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.
(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.
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<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
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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.