

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345014	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2024
NAME OF PROVIDER OR SUPPLIER Linden Place Center for Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 Carolina Street Greensboro, NC 27401	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48945</p> <p>Based on record review and staff interviews, the facility failed to develop a comprehensive care plan that addressed a resident's individual care needs for 1 of 3 residents reviewed for comprehensive care plan (Resident #1). The facility failed to develop care plans for cognitive loss/Dementia, urinary Incontinence and Indwelling catheter, functional abilities, dehydration/fluid maintenance, dental care, pain, communication, nutritional status, and pressure ulcer/injury.</p> <p>Findings Included:</p> <p>Resident #1 was admitted to the facility on [DATE]. Diagnoses included multiple fractures and pressure ulcers. He was discharged to the hospital on 12/9/23 and did not return to the facility.</p> <p>Resident #1's admission Minimum Data Set (MDS) assessment dated [DATE] revealed the Care Area Assessment (CAA) summary identified care plans would be developed for cognitive loss/Dementia, urinary Incontinence and Indwelling catheter, functional abilities, dehydration/fluid maintenance, dental care, pain, communication, nutritional status, and pressure ulcer/injury.</p> <p>Review of the medical record revealed a nutrition care plan dated 11/8/23. There were no other care plans available for Resident #1.</p> <p>During an interview on 5/6/24 at 3:12 pm, MDS Nurse #1 revealed the care plans for Resident #1 had not been completed after checking Resident #1's electronic medical records (EMR). She stated she was not sure why this was not done. She referred the surveyor to another MDS Nurse (#2) who worked remotely.</p> <p>During a telephone interview on 5/6/24 at 3:13 pm, MDS Nurse #2 checked Resident #1's EMR and stated the comprehensive care plan was not done. She stated she was not sure what happened. She stated that she typically completed all the residents' comprehensive care plans right after she completed the MDS CAAs. She did not know how she missed it.</p> <p>During an interview on 5/6/24 at 3:08 pm, the Director of Nursing (DON) stated the comprehensive care plans should be based on the CAAs and completed within seven days from the resident assessment.</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p>48945</p> <p>Based on record review, and staff interviews, the facility's Quality Assurance and Performance Improvement (QAPI) Committee failed to maintain implemented procedures and monitor the interventions that the committee put into place following the recertification and complaint investigation survey of 5/28/21 and 5/26/23 and the current complaint investigation survey of 5/6/24. This failure occurred for a repeat deficiency originally cited in the area of comprehensive resident centered care plans that was subsequently recited on the current complaint investigation survey of 5/6/24. The continued failure of the facility during three federal surveys of record shows a pattern of the facility's inability to sustain an effective QAPI Program.</p> <p>The findings included:</p> <p>This tag is cross referenced to:</p> <p>F656: Based on record review and staff interviews, the facility failed to develop a comprehensive care plan that addressed a resident's individual care needs for 1 of 3 residents reviewed for comprehensive care plan (Resident #1). The facility failed to develop care plans for cognitive loss/Dementia, urinary Incontinence and Indwelling catheter, functional abilities, dehydration/fluid maintenance, dental care, pain, communication, nutritional status, and pressure ulcer/injury.</p> <p>During a recertification and complaint investigation survey of 5/28/21, the facility failed to develop a comprehensive person-centered plan of care that included the daily use of an antipsychotic and antianxiety medication for a resident.</p> <p>During a recertification and complaint investigation survey of 5/26/23, the facility failed to develop a care plan with measurable goals and objectives to address nutrition for a resident.</p> <p>An interview was conducted on 5/6/24 at 4:40 pm with the Administrator and the Director of Nursing. The Administrator stated he headed the facility's Quality Assurance and Performance Improvement (QAPI) Committee. The committee consisted of the Director of Nursing (DON), Staff Development Coordinator (SDC), Medical Director, Pharmacist, Dietary Manager, Maintenance Director, and himself. He revealed the facility was working on falls with injuries, pest control, and recently added care plans.</p>		