

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345484	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 9/25/2024
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NAME OF PROVIDER OR SUPPLIER TRANSYLVANIA REGIONAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 260 HOSPITAL DRIVE BREVARD, 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 interviews with staff the facility failed to accurately code restraint use on the discharge and 5-day Minimum Data Set (MDS) for 1 of 6 resident assessments reviewed for accuracy (Resident #3).</p> <p>The findings included:</p> <p>Resident #3 was admitted to the facility on 8/20/24 with diagnoses including lumbar (lower spine) fracture.</p> <p>Resident #3 was discharged from the facility to the hospital on 8/25/24.</p> <p>Review of discharge MDS assessment dated 8/25/24 indicated a limb restraint and/or other restraint was used less than daily when Resident #3 was in the bed. A trunk restraint was used less than daily when in the chair or out of bed and indicated it prevented Resident #3 from rising.</p> <p>Review of the 5-day MDS assessment dated 8/26/24 indicated a limb restraint and/or other restraint was used less than daily when Resident #3 was in the bed. A trunk restraint was used less than daily when in the chair or out of bed and indicated it prevented Resident #3 from rising.</p> <p>Review of Resident #3's medical records revealed no Medical Doctor order for restraints.</p> <p>During an interview on 09/25/24 at 2:34 PM the Director of Nursing (DON) revealed the facility was a restraint free facility and stated restraints were not used on Resident #3. The DON indicated completed both the discharge and 5-day MDS assessments for Resident #3 and was unsure why she had coded restraints were in use and stated it was a coding error on her part. The DON revealed she would modify the discharge and 5-day MDS assessments to indicate restraints were not in use for Resident #3.</p> <p>During an interview on 09/25/24 at 4:48 PM the Administrator stated the facility was a restraint free facility. The Administrator revealed she expected MDS assessments were correct and coded to indicate restraints were not used on Resident #3. The Administrator stated she would check and follow up with the DON to ensure the 5-day and discharge MDS were modified to indicate restraints were not used.</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