilitation potential, Urinary Incontinence and indwelling catheter, psychosocial well-being, activities, falls, nutritional status, pressure ulcer, psychotropic drug use, and pain would be addressed in the care plan. The care plan initiated 12/22/15 did not address falls, pressure ulcer, psychotropic medication, or pain.

The administrator and director of nursing were notified of the concern during a summary meeting on 2/18/16.

Surveyors discussed the concern with the care

- F 279
- 1) The plan of care for resident #10 was updated 3/8/2016 to address the following care areas: falls, pressure ulcer, psychotropic medication and pain.
 - 2) An audit of all current resident records to identify those for whom triggered CAA's with intent to care plan had not been care planned will be completed by 4/1/2016.
 - 3) All interdisciplinary team members responsible for completion of the MDS will complete a review of the current RAI manual chapter 4. They will also successfully complete online learning MDS modules in the VMRC Relias learning system. These educations will be completed by 4/1/2016. A weekly face-to-face meeting of nursing, life enrichment, social services and registered dietician staff responsible for MDS section completion will begin the week of 3/14/2016. The meeting will be convened by the MDS Coordinator and/or her designee, and will review all pending MDS's for timely completion.
 - 4) A monthly ongoing audit of a randomly selected 5% of resident records will begin on 4/1/2016. The audit will identify assessments with triggered CAA's with intent to care plan to ensure that those care areas are care planned. Any omissions will be immediately corrected.

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plan with the MDS coordinator on 2/18/16.

During a summary meeting on 2/18/16, the surveyor notified the administrator and director of nursing that late completion of the comprehensive care plan was a concern.

F 287 483.20(f) ENCODING/TRANSMITTING
SS=E RESIDENT ASSESSMENT

- (1) Encoding Data. Within 7 days after a facility completes a resident's assessment, a facility must encode the following information for each resident in the facility:
- (i) Admission assessment.
 - (ii) Annual assessment updates.
 - (iii) Significant change in status assessments.
 - (iv) Quarterly review assessments.
 - (v) A subset of items upon a resident's transfer, reentry, discharge, and death.
 - (vi) Background (face-sheet) information, if there is no admission assessment.

(2) Transmitting data. Within 7 days after a facility completes a resident's assessment, a facility must be capable of transmitting to the CMS System information for each resident contained in the MDS in a format that conforms to standard record layouts and data dictionaries, and that passes standardized edits defined by CMS and the State.

- (3) Transmittal requirements. Within 14 days after a facility completes a resident's assessment, a facility must electronically transmit encoded, accurate, and complete MDS data to the CMS System, including the following:
- (i) Admission assessment.
 - (ii) Annual assessment.

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(iii) Significant change in status assessment.
(iv) Significant correction of prior full assessment.
(v) Significant correction of prior quarterly assessment.
(vi) Quarterly review.
(vii) A subset of items upon a resident's transfer, reentry, discharge, and death.
(viii) Background (face-sheet) information, for an initial transmission of MDS data on a resident that does not have an admission assessment.

(4) Data format. The facility must transmit data in the format specified by CMS or, for a State which has an alternate RAI approved by CMS, in the format specified by the State and approved by CMS.

This REQUIREMENT is not met as evidenced by:
Based on staff interview and clinical record review it was determined that the facility staff failed to submit/transmit Minimum Data Set (MDS) assessments to Centers for Medicaid and Medicare Services (CMS) for 9 of 10 Residents in the sample survey, Resident #1, Resident #4, Resident #7, Resident #8, Resident #2, Resident #3, Resident #6, Resident #9 and Resident #10. The Findings Included:
1. For Resident #1 the facility staff failed to submit multiple Minimum Data Set (MDS) assessments to Centers for Medicaid and Medicare Services (CMS). Resident #1 was an 88 year old female who was originally admitted on 11/04/15 and readmitted on 2/12/16. Admitting diagnoses included, but were not limited to: congestive heart failure, bilateral mastectomies, hypothyroidism, Parkinson's, pancreatic mass and chronic kidney disease.

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- 1) Resident #1: re-entry assessment was completed on 2/19/2016; 60 day assessment completed on 2/29/2016; and quarterly assessment completed on 3/1/2016.
Resident #4 admission/5 day assessment completed on 3/1/2016; 14 day assessment completed on 3/1/2016; 30 day assessment completed on 2/18/2016.
Resident #5 admission/5 day assessment and 14 day assessment completed on 3/4/2016.
Resident #7 admission assessment completed on 3/4/2016; 5 day assessment completed on 3/3/2016; discharge assessment completed on 3/3/2016.
Resident #8 14 day assessment, 30 day assessment and discharge assessment will be completed 3/15/2016.
Resident #3 attestation was completed on 3/8/2016.
Resident #6 admission assessment was completed on 3/8/2016.
Resident #10 quarterly assessment was completed on 3/2/2016.

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NAME OF PROVIDER OR SUPPLIER VMRC, COMPLETE LIVING CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1475 VIRGINIA AVENUE HARRISONBURG, VA 22802
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The most current MDS located in the clinical record was a Quarterly MDS with an ARD of 1/26/16. The facility staff coded that Resident #1 had a Cognitive Summary Score of 15. The facility staff also coded that Resident #1 required extensive assistance (3/2) with Activities of Daily Living (ADL's).
On February 18, 2016 at 2:20 p.m. the surveyor reviewed Resident #1's clinical record. Review of the clinical record produced the electronic MDS system for Resident #1. Review of the electronic MDS system documented that a Quarterly MDS assessment with an ARD of 1/25/16, a 60 Medicare with an ARD of 12/30/15 had not been transmitted to CMS.
On February 18, 2016 at 3:10 p.m. the surveyor notified the MDS Nurse that Resident #1's MDS assessments with the ARD's of 1/25/16 and 12/30/15 had not been submitted to CMS. The surveyor reviewed the Resident #1's electronic MDS system with the MDS Nurse. The surveyor pointed out that the MDS 's had not been submitted to CMS.
On February 18, 2016 at 7:30 p.m. the survey team met with the Administrator (Adm), Director of Nursing (DON), Administrator in Training (AIT), MDS Nurse, Activities Director and 2 Unit Managers. The surveyor notified the Administrative Team (AT) that the facility staff failed to submit Resident #1's MDS's to CMS in a timely manner.
No additional information was provided prior to exiting the facility as to why the facility staff failed to submit MDS assessments to CMS for Resident #1.
2. For Resident #4 the facility staff failed to submit multiple Minimum Data Set (MDS) assessments to Centers for Medicaid and Medicare Services (CMS).

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- 2) An audit of admissions to the Complete Living Center and Transitional Care areas to identify other potential tardy or incomplete MDS's was completed on 2/19/2016. All incomplete or tardy MDS's will be completed, signed and transmitted by 4/1/2016.
- 3) All interdisciplinary team members responsible for completion of the MDS will complete a review of the current RAI manual chapter 4. They will also successfully complete online learning MDS modules in the VMRC Relias learning system. These educations will be completed by 4/1/2016. A weekly face-to-face meeting of nursing, life enrichment, social services and registered dietician staff responsible for MDS section completion will begin the week of 3/14/2016. The meeting will be convened by the MDS Coordinator and/or her designee, and will review all pending MDS's for timely completion.

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Resident #4 was a 77 year old male who was admitted on 1/12/16. Admitting diagnoses included, but were not limited to: right hip fracture with an open reduction and internal fixation, hypertension, syncope, asthma, neuropathy and osteoarthritis.

The most current Minimum Data Set (MDS) located in the clinical record was a 30 Day Medicare MDS assessment with an Assessment Reference Date (ARD) of 2/9/16. The facility staff coded that Resident #4 had a Cognitive Summary Score of 15. The facility staff coded that Resident #4 required limited (2/2) to extensive assistance with Activities of Daily Living (ADL's).

On February 18, 2016 at 8:20 a.m. the surveyor reviewed Resident #4's clinical record. Review of the clinical record produced the electronic MDS system for Resident #4. Review of the electronic MDS system documented that a 14 Day Medicare MDS assessment with an ARD of 1/26/16 and an Admission/5 Day Medicare MDS assessment with an ARD of 1/19/16 had not been transmitted to CMS.

On February 18, 2016 at 3:10 p.m. the surveyor notified the MDS Nurse that Resident #4's MDS assessments with the ARD's of 1/26/16 and 1/19/16 had not been submitted to CMS. The surveyor reviewed the Resident #4's electronic MDS system with the MDS Nurse. The surveyor pointed out that the MDS's had not been submitted to CMS.

On February 18, 2016 at 10:45 a.m. the survey team met with the Administrator (Adm), Director of Nursing (DON) and MDS Nurse. The surveyor notified the Administrative Team (AT) that the facility staff failed to submit Resident #4's MDS's to CMS in a timely manner.

No additional information was provided prior to exiting the facility as to why the facility staff failed

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- 4) The MDS Coordinator and/or her designee will monitor all MDS assessments weekly for timely completion. Any variances will be immediately corrected and the MDS Coordinator and/or her designee will provide staff education needed to prevent recurrence. The MDS Coordinator and/or her designee will report audit results weekly to the DON and/or Administrator. All trends in variances will be reported to the monthly QAPI committee meeting.

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to submit MDS assessments to CMS for Resident #4.
3. For Resident #7 the facility staff failed to submit multiple Minimum Data Set (MDS) assessments to Centers for Medicaid and Medicare Services (CMS). Resident #7 was a 73 year old female who was originally admitted on 1/11/16 and readmitted on 2/2/16. Admitting diagnoses included, but were not limited to: metastatic colon cancer, morbid obesity, hypertension, asthma, diabetes mellitus and acute renal failure. The most current MDS located in the clinical record was an Admission MDS assessment with an ARD of 2/9/16. The facility staff coded that Resident #7 had a Cognitive Summary Score of 15. The facility staff also coded that Resident #7 was independent (1/2) with Activities of Daily Living (ADL's).
On February 18, 2016 at 11:15 a.m. the surveyor reviewed Resident #7's clinical record. Review of the clinical record produced the electronic MDS system for Resident #7. Review of the electronic MDS system documented that a Re-entry MDS assessment with an ARD of 2/2/16, a Discharge MDS assessment with an ARD of 1/31/16, a 5 Day Medicare with an ARD of 1/29/16, a Re-entry MDS assessment with an ARD 1/22/16, a Discharge MDS with an ARD of 1/20/16 and a 5 Day Medicare with the ARD of 1/18/16 had not been transmitted to CMS.
On February 18, 2016 at 12:05 p.m. the surveyor notified the MDS Nurse that Resident #7's MDS's had not been transported to CMS in a timely manner. The surveyor reviewed the Resident #7's electronic MDS system with the MDS Nurse. The surveyor pointed out that the MDS's had not been submitted to CMS.
On February 18, 2016 at 7:30 p.m. the survey

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team met with the Administrator (Adm), Director of Nursing (DON), Administrator in Training (AIT), MDS Nurse, Activities Director and 2 Unit Managers. The surveyor notified the Administrative Team (AT) that the facility staff failed to submit Resident #7's MDS's to CMS in a timely manner.

No additional information was provided prior to exiting the facility as to why the facility staff failed to submit MDS assessments to CMS for Resident #7.

4. For Resident #8 the facility staff failed to submit multiple Minimum Data Set (MDS) assessments to Centers for Medicaid and Medicare Services (CMS).

Resident #8 was a 92 year old female who was originally admitted on 12/15/15 and readmitted on 2/10/16. Admitting diagnoses included, but were not limited to: atrial fibrillation, anemia, hypertension, coronary artery disease, degenerative joint disease, chronic obstructive pulmonary disease, dementia and osteoarthritis. The most current Minimum Data Set (MDS) assessment located in the clinical record was a 30 Day Medicare MDS assessment with an Assessment Reference Date (ARD) of 1/22/16. The facility staff coded that Resident #8 had a Cognitive Summary Score of 10. The facility staff also coded that Resident #8 required limited assistance (2/2) with Activities of Daily Living (ADL's).

On February 18, 2016 at 4:15 p.m. the surveyor reviewed Resident #8's clinical record. Review of the clinical record produced the electronic MDS system. Review of the electronic MDS system produced a Discharge MDS assessment with an ARD of 1/29/16, a 30 Day Medicare MDS assessment with an ARD of 1/22/16, a 14 Day Medicare with an ARD of 1/9/16, an Admission

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MDS assessment with an ARD of 1/2/16, a Re-entry MDS assessment with an ARD of 12/25/15, a Discharge MDS assessment with an ARD of 12/23/15 and an Admission MDS assessment with the ARD of 12/22/15 that had not been submitted to CMS.

On February 18, 2016 at 5:10 p.m. the surveyor notified the MDS Nurse that Resident #8's MDS's had not been transported to CMS in a timely manner. The surveyor reviewed the Resident #8's electronic MDS system with the MDS Nurse. The surveyor pointed out that the MDS's had not been submitted to CMS.

On February 18, 2016 at 7:30 p.m. the survey team met with the Administrator (Adm), Director of Nursing (DON), Administrator in Training (AIT), MDS Nurse, Activities Director and 2 Unit Managers. The surveyor notified the Administrative Team (AT) that the facility staff failed to submit Resident #8's MDS's to CMS in a timely manner.

No additional information was provided prior to exiting the facility as to why the facility staff failed to submit MDS assessments to CMS for Resident #8.

5. For Resident #10, facility staff failed to transmit the Admission Minimum Data Set (MDS) assessment with the Assessment Reference Date (ARD) of 10/2/15 within 14 days of completion.

Resident #10 was admitted to the facility on 9/28/15 with diagnoses including atrial fibrillation, dementia, hypertension, debility, and post surgical care with colostomy. The resident scored 11/15 on the Brief Interview for Mental Status on the MDS with ARD 10/2/15 and was assessed to be without signs of delirium or psychosis.

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During clinical record review, the surveyor noted that the Admission MDS with ARD 10/2/15 was signed on 10/16/15. These items were not completed within 14 days of the resident's admission (The resident was admitted 9/28/16, so the assessment and summary should have been completed 10/13/15). The CMS RAI Version 3.0 Manual published October 2013 states that the Admission Comprehensive assessment must be completed (Item Z0500B) no later than the 14th calendar day of the resident's admission and that the assessment must be transmitted no later than the 14th calendar day after the completion date. The facility's Optimus EMR clinical system indicated the comprehensive assessment was transmitted on 11/07/15, or 25 days after the required completion date and 22 days after the actual completion date.

Surveyors discussed the concern with late completion and transmission of the admission assessment with the MDS coordinator on 2/18/16. The MDS coordinator stated that she had 14 days after completing an assessment to transmit it.

During a summary meeting on 2/18/16, the surveyor notified the administrator and director of nursing that late transmission of the admission assessment was a concern.

6. For Resident #2, facility staff failed to transmit an amended minimum data set significant change correction within 14 days of completion of the assessment.

Resident #2 was admitted to the facility on 12/26/05 and re-entered the facility on 12/13/15.

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F 287	<p>Continued From page 37</p> <p>The resident's diagnoses included fractured femur after fall, paraplegia, dysphagia, schizoaffective disorder, hypertension, heart failure, and post polio syndrome. The resident's significant change minimum data set assessment with assessment reference date 12/26/15 documented the resident as scoring 15/15 on the brief interview for mental status and without symptoms of delirium or psychosis.</p> <p>The Optimus EMR Clinical system listed on 2/18/16 an attestation to correct the significant change minimum data set assessment with assessment reference date 12/26/15 and completed on 1/6/16 had not been transmitted (2/18/16 was 33 days after the completion date). The CMS RAI Version 3.0 Manual published October 2013 states that the Significant Change Comprehensive assessment must be completed no later than the 14th calendar day after discovery of the change and that the assessment must be transmitted no later than the 14th calendar day after the completion date.</p> <p>Surveyors discussed the concern with late completion and transmission dates with the MDS coordinator on 2/18/16.</p> <p>7. For Resident #3, facility staff failed to complete and transmit the quarterly minimum data set assessment within the required time frame.</p> <p>Resident #3 was admitted to the facility on 6/13/10 with diagnoses including obstructive uropathy with indwelling suprapubic catheter, enlarged prostate with lower urinary tract symptoms, atrial fibrillation, hyponatremia, dysphagia, and psychotic disorder. The resident scored 13/15 on the brief interview for mental</p>	F 287		
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status on the MDS assessment with assessment reference date (ARD) 12/22/15.

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The Quarterly MDS assessment with ARD 12/22/15 was not signed until 1/19/16. The CMS RAI Version 3.0 Manual published October 2013 states that the Quarterly assessment must be completed (Item Z0500B) no later than the 14th calendar day after the assessment reference date. The assessment must be transmitted within 14 days of the completion date. For ARD 12/22/15, the completion date was 1/5/16 and transmission date was 1/19/16. The assessment had not been transmitted at the time of the survey on 2/18/16.

Surveyors discussed the concern with coding diagnoses and late completion of the admission assessment with the MDS coordinator on 2/18/16. The MDS coordinator stated that she had 14 days after the assessment reference date to complete an assessment.

During a summary meeting on 2/18/16, the surveyor notified the administrator and director of nursing that late completion of the quarterly assessment was a concern.

During a summary meeting on 2/18/16, the surveyor notified the administrator and director of nursing that late transmission of the assessment was a concern.

B. For Resident #6, facility staff failed to transmit minimum data set (MDS) assessments within the required time frame.

Resident #6 was admitted to the facility on 9/4/15 and readmitted on 1/28/16 with diagnoses

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F 287	<p>Continued From page 39</p> <p>hemiplegia, hypertension, dysphagia, depression, and urinary tract infection. Resident #6 scored 9/15 on the brief interview for mental status on the significant change MDS assessment with assessment reference date (ARD) 2/3/16.</p> <p>The Optimus EMR Clinical system listed on 2/18/16 a 60 day minimum data set assessment with assessment reference date 12/9/15 and completed on 12/17/15 had not been transmitted (2/18/16 was >60 days after the completion date); a quarterly assessment with ARD 1/20/16 and completed 1/27/16 had not been transmitted (2/18/16 was 22 days after the completion date); a discharge assessment with ARD 1/23/16 and completion date 2/1/16 had not been transmitted (2/18/16 was 17 days after the completion date). The CMS RAI Version 3.0 Manual published October 2013 states that the MDS assessment must be transmitted no later than the 14th calendar day after the completion date.</p> <p>Surveyors discussed the concern with transmitting the MDS coordinator on 2/18/16.</p> <p>During a summary meeting on 2/18/16, the surveyor notified the administrator and director of nursing that submitting the assessments was a concern.</p> <p>9. For Resident #9, facility staff failed to transmit minimum data set (MDS) assessments within the required time frame.</p> <p>Resident #9 was admitted to the facility on 1/5/16 and readmitted on 2/4/16 with diagnoses including cerebrovascular accident, benign prostatic hypertrophy with obstruction, dementia, vascular disturbance, and malnutrition, anxiety,</p>	F 287		

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F 287	<p>Continued From page 40</p> <p>and depression. On the significant change minimum data set assessment with assessment reference date (ARD) 1/20/16 the resident was assessed as unable to recall any items on the memory assessment. The resident was assessed as exhibiting physical and verbal behaviors toward others and other symptoms not directed toward others on 1-3 days during the week look back period. The resident was assessed as not exhibiting signs of delirium or psychosis.</p> <p>During clinical record review on 2/18/16, the surveyor noted that the Optimus EMR clinical systems list of MDS assessments documented that The admission MDS assessment with ARD 11/4/15 was transmitted 12/12/15 (transmission date should be within 21 calendar days of ARD or 12/7/15); A 14 day assessment with ARD 11/10/15 was transmitted 12/16/15 (completion date should be within 21 calendar days of ARD or 12/1/15); an admission MDS with ARD 1/12/16 was not transmitted (transmission date should be within 21 calendar days of ARD or 2/2/16).</p> <p>Surveyors discussed the concern with late transmission dates of MDS assessments with the MDS coordinator on 2/18/16. The MDS coordinator stated that she had 14 days after the completion date to complete an assessment.</p> <p>During a summary meeting on 2/18/16, the surveyor notified the administrator and director of nursing that late completion of MDS assessments was a concern.</p>	F 287	
F 329 SS=E	483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS	F 329	

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Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.

Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.

This REQUIREMENT is not met as evidenced by:
Based on staff interview, resident interview, and clinical record review, facility staff failed to ensure that a resident who had not used antipsychotic drugs was not given antipsychotic drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record (Resident #9).

Resident #9 was admitted to the facility on 1/5/16 and readmitted on 2/4/16 with diagnoses including cerebrovascular accident, benign

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- 1) The order for antipsychotic medication for resident #9 was clarified by the nurse practitioner on 1/22/2016.
- 2) The pharmacy consultant will conduct monthly audits of 100% of residents prescribed antipsychotic medication for appropriate diagnosis. Any variances will be investigated and referred to the treating physician for clarification or possible elimination.

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495385	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/18/2016
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NAME OF PROVIDER OR SUPPLIER VMRC, COMPLETE LIVING CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1476 VIRGINIA AVENUE HARRISONBURG, VA 22802
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(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
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F 329

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prostatic hypertrophy with obstruction, dementia, vascular disturbance, and malnutrition, anxiety, and depression. On the significant change minimum data set assessment with assessment reference date 1/20/16 the resident was assessed as unable to recall any items on the memory assessment. The resident was assessed as exhibiting physical and verbal behaviors toward others and other symptoms not directed toward others on 1-3 days during the week look back period. The resident was assessed as not exhibiting signs of delirium or psychosis.

During clinical record review, the surveyor noted a physician order dated 1/5/16 on readmission to the facility for "Haloperidol lactate oral conc. (concentrate) 2 mg/ml (milligrams per milliliter) 1 mg oral every 1 hour as needed for anxiety. A physician order dated 1/22/16 "schedule Haloperidol 1 mg PO (by mouth)qQ2000 (8PM) and PRN (as needed) dementia with behavioral disturbance change prn diagnosis please do not use for anxiety. The resident's EMAR Monthly report for January 2015 documented administration on January 6, 11, 12, 13, 15, 17, 20, 22 under the order for anxiety. The surveyor was unable to locate documentation for time, indication, or effectiveness of the PRN medication except for 1/22 " Resident in w/c and very anxious and agitated. Attempting to call on phone and go out doors. Haldol given X 2" without times or effectiveness documentation. The resident's EMAR Monthly report for January 2015 documented administration on January 27 and 28 under the order for dementia with behavior disturbance. All nursing notes on 1/28/16 documented no problem behaviors noted. Nurse's notes dated 1/26/16 documented

F 329

- 3) The MDS Coordinator and/or designee will provide education using current documentation standards to nurses responsible for medication administration by 4/1/2016. Education will also include the use and documentation of non-pharmacological interventions prior to the administration of prn antipsychotic medications.
- 4) The pharmacy consultant will continue monthly 100% audits of records of residents prescribed antipsychotic medication with monthly reporting to the DON and QAPI committee. The MDS Coordinator and/or designee will audit weekly for 4 weeks 100% of records of residents prescribed antipsychotic medication for appropriate diagnosis and documentation of prn administration. Monthly audits by the MDS Coordinator and/or designee of the same will continue with reporting to the QAPI committee.

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administration of Haldol at 1830 for specific behavior. Effectiveness of the 1/26 Haldol was not documented.

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The surveyor discussed the concern with the anxiety as indication for PRN antipsychotic and failure to adequately document indication and effectiveness with the director of nursing on 2/18/16.

The administrative team was notified of the concern during a summary meeting on 2/18/16.

F 356 483.30(e) POSTED NURSE STAFFING
SS=C INFORMATION

F 356

The facility must post the following information on a daily basis:

- o Facility name.
- o The current date.
- o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift:
 - Registered nurses.
 - Licensed practical nurses or licensed vocational nurses (as defined under State law).
 - Certified nurse aides.
- o Resident census.

The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows:

- o Clear and readable format.
- o In a prominent place readily accessible to residents and visitors.

The facility must, upon oral or written request, make nurse staffing data available to the public.

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NAME OF PROVIDER OR SUPPLIER VMRC, COMPLETE LIVING CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1475 VIRGINIA AVENUE HARRISONBURG, VA 22802
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for review at a cost not to exceed the community standard.

The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.

This REQUIREMENT is not met as evidenced by:
Based on observation, staff interview, and facility document review, facility staff failed to post the total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift:- Registered nurses;- Licensed practical nurses; - Certified nurse aides; and resident census.

During initial tour on 2/17/16, surveyors observed that nursing staffing was posted for individual units in each of the four long term care buildings, but there was no posting of resident census and aggregate nursing time for the facility as a whole.

During a summary meeting on 2/18/16, the administrator and director of nursing were notified that the expectation was that total staffing and census numbers for the facility be posted in a place accessible to residents and visitors.

F 356

- 1) The posting of daily resident census and aggregate nursing staff hours in the lobby of the Oak Lea building in an area accessible to residents and visitors was initiated on 3/14/2016.
- 2) The Oak Lea Front Desk receptionist will verify daily that the census and aggregate nursing hours are correctly and visibly posted.
- 3) Nursing supervisors responsible for collecting staffing hours data will report their respective totals to the staff coordinator who will then complete the aggregate staffing hours posting.
- 4) The Front Desk receptionist will report and variance from the daily posting requirement to the monthly QAPI committee.

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