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| STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs | PROVIDER # 345311 | MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | DATE SURVEY COMPLETE: 9/29/2023 |
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| NAME OF PROVIDER OR SUPPLIER ROXBORO HEALTHCARE & REHAB CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 901 RIDGE ROAD ROXBORO, NC |
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| ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES |
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| F 641 | <p>Accuracy of Assessments CFR(s): 483.20(g)</p> <p>§483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to code the discharge Minimum Data Set (MDS) assessment to reflect accurately the discharge status for 1 of 4 discharged residents, reviewed for assessment accuracy (Resident #100).</p> <p>Findings included:</p> <p>Resident #100 was admitted to the facility on 7/14/23.</p> <p>Review of the physician discharge order dated 7/24/24 revealed Resident #100 was to discharge home on 7/24/23 with home health services related to home bound status. Home health physical therapy and occupation therapy to evaluate and treat. Home health Aide for Activities of Daily living support.</p> <p>Record review of the Discharge Minimum Data Set (MDS) assessment, dated 7/24/23, revealed Resident #100 was coded as having been discharged to an acute hospital.</p> <p>Record review of the Social Worker's note dated 7/24/23 revealed Resident #100 was discharged home per her request on 7/24/23. Resident #100 was discharged with home care agency set up, ordered durable medical equipment, and follow up appointment scheduled. The Nurse Practitioner was present at discharge.</p> <p>On 9/26/23 at 2:00 PM, during an interview, Nurse #4 indicated Resident #100 was discharged home with her daughter and home care set up.</p> <p>On 9/26/23 at 2:10 PM, during an interview, Nurse #11, MDS Coordinator, indicated the resident had a planned discharge home on 7/24/23. The nurse stated the discharge MDS dated 7/24/23 for Resident #100 was incorrectly coded as discharge to an acute hospital.</p> <p>On 9/26/23 at 2:10 PM, during an interview, the Administrator expected the staff to complete MDS data correctly and on time. She continued that it was an error by the MDS nurse and the MDS nurse was in the process of correcting it.</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