

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345370	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 12/20/2018
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NAME OF PROVIDER OR SUPPLIER PINEHURST HEALTHCARE & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 300 BLAKE BOULEVARD PINEHURST, 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-</p> <p>§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:</p> <p>Based on record review and staff interview the facility failed to transmit a discharge tracking Minimum Data Set (MDS) Assessment for 1 of 4 sampled discharged residents (Resident #1).</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on 11/16/15 and discharged on 10/10/18.</p> <p>A discharge tracking Minimum Data Set (MDS) assessment dated 10/10/18 was completed and indicated</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>Resident #1 was discharged to an acute hospital on 10/10/18. This 10/10/18 discharge tracking MDS was noted as "open", indicating it had not been transmitted to the national database.</p> <p>An interview was conducted with MDS Nurse #1 on 12/18/18 at 11:28 am. She revealed the 10/10/18 discharge tracking MDS for Resident #1 was completed but had not been transmitted. She stated this was an error and she was not sure how it was missed.</p> <p>An MDS Final Validation report dated 12/18/18 indicated the 10/10/18 discharge tracking MDS for Resident #1 was submitted to the national database on 12/18/18.</p> <p>An interview was conducted with the Director of Nursing on 12/20/18 at 10:15 AM. She indicated she expected MDS assessments to be transmitted timely in accordance with the regulations.</p>
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