

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345551	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 8/23/2018
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NAME OF PROVIDER OR SUPPLIER PRUITTHEALTH-CAROLINA POINT	STREET ADDRESS, CITY, STATE, ZIP CODE 5935 MOUNT SINAI ROAD DURHAM, NC
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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F 640	<p>Encoding/Transmitting Resident Assessments CFR(s): 483.20(f)(1)-(4)</p> <p>§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:</p> <ul style="list-style-type: none"> (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. <p>§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.</p> <p>§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:</p> <ul style="list-style-type: none"> (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. <p>§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 significant change assessment for 1 of 1 residents reviewed for discharge (Resident #11)</p> <p>1. Resident #11 was admitted to the facility on 2/12/18. The facility records were reviewed for the significant change transmitted to the national database regarding Resident #11. There was no transmittal of significant change for Resident #11.</p>
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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

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F 640	<p>Continued From Page 1</p> <p>During an interview on 8/23/18 at 3:58 PM, the MDS coordinator indicated she had completed the assessment on 8/3/18 and should be transmitted within 14 days. She had not transmitted the significant change because the registered nurse who signs off on the assessments left 6/27/18.</p> <p>During an interview on 8/23/18 at 7:07 PM, the Director of Nursing indicated her expectation was significant change assessments to be completed in a timely fashion.</p>
F 642	<p>Coordination/Certification of Assessment CFR(s): 483.20(h)-(j)</p> <p>§483.20(h) Coordination. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>§483.20(i) Certification. §483.20(i)(1) A registered nurse must sign and certify that the assessment is completed.</p> <p>§483.20(i)(2) Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>§483.20(j) Penalty for Falsification. §483.20(j)(1) Under Medicare and Medicaid, an individual who willfully and knowingly-</p> <p>(i) Certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or</p> <p>(ii) Causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty or not more than \$5,000 for each assessment.</p> <p>§483.20(j)(2) Clinical disagreement does not constitute a material and false statement. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to coordinate and certify the completion of a significant change minimum data set assessment for 1 of 26 resident (Resident #11) reviewed for Resident Assessments.</p> <p>Findings included:</p> <p>Resident #11 was admitted to the facility on 2/12/18. There was no transmittal of significant change 5/1/18 for Resident #11. Review of Resident #11's significant change MDS revealed it was not signed by the registered nurse as complete.</p> <p>During an interview on 8/23/18 at 3:58 PM, the MDS coordinator indicated she had completed the assessment on 8/3/18 and should be transmitted within 14 days. She had not transmitted the significant change</p>

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F 642	<p>Continued From Page 2</p> <p>because the registered nurse who signs off on the assessments left 6/27/18. During an interview on 8/23/18 at 7:07 PM, the Director of Nursing indicated they were doing the best they could. There was a nurse who came in as needed to sign the assessments.</p>		