

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215058	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/01/2022
NAME OF PROVIDER OR SUPPLIER Alice Byrd Tawes Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 201 Hall Highway Crisfield, MD 21817	
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 0637 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Assess the resident when there is a significant change in condition</p> <p>25810</p> <p>Based on record review, the facility (1) failed to convert a Resident Assessment Instrument (RAI) quarterly assessment into a more comprehensive Significant Change in Status Assessment (SCSA) when the resident's quarterly assessment revealed declines in more than 2 areas assessed; and (2) failed to timely complete an SCSA. This was evident for 2 of 9 residents (Residents #10 and #15) reviewed during survey.</p> <p>The findings include:</p> <p>Per the RAI manual when 2 or more areas of decline are evident during completion of a noncomprehensive quarterly assessment, facilities are required to revise the quarterly assessment to a comprehensive Significant Change in Status Assessment (SCSA). Completion of the SCSA ensures a more thorough review of factors related to the identified decline(s) in condition and ensures a comprehensive review of all related care planning.</p> <p>1. Review of the medical record for Resident #10 revealed that a quarterly RAI assessment was opened with an assessment reference date of 5/30/21, and a prior assessment with reference date of 3/23/21 had been completed. Comparison of the earlier March 2021 assessment, revealed that by time of the May 2021 assessment the resident's clinical condition had declined in three different areas of coding related to assistance needed and provided for Activities of Daily Living. These areas were for bed mobility (declined from limited assistance to extensive assistance), transfers (declined from limited assistance to extensive assistance), and toileting (declined from extensive assistance to total dependence). The quarterly assessment with 5/30/21 reference date was nonetheless completed without revising it to the required comprehensive SCSA.</p> <p>2. Review of the RAI assessment for resident #15 revealed that an SCSA was opened with an assessment reference date of 9/26/21. The SCSA completion was due on or by 10/11/21 and completion of care planning was due on or by 10/18/21. Both the assessment and the care planning process were signed off in the SCSA late on 11/3/21.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 215058	Facility ID: 215058 If continuation sheet Page 1 of 4

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F 0638 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assure that each resident's assessment is updated at least once every 3 months. 25810 Based on medical record review, the facility failed to ensure RAI quarterly assessments were completed timely. This was evident for 1 of 9 residents (Resident #3) reviewed during complaint survey. The findings include: For quarterly RAI assessments, the MDS completion date (Item Z0500B) must be no later than 14 days after the assessment reference date (ARD) (ARD + 14 calendar days). Review of RAI assessments entered for Resident #3 revealed that the facility opened a quarterly RAI assessment for Resident #3 with a reference date set for 9/16/21. Completion of the assessment was due by 10/1/21 but the assessment was not completed (sign off at assessment item Z0500B) until 11/1/21.		

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure each resident receives an accurate assessment.</p> <p>25810</p> <p>Based on medical record review, the facility failed to ensure the accuracy of RAI assessments. This was evident for 1 of 9 residents (Resident #7) reviewed during complaint survey.</p> <p>The findings include:</p> <p>The facility failed to ensure RAI assessments were accurate. In a quarterly RAI assessment for Resident #7 with an assessment reference date of 12/21/21 the facility coded at B0600 that the resident had clear speech; at B0700 that the resident was able to make themselves understood; and at B0800 that the resident was able to understand others. However, in same RAI assessment, the resident scored 3/15 on the Brief Interview for Mental Status (BIMS) implying severe cognitive impairment. The BIMS coding in section C of the RAI assessment was inconsistent with the coding in section B.</p>		

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<p>F 0642</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a qualified health professional conducts resident assessments.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25810</p> <p>Based on medical record review, the facility failed to ensure Resident Assessment Instrument (RAI) records were effectively coordinated in a manner to ensure timely completion. This was evident for RAI records for 1 of 9 residents (Resident #4) reviewed during complaint survey.</p> <p>The findings include:</p> <p>The facility failed to ensure effective coordination of RAI tracking records. Per the RAI manual, completion of the tracking record following a resident death is required 7 days after the date of death . Review of medical record documentation revealed that Resident #4 died during [DATE], but the required tracking record was not transmitted into the Federal database until [DATE].</p>		