

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345345	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 11/30/2023
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NAME OF PROVIDER OR SUPPLIER ACCORDIUS HEALTH AT MONROE	STREET ADDRESS, CITY, STATE, ZIP CODE 204 OLD HIGHWAY 74 EAST MONROE, 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 accurately code the Minimum Data Set (MDS) assessment for 1 of 1 resident (Resident #47) reviewed for weight loss.</p> <p>The findings included:</p> <p>Resident #47 was admitted to the facility on 6/1/2023.</p> <p>Review of Resident #47's weights in the electronic chart revealed on 6/1/2023 she weighed 175 pounds and on 6/13/2023 she weighed 153.4 pounds. There were no other weights recorded for Resident #47.</p> <p>A quarterly Minimum Data Set (MDS) assessment dated 9/8/2023 indicated Resident #47 was cognitively intact and her weight was 175 pounds.</p> <p>During an interview with the Dietary Manager on 11/30/2023 at 2:10 pm she stated the Nurses obtained and recorded the resident's weights in the electronic record and the Minimum Data Set (MDS) Nurse recorded the weights on the MDS assessments.</p> <p>On 11/30/2023 at 2:17 pm the Minimum Data Set (MDS) Coordinator stated that the weight for the 9/8/2023 quarterly MDS assessment should have been indicated as a dash since there was not a weight within 30 days of the assessment. She stated the error in the assessment was just an oversight.</p> <p>The Administrator was interviewed on 11/30/2023 at 3:47 pm and she stated the computer system pulls the most recent weight into the MDS assessment and the MDS Coordinator should have looked at the weights to make sure the system was correct.</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