

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: 8/15/2024
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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 staff interviews and record review the facility failed to accurately code the Minimum Data Set (MDS) assessment in the area of restraints for 1 of 1 resident reviewed for restraints (Resident #61).</p> <p>Finding included:</p> <p>Resident #61 was admitted to the facility on 6/2/23.</p> <p>Review of the Annual MDS Assessment dated 6/14/24 indicated Resident #61 was assessed as severely cognitively impaired. The resident needed supervision or touching assistance for walking inside the room and used a walker for mobility device. The assessment indicated Resident #61 used a limb restraint.</p> <p>Review of the physician orders for June 2024 revealed the resident had no orders related to restraints.</p> <p>During an interview on 8/12/24 at 3:44 PM, MDS Nurse stated she reviewed Resident #61's medical records and did not see the resident having any documentation related to restraints. She further stated Resident #61 being coded for a restraint for the 6/14/24 MDS assessment was an error and would be corrected.</p> <p>During an interview on 8/15/24 at 12:08 PM, the Administrator stated it was an error by the MDS Nurse and the error would be corrected. The Administrator further stated all MDS assessments should accurately reflect the current status of the residents.</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

The above isolated deficiencies pose no actual harm to the residents