CENTERS F	OR MEDICARE & MEDICAID SERVICES			"A" FORM				
STATEMENT C	OF ISOLATED DEFICIENCIES WHICH CAUSE	PROVIDER#	MULTIPLE CONSTRUCTION	DATE SURVEY				
NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs			A. BUILDING:	COMPLETE:				
		345384	B. WING	8/3/2018				
NAME OF PRO	OVIDER OR SUPPLIER		CITY, STATE, ZIP CODE	·				
PRUITTHEATH-FARMVILLE			4351 SOUTH MAIN STREET FARMVILLE, NC					
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCE	CIES						
F 640	Encoding/Transmitting Resident Assessments CFR(s): 483.20(f)(1)-(4) §483.20(f) Automated data processing requirement- §483.20(f)(1) Encoding data. Within 7 days after a facility completes a resident's assessment, a facility must							
	encode the following information for each resident in the facility: (i) Admission assessment. (ii) Annual assessment updates. (iii) Significant change in status assessments. (iv) Quarterly review assessments. (v) A subset of items upon a resident's transfer, reentry, discharge, and death. (vi) Background (face-sheet) information, if there is no admission assessment.							
	§483.20(f)(2) Transmitting data. Within 7 days after a facility completes a resident's assessment, a facility must be capable of transmitting to the CMS System information for each resident contained in the MDS in a format that conforms to standard record layouts and data dictionaries, and that passes standardized edits defined by CMS and the State.							
	§483.20(f)(3) Transmittal requirements. Within 14 days after a facility completes a resident's assessment, a facility must electronically transmit encoded, accurate, and complete MDS data to the CMS System, including the following: (i)Admission assessment. (ii) Annual assessment. (iii) Significant change in status assessment. (iv) Significant correction of prior full assessment. (v) Significant correction of prior quarterly assessment. (vi) Quarterly review. (vii) A subset of items upon a resident's transfer, reentry, discharge, and death. (viii) Background (face-sheet) information, for an initial transmission of MDS data on resident that does not have an admission assessment.							
	§483.20(f)(4) Data format. The facility must transmit data in the format specified by CMS or, for a State which has an alternate RAI approved by CMS, in the format specified by the State and approved by CMS. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to transmit a discharge assessment for 1 of 2 residents reviewed for discharge (Resident #1). The findings included:							
	Resident #1 was admitted to the facility on 03/09/18 and discharged on 04/05/18.							
	The facility records were reviewed for the assessments transmitted to the national database regarding Resident #1. The national database revealed an Entry Tracking, dated 03/09/18 was accepted on 03/23/18 and							

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

The above isolated deficiencies pose no actual harm to the residents

STATEMENT OF IS	OLATED DEFICIENCIES WHICH CAUSE	PROVIDER #	MULTIPLE CONSTRUCTION	DATE SURVEY			
NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM			A. BUILDING:	COMPLETE:			
FOR SNFs AND NFs		245204					
		345384	B. WING	8/3/2018			
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE					
PRUITTHEATH-FARMVILLE		4351 SOUTH MAIN STREET					
ACT THE MITTING		FARMVILLE, NC					
ID PREFIX							
TAG	SUMMARY STATEMENT OF DEFICIENCIES						
F 640	Continued From Page 1						
r 040	an Admission Comprehensive assessment dated 03/16/18 was accepted on 03/27/18. There was no transmittal of a discharge MDS for Resident #1.						
	transmittan of a discharge MD5 for Resident #1.						
	Interview with the MDS Coordinator on 08/01/18 at 05:07 PM, revealed she had thought the discharge MDS						
	was successfully transmitted for Resident #1 but she had not reviewed the Validation report. The MDS						
	Coordinator reported the omission was an erro	or.					
	Interview with the Director of Nursing on 08/03/18 at 11:35 AM revealed she expected Resident #1's						
	discharge MDS to be transmitted.						