DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FO	OR MEDICARE & MEDICAID SERVICES			"A" FOR		
STATEMENT O	F ISOLATED DEFICIENCIES WHICH CAUSE	PROVIDER #	MULTIPLE CONSTRUCTION	DATE SURVEY		
NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM			A. BUILDING:	_ COMPLETE:		
FOR SNFs AND	NFs	345167	B. WING	11/21/2019		
NAME OF PRO	VIDER OR SUPPLIER	STREET ADDRESS,	CITY, STATE, ZIP CODE	I		
YADKIN NURSING CARE CENTER			903 W MAIN STREET YADKINVILLE, NC			
ID			, 110			
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENC	CIES				
F 640	Encoding/Transmitting Resident Assessments CFR(s): 483.20(f)(1)-(4)					
	 §483.20(f) Automated data processing requirement- §483.20(f)(1) Encoding data. Within 7 days after a facility completes a resident's assessment, a facility must encode the following information for each resident in the facility: (i) Admission assessment. 					
	(ii) Annual assessment updates.(iii) Significant change in status assessments.					
	(iv) Quarterly review assessments.					
	(v) A subset of items upon a resident's transfer, reentry, discharge, and death.(vi) Background (face-sheet) information, if there is no admission assessment.					
	§483.20(f)(2) Transmitting data. Within 7 days after a facility completes a resident's assessment, a facility must be capable of transmitting to the CMS System information for each resident contained in the MDS in a format that conforms to standard record layouts and data dictionaries, and that passes standardized edits defined by CMS and the State.					
	§483.20(f)(3) Transmittal requirements. Within 14 days after a facility completes a resident's assessment, a facility must electronically transmit encoded, accurate, and complete MDS data to the CMS System, including the following:(i)Admission assessment.					
	(ii) Annual assessment.					
	(iii) Significant change in status assessment.					
	(iv) Significant correction of prior full assessment.(v) Significant correction of prior quarterly assessment.					
	(v) Significant correction of prior quarterly assessment. (vi) Quarterly review.					
	(vii) A subset of items upon a resident's transfer, reentry, discharge, and death.					
	(viii) Background (face-sheet) information, for an initial transmission of MDS data on resident that does not have an admission assessment.					
	§483.20(f)(4) Data format. The facility must transmit data in the format specified by CMS or, for a State which has an alternate RAI approved by CMS, in the format specified by the State and approved by CMS. This REQUIREMENT is not met as evidenced by:					
	Based on record review and staff interview, the facility failed to transmit resident Minimum Data Set (MDS) assessments to the Center of Medicare and Medicaid Services (CMS) within 14 days after the assessment was completed for 2 of 2 residents (Residents #2 and #3) reviewed for transmission of MDS assessments.					
	Findings included:					
	1. Resident #2 was originally admitted to the facility on 12/22/16. Resident #2's 6/7/19 quarterly MDS assessment revealed Resident #2 had impaired cognition and clear speech.					

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

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JFs	345167	B. WING	11/21/2019	
IDER OR SUPPLIER	STREET ADDRESS, O	CITY, STATE, ZIP CODE		
YADKIN NURSING CARE CENTER		903 W MAIN STREET YADKINVILLE, NC		
SUMMARY STATEMENT OF DEFICIENC	CIES			
Continued From Page 1				
Resident #2's most recent MDS dated 9/6/19 and coded as a quarterly assessment, revealed the assessment and had not been closed or transmitted to CMS.				
During an interview with the MDS nurses #1 and #2 on 11/21/19 at 10:47 am, they stated that Resident #2's quarterly MDS assessment dated 9/6/19 had not been transmitted to CMS. Both nurses are new to their role and stated they are unsure as to why it was not transmitted.				
2. Resident # 3 was originally admitted to the facility on $4/10/19$.				
Resident #3's 4/17/19 quarterly MDS revealed Resident #3 had impaired cognition and minimal difficulty with speech and hearing.				
Resident #3's most recent quarterly MDS assessment dated 7/12/19, revealed the assessment was closed, but had not been transmitted.				
During an interview with the MDS nurses #1 and #2 on 11/21/19 at 10:47 am, they stated that Resident #3's quarterly MDS assessment dated 7/12//19 had not been transmitted to CMS. Both MDS nurses stated they are new to their role and are unsure as to why it was not transmitted.				
	SUMMARY STATEMENT OF DEFICIENC SUMMARY STATEMENT OF DEFICIENC Continued From Page 1 Resident #2's most recent MDS dated 9/6 and had not been closed or transmitted to During an interview with the MDS nurses quarterly MDS assessment dated 9/6/19 h and stated they are unsure as to why it wa 2. Resident # 3 was originally admitted to Resident #3's 4/17/19 quarterly MDS reve with speech and hearing. Resident #3's most recent quarterly MDS During an interview with the MDS nurses quarterly MDS assessment dated 7/12/19	903 W MAIN STREET SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES Continued From Page 1 Resident #2's most recent MDS dated 9/6/19 and coded as a qua and had not been closed or transmitted to CMS. During an interview with the MDS nurses #1 and #2 on 11/21/1 quarterly MDS assessment dated 9/6/19 had not been transmitte and stated they are unsure as to why it was not transmitted. 2. Resident #3's 4/17/19 quarterly MDS revealed Resident #3 had with speech and hearing. Resident #3's most recent quarterly MDS assessment dated 7/12 had not been transmitted. During an interview with the MDS nurses #1 and #2 on 11/21/1 quarterly MDS assessment dated 7/12 had not been transmitted.	903 W MAIN STREET YADKINVILLE, NC SUMMARY STATEMENT OF DEFICIENCIES Continued From Page 1 Resident #2's most recent MDS dated 9/6/19 and coded as a quarterly assessment, revealed the assessment and had not been closed or transmitted to CMS. During an interview with the MDS nurses #1 and #2 on 11/21/19 at 10:47 am, they stated that Resident #2's quarterly MDS assessment dated 9/6/19 had not been transmitted to CMS. Both nurses are new to their role and stated they are unsure as to why it was not transmitted. 2. Resident #3's 4/17/19 quarterly MDS revealed Resident #3 had impaired cognition and minimal difficulty with speech and hearing. Resident #3's most recent quarterly MDS assessment dated 7/12/19, revealed the assessment was closed, bu had not been transmitted. During an interview with the MDS nurses #1 and #2 on 11/21/19 at 10:47 am, they stated that Resident #3's quarterly MDS assessment dated 7/12/19, revealed the assessment was closed, bu had not been transmitted.	