STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425119	A. BUILDING _____ B. WING _____	**07/31/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
COMMANDER NURSING CENTER	**4438 PAMPLICO HIGHWAY FLORENCE, SC 29505**

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)
F 0641 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Ensure each resident receives an accurate assessment.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, staff interview and review of the Long-Term Care (LTC) Facility Resident Assessment Instrument (RAI) 3.0, the facility failed to ensure the Minimum Data Set (MDS) accurately reflected the resident's status for two (2) of 25 residents reviewed (Resident #9 and Resident #52). The findings include: 1. Review of Resident #9's Face Sheet revealed the resident was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #9's Annual MDS assessment dated [DATE] revealed the resident was assessed as receiving seven (7) days of antipsychotic medication during the look back period as per N0410: Medications Received. Review of N0450: Antipsychotic Medication Review revealed No-Antipsychotic were received. During an interview on 7/30/2020 at 4:30 p.m., the MDS Nurse stated either N0410 or N0450 was wrong. After reviewing Resident #9's electronic medical record, the MDS Nurse stated N0450 was wrong. The MDS Nurse stated Resident #9 received antipsychotic medications during the look back period on a routine basis. The MDS Nurse stated s/he would submit a correction reflecting Resident #9 received antipsychotic medications. The MDS Nurse stated she used the RAI Manual for guidance. Record Review of the LTC Facility RAI 3.0 Manual revealed N0450: Antipsychotic Medication Review: Coding Instructions for N450A: Code, 0 no: if antipsychotics were not received: Skip N450B, N450C, N450D and N450E. Code 1, yes if antipsychotics were received on a routine basis only: Continue to N450B, Has a GDR (gradual dose reduction) been attempted?; Code 3, yes: if antipsychotics were received on a routine and PRN basis: Continue to N0450B, Has a GDR been attempted? Coding Tips and Special Populations: Any medications that has a pharmacological classification or therapeutic category of antipsychotic medication must be recorded in this section, regardless of why the medication is being used. 2. Review of Resident #52's Face Sheet revealed the resident was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of Resident #52's Quarterly MDS dated [DATE] at J1400: Prognosis: Does the resident have a condition or chronic disease that may result in a life expectancy of less than 6 months? (Requires physician documentation), the resident was assessed as not having a prognosis to meet the criteria. Record review of Resident #52's Physician order [REDACTED]. Review of Resident #52's Care Plan with a problem start date of 8/1/19 revealed Problem: Resident is receiving hospice. Long-Term Goal: Family will actively participate in decision-making related to resident's declining condition. Approaches: allow family to express concerns, feelings and fears; respond to family inquires honestly; involve family in as much care and decision-making as they request; social to visit and intervene as indicated; ensure all needs are met as best able and try to anticipate needs not expressed. Review of Hospice Notes dated 3/27/2020 revealed Visit Type: Recertification. Assessment/Plan: 1. Dementia due to cerebral [MEDICAL CONDITION] - so functional decline with decreased po (oral) intake, weight loss and refusal of nursing care. 2. Prognosis - The prognosis is less than six months; the patient remains appropriate for continuation of hospice services. Review of the Hospice IDG (Inter-Disciplinary Group) Comprehensive Assessment and Plan of Care Update Report dated 4/7/2020 revealed an order as follows: I certify that the patient has a terminal [DIAGNOSES REDACTED]. During an interview on 7/30/2020 at 4:30 p.m., the MDS Nurse stated Yes, the resident is on hospice but to code J1400, I need documentation from her physician for prognosis. The MDS Nurse stated the resident's physician had not documented a prognosis of six months or less. The surveyor informed the MDS Nurse the prognosis for six months or less was found in the hospice notes. The MDS Nurse stated s/he would submit an MDS correction reflecting the prognosis. Review of the LTC Facility RAI 3.0 revealed J1400: Prognosis: Steps for Assessment: 1. Review the medical record for documentation by the physician that the resident's condition or chronic disease may result in a life expectancy of less than 6 months, or that they have a terminal illness. 2. If the physician states that the resident's life expectancy may be less than six months, request that he or she document this in the medical record. Do not code until there is documentation in the medical record. 3. Review the medical record to determine whether the resident is receiving hospice services. Coding Instructions: Code 0, no: if the medical record does not contain physician documentation that the resident is terminally ill, and the resident is not receiving hospice services. Code 1, yes: if the medical record includes physician documentation: 1) that the resident is terminally ill; or 2) the resident is receiving hospice services.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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.