STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345289	A. BUILDING _____ B. WING _____	C 10/30/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CURRITUCK HEALTH & REHAB CENTER	**3907 CARATOKE HIGHWAY BARCO, NC 27917**

(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
E 000	Initial Comments An unannounced Recertification survey was conducted on 10/28/2019 through 10/30/2019. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #9JOU11.	E 000		
F 000	INITIAL COMMENTS A recertification and complaint investigation survey was conducted from 10/28/2019 through 10/30/2019. Event ID# 9JOU11 0 of the 10 complaint allegation were not substantiated.	F 000		
F 639 SS=D	Maintain 15 Months Resident Assessments CFR(s): 483.20(d) §483.20(d) Use A facility must maintain all resident assessments completed within the previous 15 months in the resident's active record and use the results of the assessments to develop, review and revise the resident's comprehensive care plan. This REQUIREMENT is not met as evidenced by: Based on record review and interviews the facility failed to maintain resident assessments completed within the previous 15 months for 1 of 1 resident (Resident #1) reviewed for resident assessment. The findings included: Resident #1 was admitted to the facility on 2/28/2019 with diagnoses which included depression. An interview was conducted on 10/30/2019 at 8:53 AM with the Medical Records clerk, who	F 639	1) Resident #1 record made available on 11/11/2019 on request from previous owner of facility. 2) Any resident discharged from facility between September 2018 to current will be made available though the Vice President of Operation for Sentara Life Care upon request when circumstances necessitate. 3) Administrator educated the Interdisciplinary Team on F tag 639 and the process of obtaining closed records from previous ownership when indicated on 11/12/2019. Any requests for	11/18/19

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

Electronically Signed | 11/12/2019

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345289	A. BUILDING _____ B. WING _____	C 10/30/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CURRITUCK HEALTH & REHAB CENTER	3907 CARATOKE HIGHWAY BARCO, NC 27917

(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 639	Continued From page 1 stated Resident #1 was discharged to home on 6/26/2019. An interview was conducted on 10/29/2019 at 3:18 PM with the MDS nurse who stated she began employment at the facility approximately 2 months prior. The MDS nurse stated the facility began under new ownership 7/1/2019 and records prior to that date were unavailable, but she would request the records for Resident #1 to be sent. The MDS nurse further stated that resident assessments were copied and available for only the residents that were in the building on or after 7/1/2019, when new ownership took over the facility. On 10/30/2019 at 12:00 PM, an interview was conducted with the Administrator, who stated Resident #1's chart had been requested from the prior ownership of the building but was not yet available for review. The Administrator stated the facility did not have ownership of records for residents that were discharged prior to 7/1/2019 when new ownership began. The Administrator further stated that current residents' assessments were available for 15 months review.	F 639	Assessment Information, outside of current residents, will be monitored for favorable response times and follow up by the Administrator each month x 3. 4) Results of the response times and follow up by previous organization will be submitted to the Quality Assurance Process Improvement Committee for review and any recommendations if indicated.	
F 640 SS=D	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.	F 640		11/18/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345289	A. BUILDING _____ B. WING _____	C 10/30/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CURRITUCK HEALTH & REHAB CENTER	3907 CARATOKE HIGHWAY BARCO, NC 27917

(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 640	Continued From page 2	F 640		

(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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345289	A. BUILDING _____ B. WING _____	C 10/30/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CURRITUCK HEALTH & REHAB CENTER	3907 CARATOKE HIGHWAY BARCO, NC 27917

(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 640	Continued From page 3 This REQUIREMENT is not met as evidenced by: Based on record review and interviews the facility failed to transmit a Discharge Minimum Data Set (MDS) for 1 of 1 resident (Resident #1) reviewed for resident assessment. The findings included: Resident #1 was admitted to the facility on 2/28/2019 with diagnoses that included depression. An interview was conducted on 10/30/2019 at 8:53 AM with the Medical Records clerk, who stated Resident #1 was discharged to home on 6/26/2019. An interview was conducted on 10/29/2019 at 3:18 PM with the MDS nurse who stated she began employment at the facility approximately 2 months prior. The MDS nurse stated the facility began under new ownership 7/1/2019 and records prior to that date were unavailable, but she would request Resident #1's records be sent. The MDS nurse stated she did not know why the assessment would not have been transmitted when he was discharged. An interview on 10/29/2019 at 3:57 PM with the North Carolina Department of Health and Human Services (DHHS) Resident Assessment Instrument (RAI) Coordinator confirmed the last assessment submitted to the Centers for Medicare and Medicaid Services (CMS) data base for resident #1 was a quarterly assessment dated 6/7/2019 and was submitted on 6/18/2019. On 10/30/2019 at 12:00 PM, an interview was	F 640	1) Resident #1 had a Discharge MDS Completed and Accepted on 11/6/2019. 2) All Residents discharged from July 1 2019 to November 6, 2019 have been audited to validate Discharge MDS had been submitted and accepted. 3) Regional MDS support staff to review & educate on the transmittal requirements for discharge assessments with the MDS Coordinator on 11/12/2019. MDS Coordinator and or designee to audit all discharge assessments weekly times four and monthly times two. 4) MDS Coordinator and or designee will report results of Discharge Assessment audits to the Quality Assurance Process Improvement Committee for review and further recommendations if indicated.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345289	A. BUILDING _____ B. WING _____	C 10/30/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CURRITUCK HEALTH & REHAB CENTER	3907 CARATOKE HIGHWAY BARCO, NC 27917

(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 640	Continued From page 4 conducted with the Administrator, who stated Resident #1's chart had been requested from the prior ownership of the building but was not yet available for review. The Administrator stated she would have expected the MDS assessments to be completed and transmitted on time, but historically, they had not had any challenges in that area and she was surprised a discharge assessment had not been transmitted.	F 640		
F 644 SS=D	Coordination of PASARR and Assessments CFR(s): 483.20(e)(1)(2) §483.20(e) Coordination. A facility must coordinate assessments with the pre-admission screening and resident review (PASARR) program under Medicaid in subpart C of this part to the maximum extent practicable to avoid duplicative testing and effort. Coordination includes: §483.20(e)(1)Incorporating the recommendations from the PASARR level II determination and the PASARR evaluation report into a resident's assessment, care planning, and transitions of care. §483.20(e)(2) Referring all level II residents and all residents with newly evident or possible serious mental disorder, intellectual disability, or a related condition for level II resident review upon a significant change in status assessment. This REQUIREMENT is not met as evidenced by: Based on record review and staff and resident interviews the facility failed to recommend a Level 2 Pre-Admission Screening and Resident Review (PASRR) for 2 of 2 residents (Resident #17 and #25) reviewed for PASRR.	F 644	1) On 11/7/2019 Facility initiated further screening of an updated Level 1 on Resident #17 and Resident #25. 2) Any resident with a known or suspected Serious Mental Illness, Intellectual	11/18/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345289	A. BUILDING _____ B. WING _____	C 10/30/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CURRITUCK HEALTH & REHAB CENTER	3907 CARATOKE HIGHWAY BARCO, NC 27917

(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 644	Continued From page 5 The findings included: 1. A review of Resident #17 Pre-Admission Screening and Resident Review (PASRR) dated 3/4/2016 revealed she received a level 1 category. Review of a Hospital Discharge summary dated 6/27/2016 revealed Resident # 17 was receiving venlafaxine (an antidepressant), clonazepam (an antianxiety), and aripiprazole (an antipsychotic), with diagnoses to include depression and anxiety. Resident #17 was admitted to the facility on 8/28/2016 with diagnoses to include depression, anxiety, and bipolar. Resident #17's annual Minimum Data Set (MDS) assessment dated 10/28/2019 revealed her cognition to be moderately impaired and she required total assistance from staff for activities of daily living. Her diagnoses included depression, anxiety, and bipolar, and her PASRR was coded as a level 1. Resident #17's October 2019 Physician Order Summary Report revealed duloxetine (an antidepressant) 30 milligrams (MGS) to be given twice per day for bipolar and venlafaxine (an antidepressant) 75 MG daily for depression. On 10/29/2019 at 3:13 PM, an interview was conducted with the Social Worker (SW), who stated Resident #17 was a long-term resident who had been admitted prior to the start of the SW's employment, and she had not submitted her for a re-screening. The SW stated in reviewing the PASRR screening request the	F 644	Disability, or Other Related Condition has the potential of being affected. 100% of residents Pre-Admission Screening and Resident Review (PASRR) was reviewed. Those identified with a Level 1 determination with noted Serious Mental Illness, Intellectual Disability or other Related Condition and no level 2 PASRR was resubmitted for further review. Social Service Director and or Designee completed the PASRR audit and resubmissions on 11/8/2019. 3) Administrator provided education on Preadmission Screening and Resident Review on 11/12/2019 to the Social Services Director and Administrative team. Social Service Director and or Designee to audit Admitting Pre-Admission Screening and Resident Review (PASRR) on all admission weekly times 4 and monthly x 2. 4) Social Service Director to report results of Pre-Admission and Resident Review (PASRR) Audits to the Quality Assurance Process Improvement Committee for review and recommendations if further interventions are deemed necessary.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345289	A. BUILDING _____ B. WING _____	C 10/30/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CURRITUCK HEALTH & REHAB CENTER	3907 CARATOKE HIGHWAY BARCO, NC 27917

(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 644	Continued From page 6	F 644		

hospital had submitted on 3/4/2016, no mental health diagnoses had been included and the only medication for mental health included was duloxetine. The SW stated a re-screening should have been submitted after the resident was admitted to the facility since her diagnoses and medications had all been in place.

On 10/30/2019 at 2:58 PM, an interview was conducted with the Administrator who stated she would expect her facility to adhere to the regulations and resubmit for re-evaluation as deemed necessary.

2. A review of Resident #25 Pre-Admission Screening and Resident Review (PASRR) dated 5/1/2013 revealed she received a level 1 category.

Review of hospital history and physical dated 4/30/2013 revealed Resident #25 had a diagnosis of depression.

Review of the Long-Term Care FL2 form for Resident #25 dated for admission on 4/30/2013 included a diagnosis of depression and medications for antidepressant and antipsychotic.

Resident #25 was admitted to the facility on 5/3/2013 with diagnosis to include depression.

Resident #25 annual Minimum Data Set (MDS) assessment dated 9/13/2019 revealed her cognition to be intact, and she required total assistance from staff for activities of daily living. Her diagnoses included bipolar disorder and her PASRR was coded as a level 1.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345289	A. BUILDING _____ B. WING _____	C 10/30/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CURRITUCK HEALTH & REHAB CENTER	3907 CARATOKE HIGHWAY BARCO, NC 27917

(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 644	Continued From page 7	F 644		

Resident #25's October 2019 Physician Order Summary Report revealed quetiapine (antipsychotic) 25 milligrams (MG) daily for bipolar disorder, and venlafaxine (antidepressant) 150 MG daily for bipolar disorder.

On 10/30/2019 at 8:42 AM, an interview was conducted with Resident #25 who stated she had been on the anti-psychotic and antidepressant medications prior to coming to the facility, and they were given to help turn off her brain, so she could sleep.

On 10/30/2019 at 10:05 AM, an interview was conducted with the Social Worker (SW), who stated Resident #25 was a long-term resident who had been admitted prior to the start of the SW's employment, and so the SW had not submitted her for a re-screening. The SW stated in reviewing the PASRR screening request the hospital had submitted on 5/1/2013, only a diagnosis of depression had been included, but the medications for antipsychotic and antidepressant were also included. The SW was unable to find the date the bipolar diagnosis was added, but resident #25 had always been on the medications for it. The SW stated a re-screening should have been submitted after the resident was admitted to the facility since her medications had been in place.

On 10/30/2019 at 2:58 PM, an interview was conducted with the Administrator who stated she would expect her facility to adhere to the regulations and resubmit for re-evaluation as deemed necessary.