

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

PRINTED: 07/18/2017
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105421 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 06/07/2017 |
| NAME OF PROVIDER OR SUPPLIER MANORCARE NURSING AND REHABILITATION CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 3601 LAKEWOOD BLVD NAPLES, FL 34112 | | |
| (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 000 | INITIAL COMMENTS An unannounced Minimum Data Set (MDS) focused survey was conducted on _____ through _____ at Manorcare Nursing and Rehabilitation Center, a skilled nursing facility in Naples, Florida. Manorcare Nursing and Rehabilitation Center is not in compliance with Code of Federal Regulations (CFR) 42, Part 483, Requirements for Long-Term Care Facilities. The following is a description of the noncompliance. | F 000 | | | |
| F 278 SS=E | 483.20(g)-(j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED (g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. (h) Coordination A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. (i) Certification (1) A registered nurse must sign and certify that the assessment is completed. (2) Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. (j) Penalty for Falsification (1) Under Medicare and Medicaid, an individual who willfully and knowingly- (i) Certifies a material and false statement in a | F 278 | | | |

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

TITLE

(X8) DATE

Electronically Signed

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 278 | <p>Continued From page 1</p> <p>resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or</p> <p>(ii) 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 assessment.</p> <p>(2) Clinical disagreement does not constitute a material and false statement. This REQUIREMENT is not met as evidenced by: Based on medical record review and interviews, the facility failed to assure 4 (Residents #1, #3, #7, and #10) of the 12 residents sampled had accurate Minimum Data Set (MDS) comprehensive assessments. A comprehensive assessment documents the resident's health status and provides a baseline to determine the resident's functional status. An inaccurate comprehensive assessment fails to provide evidence of the resident's true health status and functional levels.</p> <p>The findings included:</p> <p>1. A review of Resident #1's medical record revealed a psychiatry note dated that revealed a diagnosis of " probably with behaviors and and unspecified." The note included the resident's treatment for /mood A review of the MDS dated revealed that Section (I) Active Diagnosis /Mood was not filled in/completed. Review of the comprehensive assessment revealed no documentation in Section (I) noting the resident's</p> | F 278 | <p>The statements made in this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all Federal and State regulations, the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>It is the practice of the center to initially and periodically conduct a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.</p> <p>Assessments for residents 1, 3, 7, and 10 were corrected and resubmitted.</p> <p>An audit was conducted on comprehensive assessments to ensure that coding data is accurate. Any assessments identified were corrected</p> | | |

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| F 278 | <p>Continued From page 2</p> <p>active diagnosis and treatments. The resident's treatment involved _____, _____, and mood _____ medication.</p> <p>On _____ at 11:00 a.m., the facility's Case Mix Supervisor, the Regional Case Mix Consultant, and the facility's part-time MDS Coordinator reviewed the comprehensive assessments dated _____ and _____ and agreed Section (I) should have been filled out/completed. They said both of the comprehensive assessments will be corrected.</p> <p>2. Review of Resident #3's medical record revealed he was hospitalized for a _____ () on _____ and returned to the facility on _____. The medical record revealed the facility completed a Comprehensive Significant Change Status Assessment MDS dated _____. A review of Section (I) _____, with a 30-day look back period, failed to document the resident's hospitalization for an acute _____.</p> <p>On _____ at 2:00 p.m., the Regional Case Mix Consultant and the facility's part-time MDS Coordinator said the significant change assessment should have the _____ hospitalization noted. They confirmed the assessment was inaccurate.</p> <p>3. A review of Resident #10's hospital documentation related to admission on _____ included a notation the patient presented from the facility with acute mental status changes and increased _____. Resident #10 had a positive _____ and was started on (_____) _____ given a history of Extended Spectrum _____-Lactamases (ESBL) in the _____.</p> | F 278 | <p>and resubmitted.</p> <p>Interdisciplinary team members that complete MDS sections were in-serviced on accuracy of coding data by the Case Mix _____ and/or designee.</p> <p>Random audits for MDS assessments will be conducted weekly X 4 weeks, then monthly X 2 months to ensure that coding data is accurate.</p> <p>Results of the random audits will be reported to the QA&A committee by the MDS Coordinator monthly X 3 months for recommendations and follow-up as indicated.</p> <p>Date of Compliance _____</p> | | |

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| F 278 | <p>Continued From page 3</p> <p>one year previously. Home medication included . . . 1000 (twice a day). ESBLs are . . . produced by . . . such as . . . () and Klebsiella. . . is an . . . that fights . . .</p> <p>Reviewed Resident #10's MDS Discharge Assessment - Return Anticipated with an Assessment Reference date of . . . with no documentation in Section I: Active Diagnosis - . . . (. . .) (Last 30 Days).</p> <p>Reviewed Resident 10's MDS PPS (Prospective Payment System) 14-Day Assessment with an Assessment Reference Date of . . . with no documentation in Section I: Active Diagnosis - . . . (. . .) (Last 30 Days).</p> <p>4. A review of Resident #7's hospital documentation related to admission on included a notation the patient presented with Hematuria (in) and generalized The . . . culture from the hospital admission was positive for The urinalysis showed "3+ . . . with negative leukocyte esterase, positive . . . culture is . . ." Resident #7 was documented to have a . . . "Patient has . . . needs to follow-up with total of 10 days of oral . . ." Discharge medications included: 500 mg p.o. t.i.d. x (milligrams oral three times a day) for 7 days.</p> <p>Reviewed Resident #7's Minimum Data Set (MDS) Discharge Assessment - Return Anticipated with an Assessment Reference date of . . . with no documentation in Section I: Active Diagnosis - . . . (. . .) (Last 30 Days).</p> | F 278 | | | |

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| F 278 | Continued From page 4 5. On ... at 12:30 p.m., the part-time MDS Coordinator said her understanding is the only time you would change/modify/correct a MDS is when the resident goes to the hospital and returns with a ... and the injury status needs to be corrected. | F 278 | | | |