CENTERS FO	OR MEDICARE & MEDICAID SERVICES	_		"A" FORM		
STATEMENT O	DF ISOLATED DEFICIENCIES WHICH CAUSE	PROVIDER#	MULTIPLE CONSTRUCTION	DATE SURVEY		
NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs			A. BUILDING:	_ COMPLETE:		
		345365	B. WING	7/13/2023		
NAME OF PRO	OVIDER OR SUPPLIER	STREET ADDRESS, C	ZITY, STATE, ZIP CODE	1		
			907 CUNNINGHAM ROAD			
SIGNATURE HEALTHCARE OF KINSTON		KINSTON, NC	KINSTON, NC			
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE	SS .				
F 640	Encoding/Transmitting Resident Assessments CFR(s): 483.20(f)(1)-(4)					
	§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 interviews, the facility failed to transmit a Minimum Data Set (MDS) discharge assessment within the regulated time frame for 1 of 2 residents reviewed for resident assessment (Resident #71).  Findings included:					
	Resident #71 had originally been admitted on 1/20/2023. Facility documentation noted she had an unplanned discharge to the hospital on 2/27/2023. The discharge assessment had been transmitted on 7/10/2023.					

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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STATEMENT OF 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				COMPLETE.			
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		CTREET A DDREGG C					
NAME OF PRO	VIDER OR SUPPLIER		ITY, STATE, ZIP CODE				
SIGNATURE HEALTHCARE OF KINSTON		907 CUNNINGHAM ROAD					
SIGNATURE HEALTHCARE OF KINSTON		KINSTON, NC					
ID		•					
PREFIX							
TAG	SUMMARY STATEMENT OF DEFICIENCIES						
	Continued From Dago 1						
F 640	Continued From Page 1						
	An interview with MDS Nurse #1 was conducted on 7/13/2023 at 5:04 PM. She explained after completing						
	MDS assessments, she has to mark it as finalized so the software program will batch the assessment to be						
	transmitted. She further explained she must have been called away or the computer had gone down, and the						
	assessment had not been marked as finalized. This error had been discovered on Monday 7/10/23.						
I							
	During an interview with the Director of I	During an interview with the Director of Nursing (DON) on 7/13/23 at 5:31 PM she indicated she would					
		expect the MDS assessments to be transmitted on time.					
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