

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345072	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/16/2024
NAME OF PROVIDER OR SUPPLIER  Carolina Rivers Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1839 Onslow Drive Extension Jacksonville, NC 28540	
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 0641</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48007</b></p> <p>Based on record review, observation, and staff interview the facility failed to code the Minimum Data Set (MDS) assessment accurately in the areas of level 2 Pre-Admission Screening and Resident Review (PASRR) for 2 out of 20 residents (Residents #9 and Resident #13) reviewed for accuracy in assessments.</p> <p>The findings included:</p> <p>1. Resident #9 was admitted into the facility on [DATE] and readmitted on [DATE] with diagnoses of unspecified psychosis and depression.</p> <p>A review of Resident #9's North Carolina PASRR application indicated that he had a mental health diagnosis of major depression.</p> <p>A review of Resident #9's medical records included a PASSR Level 2 Determination Notification letter dated 2/7/2024.</p> <p>A review of Resident #9's annual MDS dated [DATE] did not indicate he was currently considered by the state level 2 PASRR process to have a serious mental illness.</p> <p>An interview with the Administrator on 8/15/24 at 8:35 AM indicated that Resident #9's MDS assessments was coded incorrectly regarding the PASRR question on his annual MDS. He further indicated that the annual MDS should be reviewed for accuracy prior to transmitting it.</p> <p>An interview with the MDS Coordinator on 8/15/24 at 9:10 AM revealed the MDS was not coded correctly for both Resident #9 and Resident #13 regarding the level 2 PASRR. She further stated that her process was to check the miscellaneous tab in the electronic medical record for a PASSR letter, if the resident had not had one in a while she would check the demographics for a PASSR number and if she had any concerns or questions would speak with Social Services.</p> <p>2. Resident #13 was admitted into the facility on [DATE] and readmitted on [DATE] with diagnoses of schizoaffective disorder, depression, and anxiety.</p> <p>A review of Resident #13's North Carolina PASRR application indicated that she had a mental health diagnosis of anxiety, depression, and schizoaffective disorder.</p> <p>(continued on next page)</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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<p>F 0641</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident #13's medical records included a PASRR Level 2 Determination Notification letter dated 11/18/2019.</p> <p>A review of Resident #13's annual MDS dated [DATE] did not indicate she was currently considered by the state level 2 PASRR process to have a serious mental illness.</p> <p>An interview with the Administrator on 8/15/24 at 8:35 AM indicated that both Resident #9 and Resident #13's MDS assessments were coded incorrectly regarding the PASRR question on their annual MDS. He further indicated that the annual MDS should be reviewed for accuracy prior to transmitting it.</p> <p>An interview with the MDS Coordinator on 8/15/24 at 9:10 AM revealed the MDS was not coded correctly for both Resident #9 and Resident #13 regarding the level 2 PASRR. She further stated that her process was to check the miscellaneous tab in the electronic medical record for a PASSR letter, if the resident had not had one in a while she would check the demographics for a PASSR number and if she had any concerns or questions would speak with Social Services.</p>		

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38702</p> <p>Based on observation, staff interview, and medical record review, the facility failed to refer a resident with newly evident diagnoses of serious mental illnesses for Pre-Admission Screening and Annual Resident Review (PASRR) Level II screen for 1 of 4 sampled residents reviewed for PASRR (Resident #33).</p> <p>The findings included:</p> <p>Resident #33 was admitted to the facility on [DATE] with diagnoses including unspecified other psychoactive substance abuse with psychoactive substance-induced psychotic disorder, and depression.</p> <p>The comprehensive admission Minimum Data Set (MDS) assessment dated [DATE] had Resident #33 coded as cognitively intact and was not currently considered by the state level II PASRR process to have serious mental illness and/or intellectual disability or a related condition.</p> <p>Resident #33s had the diagnosis of anxiety disorder added to his diagnosis list on 06/14/2023.</p> <p>A review of the North Carolina PASRR level I screen dated 04/12/2024 revealed no mental health diagnoses were selected for the screen Resident #33.</p> <p>The care plan dated 08/07/2024 for Resident #33 revealed focus of resident had anxiety/depression/insomnia and was at risk for feelings of sadness, emptiness, anxiety, uneasiness, depression related to: Loss of function, decline in condition, and loss of independence.</p> <p>An interview with the Social Worker (SW) was conducted on 08/14/2024 at 2:00 PM. The SW stated she had worked at the facility for over a year and was responsible for completing the screens for PASRRs. An audit for residents who may need PASRRs were completed, and it was found that Resident #33 had mental health diagnoses including psychoactive substance abuse with psychoactive substance-induced psychotic disorder, depression, and anxiety. The SW also stated she marked no, on the screen tool for mental health diagnosis and should have selected yes, and checked all mental health diagnoses. The SW also stated she was trying to catchup with her audits, and it was an oversight.</p> <p>An interview was conducted with the Director of Nursing (DON) on 08/14/2024 at 2:00 PM. The DON stated he was very familiar with the regulations related to PASRRs and he expected the regulations to be followed in reference to completing a PASRR screening for a newly identified mental illness diagnosis. He added the SW was responsible for referring residents with a new psychiatric diagnosis.</p> <p>An interview with the Administrator was conducted on 08/14/2024 at 2:10 PM. The Administrator stated when completing the screen for PASRRs, all the diagnoses should be included in the screen to get the accurate determination for proper placement of residents. The SW missed this due to an oversight and she was educated.</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38702</p> <p>Based on record review, and staff interviews, the facility failed to ensure a Physicians order for an as needed (PRN) psychotropic medication, Ativan, was time limited in time duration for 1 of 5 resident reviewed for unnecessary medications (Resident #34).</p> <p>The findings included:</p> <p>Resident #34 was admitted to the facility on [DATE]. The resident's cumulative diagnoses included chronic obstructive pulmonary disease, and anxiety disorder.</p> <p>The quarterly MDS dated [DATE] revealed Resident #34 was cognitively intact and on an antianxiety medication two out of seven days of the look back period.</p> <p>A PRN physicians order for Ativan 0.5 milligrams (mg) for anxiety dated 06/20/2024 to 08/06/2024 did not have a stop date with a two-week period.</p> <p>The June Medication Administration Record (MAR) review revealed an order for Ativan 0.5 mg as needed 06/20/2024 and discontinue 08/06/2024. The medication was administered on 06/20/2024 and 06/24/2024.</p> <p>A review of the summary of Medication Regimen Review by the Pharmacy Consultant (PC) dated 07/02/2024 revealed PRN psych meds must have a stop date and rationale per Centers for Medicare and Medicaid Services (CMS) regulations. Some discrepancies found and notified Director of Nursing (DON).</p> <p>A review of the summary of Medication Regimen Review by PC dated 08/02/2024 revealed PRN Psych meds must have a stop date and rationale per CMS regulations. Some discrepancies found and notified DON.</p> <p>The July MAR review revealed an order for Ativan 0.5 mg as needed 06/20/2024 and discontinue 08/06/2024. The medication was administered on 07/12/2024 and 07/25/2024.</p> <p>The August MAR review revealed an order for Ativan 0.5 mg as needed 06/20/2024 and discontinue 08/06/2024. The medication was administered on 08/03/2024.</p> <p>The care plan dated 08/12/2024 had a focus of problematic way resident acts characterized by ineffective coping due to anxiety.</p> <p>An interview was conducted with the PC on 08/16/2024 at 9:53 AM. The PC stated she performed monthly medication reviews on Resident #34 and was aware of the Ativan 0.5 mg PRN order and had sent the facility the summaries from June and July to make them aware that the drug needed a 14 day stop date.</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was conducted with the Director of Nursing (DON) on 08/16/2024 at 12:05 PM. The DON stated he was aware of Resident #34 having Ativan 0.5 mg PRN from 06/20/2024 to 08/06/2024. He explained it did not have a 14 day stop date and realized it should have had a stop date and the medication was discontinued on 08/06/2024. He also stated he did have summaries from the pharmacy consultants, and it was missed due to an oversight. They have an audit for all medications to avoid this from happening again.</p> <p>A telephone interview with Nurse Practitioner (NP) was conducted on 08/16/2024 at 12:28 PM. The NP stated she tried to give a 14 day stop date for all psychotropic medications. The order slipped through the cracks and in the future, she would create a template with all the residents PRN psychotropic medication orders to make sure their orders had 14 day stop dates.</p> <p>An interview with the Administrator was conducted on 08/16/2024 at 12:53 PM. The Administrator stated he was made aware that Resident #34 had a PRN medication without a stop date of 14 days. He stated he wanted his staff to follow the regulations and make sure if there is a PRN medication to have a stop date within 14 days.</p>		