STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345182	A. BUILDING _____ B. WING _____	C 03/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRUITTHEALTH-SEALEVEL	468 HIGHWAY 70 EAST SEALEVEL, NC 28577

(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 02/27/19 through 03/03/19. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID # 51NC11.	E 000		
F 000	INITIAL COMMENTS There were no deficiencies cited as a result of the complaint investigation survey. Event ID # 51NC11.	F 000		
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §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 resident and staff interviews and record review, the facility failed to accurately code the Oral/Dental Status assessment in the Minimum Data Set (MDS) of a resident admitted with broken natural teeth and missing teeth for 1 of 20 residents reviewed (Resident #7). The findings included: Resident #7 was admitted to the facility on 04/24/18 with diagnoses which included atrial fibrillation, congestive heart failure, hypertension and other dental procedure status. The admission MDS dated 05/01/18 indicated Resident #7 had been cognitively intact, had been able to make himself understood and had the ability to understand others. The MDS indicated Resident #7 did not have any dental problems	F 641	This plan of correction constitutes a written Allegation of Compliance with federal and state requirements. Preparation and submission of this Allegation of Compliance does not constitute an admission or agreement by the provider of truth of the facts alleged or the corrections of the conclusions set forth on the statement of deficiencies. The plan of correction is prepared and submitted solely because of requirements under state and federal law. Plan for corrective action taken for the specific deficiency: The facility immediately reviewed dental status of patient # 7 on 2-28-19 and set up an appointment for a follow-up on 3-18-19. The importance of MDS	3/30/19

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

Electronically Signed | 03/20/2019

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F 641	Continued From page 1 which included broken natural teeth and missing teeth. A review of Resident #7's Comprehensive Oral Evaluation, dated 08/16/18, revealed Resident #7 had been missing upper teeth #'s 1, 8, 10 and 16 and lower teeth #'s 19, 29, 30 and 32. The evaluation revealed Resident #7 had root tips present on teeth 6, 18 and 20. During an interview with Resident #7 on 03/02/19 at 8:37 a.m., Resident #7 stated he had been admitted to the facility with several missing teeth and broken teeth. During an interview with the MDS nurse coordinator on 03/03/19 at 9:08 a.m., the MDS nurse coordinator stated she had not been at the facility at the time of Resident #7's admission to the facility. The MDS nurse coordinator stated she did not know the reason Resident #7's Oral/Dental Status assessment on the admission MDS had been inaccurately coded. During an interview with the Administrator on 03/03/19 at 9:47 a.m., the Administrator stated it was her expectation the MDS assessments are completed accurately.	F 641	accuracy was reviewed with the CMD on 3-2-19 during the survey process. CMD reviewed the results of the survey and the need for accurate assessments with her prn assistant on 3-10-19. Comprehensive assessment dated 5-2-18 was modified for accuracy on 3-19-19. Procedure for implementing the acceptable Plan of Correction for the specific deficiency cited: On 3-19-19 a 100% chart audit was initiated to review each patient□s dental assessments. Each patient□s dental status will be reviewed and compared to the most recent comprehensive MDS assessment to check for accuracy. If an error is found in the MDS assessment the assessment will be modified and resubmitted to DHHS. The 100% chart audit for dental assessments will be completed by 3-21-19. If any modifications are needed all will be completed by 3-28-19. Monitoring procedure put in place to ensure the Plan of Correction is effective and that specific deficiency cited remains corrected and/or in compliance with regulatory requirements: Each new admission dental assessment will be completed within 24 hours. Base line Care Plans will be reviewed and updated with any dental problems within 48 hours of admission. Each comprehensive dental assessment will be reviewed for accuracy compared to oral assessments on a weekly basis x 4 weeks and then monthly x 3 months by the	

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F 641	Continued From page 2	F 641	Administrator, DHS, CMD, and CCC. This data will be reported to our QAPI Meetings for 3 months or until a pattern of compliance is achieved. Indicate how the facility plans to monitor its performance to make sure solutions are sustained: The facility will assure each comprehensive dental assessment will be reviewed for accuracy compared to oral assessments on a weekly basis x 4 weeks and then monthly x 3 months by the Administrator, DHS, CMD, and CCC. This data will be reported to our QAPI Meetings for 3 months or until a pattern of compliance is achieved. Date of Compliance: 3/30/18	