STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345460	A. BUILDING _____ B. WING _____	09/09/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUILFORD HEALTH CARE CENTER	2041 WILLOW ROAD GREENSBORO, NC 27406

(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 273 SS=D	483.20(b)(2)(i) COMPREHENSIVE ASSESSMENT 14 DAYS AFTER ADMIT A facility must conduct a comprehensive assessment of a resident within 14 calendar days after admission, excluding readmissions in which there is no significant change in the resident's physical or mental condition. (For purposes of this section, "readmission" means a return to the facility following a temporary absence for hospitalization or for therapeutic leave.) This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to complete a comprehensive minimum data (MDS) assessment within 14 days of admission for 1 of 20 (Resident # 121) sampled residents. Findings included: Resident #121 was admitted to the facility on 1/17/2016. Admitting diagnosis included: End Stage Renal Disease, Hypertension, Diabetes, Gastrointestinal Hemorrhage and Alzheimer ' s disease. Resident #121 was hospitalized on 3/4/2016 and re-admitted to the facility on 3/6/2016. The MDS discharge assessment dated 3/4/2016 was coded as return not anticipated. A quarterly MDS assessment was completed on 3/14/2016. Resident #121 was hospitalized on 8/6/2016 and re-admitted to the facility on 8/11/2016. The MDS discharge assessment dated 8/6/2016 was coded as return not anticipated. A quarterly MDS assessment was completed on 8/11/2016. An interview with the MDS Coordinator on 9/8/2016 at 4:18 pm revealed that a comprehensive MDS assessment should be completed within 14 days of the re-admission	F 273	The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. 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 completed by the dates indicated. 1. How corrective action will be accomplished for each resident found to have been affected by the deficient practice On September 9 2016, the MDSC modified resident #121's 3/4/2016 and 8/26/16 Discharge (DC) MDS to code the discharge return as Return Anticipated. The resident's return was anticipated as the resident was discharged to the	10/7/16

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

Electronically Signed | 09/21/2016

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F 273	Continued From page 1 date for residents that are coded as return not anticipated on their discharge MDS assessments. She further stated that Resident #121 should have had a comprehensive MDS assessment completed within 14 days when re-admitted on 3/6/2016 and 8/11/2016. An interview with the Director of Nursing (DON) on 9/8/2016 at 4:30 pm revealed that she was not aware that a comprehensive MDS assessment was required to be completed within 14 days for a resident that was coded as discharge not anticipated on their MDS discharge assessment.	F 273	hospital, and was readmitted to the facility within 30 days. The DC MDS were inadvertently opened as Return Not Anticipated MDS. 2. How corrective action will be accomplished for those residents having the potential to be affected by the same deficient practice: MDS Coordinator and MDSC Consultant will conduct audit of all current residents that had a Discharge MDS completed and then readmitted to ensure the DC MDS was correctly opened along with the correct MDS Schedule upon readmission or admission . The audit will be completed by 10/7/16 3. Measures to be put in place or systemic changes made to ensure practice will not re-occur: On 9¬¬/19/16, the MDSC Consultant provided education to the MDSC to regarding the RAI Rules for scheduling the correct type of Discharge MDS that is required on resident discharge from the facility. MDSC was also educated on the RAI rules for scheduling the correct type of OBRA/PPS MDS upon re-entry or Admission following a Discharge. MDSC will schedule dc MDS according the RAI manual's rules for coding DC MDS along with opening the correct OBRA/PPS MDS upon readmission or admission. 4. How facility will monitor corrective action(s) to ensure deficient practice will not re-occur: The MDS Consultant or designee will	

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F 273	Continued From page 2	F 273	audit 5 current residents' DC MDS to ensure the Discharge MDS was opened correctly when the resident was discharged from the facility. This will be accomplished 1 time a week for 1 month, twice a month for 1 month and Monthly for one month. Any coding issue identified on the audits will be immediately corrected with coaching/discipline as needed to the MDS. The Audits will be presented to QA&A for completion and/or revision as needed within the QA program.	