The survey team entered the facility on 5/18/21 to conduct a complaint investigation survey and exited on 5/19/21. The survey was extended to 5/21/21 for the completion of interviews and provision of additional information by the facility. Seven (7) of the 7 allegations were not substantiated. However, the facility was cited at F641. Event ID # 6LPA11.

F 641  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 staff interviews and record reviews, the facility failed to accurately code the Minimum Data Set (MDS) assessment in the areas of pressure ulcers, pain and vision/use of corrective lenses for 1 of 1 resident reviewed for MDS accuracy (Resident #1).

The findings included:

1) Resident #1 was admitted to the facility on 6/21/20 with diagnosis which included Type 2 diabetes, chronic pain syndrome, and hypertensive heart disease with heart failure and pressure ulcers.

a. A review of Resident #1's Admission wound assessment dated 6/21/20 revealed resident had a left heal unstageable pressure ulcer due to deep tissue injury (DTI) with slough and eschar. Resident #1 had an additional right heel unstageable pressure ulcer due to DTI. Resident #1. The Minimum Data Set assessment for Resident #1 was corrected to reflect the appropriate wound assessment results, pain assessment interview results, and the resident's vision ability. Correction was completed on 6/19/2021 by MDS Coordinator.

2. A monthly audit will be completed on all residents wound assessments, pain assessments, and vision ability to ensure their Minimum Data Set assessment is current and accurate. The audit will be completed by 6/28/2021.

3. A monthly audit will be completed on all residents wound assessments, pain assessments, and vision ability to ensure their Minimum Data Set assessment is current and accurate. The audit will be completed by 6/28/2021.
A review of Resident #1's quarterly MDS assessment dated 12/17/20 was conducted. The assessment revealed the resident was coded as having two stage 2 pressure ulcers with one present upon admission, 1 stage 3 pressure ulcer that were present upon admission and 1 unstageable pressure ulcer due to coverage of wound bed by slough and or eschar that were not present upon admission.

An interview was conducted on 5/19/21 at 2:00 pm with MDS nurse #2. MDS Nurse #2 reviewed Resident #1's MDS 12/17/20. Upon review MDS nurse #2 reported that the units charge nurse manager (CNM) completed the skin sections of the MDS due to the CNM were responsible for wound management for the residents. The wound assessment completed on 11/24/20 revealed that resident #1 had a right heel unstageable pressure ulcer that was present upon admission, a left heel stage 2 pressure ulcer with open blister that was not present on admission and a sacrum abscess that was not present on admission. When asked for clarification of pressure ulcers listed on the 12/17/20 MDS, the MDS Nurse #2 stated that the MDS was coded incorrectly for pressure ulcers and there was no supporting documentation for a stage 2 pressure ulcer present on admissions and a stage 3 pressure ulcer that was present on admission.

An interview was conducted on 5/19/21 at 4:00 PM with the facility's Director of Nursing (DON). During the interview, the Administrator stated the completed by Director of Nursing and/or designee. The audit will take place for 2 months, ending on 8/28/2021.

4. The results of the monthly audit will be reviewed as part of our Monthly Quality Assessment and Assurance Committee to ensure the Minimum Data Set assessments for residents wound assessments, pain assessments, and vision ability is accurate. QA Committee will review results monthly for 2 months. Any deficient practice will be problem solved by the QA Committee, with implementation to be handled by MDS Coordinator and/or designee.
c. A review of Resident #1’s admission Minimum
**NAME OF PROVIDER OR SUPPLIER**

UNC ROCKINGHAM REHAB & NURSING CARE CENTER

**STREET ADDRESS, CITY, STATE, ZIP CODE**

205 EAST KINGS HIGHWAY
EDEN, NC  27288

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| Data Set (MDS) assessment dated 6/28/20 was conducted. Section B of the MDS revealed the resident’s ability to see in adequate light was impaired (sees large print, but not regular print in newspapers/books). Resident #1 was reported to wear corrective lenses. A Care Area Assessment (CAA) worksheet for "Vision" was dated 7/1/20. Notes on the CAA read, in part: "Impaired vision (sees large print) but she wears glasses."

Resident #1’s quarterly MDS assessment dated 9/22/20 was also reviewed. Section B of the MDS revealed the resident’s ability to see in adequate light was impaired (sees large print, but not regular print in newspapers/books). She was reported to wear corrective lenses.

Section B of Resident #1’s quarterly MDS assessment dated 12/17/20 reported her vision was adequate (sees fine detail, including regular print in newspapers/books). This MDS assessment was also coded to indicate Resident #1 did not wear corrective lenses.

An interview was conducted on 5/19/21 at 1:05 PM with MDS Nurse #1. Upon request, the nurse reviewed Section B of Resident #1’s quarterly MDS dated 12/17/20. Upon review, MDS Nurse #1 stated she based the coding for this portion of the MDS on the 12/11/20 Weekly Nursing Summary which reported Resident #1’s vision was adequate. However, MDS Nurse #1 also stated the Weekly Nursing Summary dated one day after the quarterly MDS assessment reported the resident had adequate vision but did wear glasses. When asked if the coding for Resident #1’s vision and corrective lenses in Section B of the 12/17/20 MDS was an error, MDS Nurse #1 stated, "It probably was ...I should have coded it
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differently and put her glasses on here."

An interview was conducted on 5/19/21 at 2:00 PM with the facility's Director of Nursing (DON). During the interview, the MDS coding errors for Resident #1 were discussed. When asked, the DON stated she would expect the MDS assessments to be coded accurately.