

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/25/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345249</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/22/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>UNC ROCKINGHAM REHAB &amp; NURSING CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>205 EAST KINGS HIGHWAY EDEN, NC 27288</b>		
(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	E 000			
F 000	INITIAL COMMENTS	F 000			
F 640 SS=B	<p>Encoding/Transmitting Resident Assessments CFR(s): 483.20(f)(1)-(4)</p> <p>§483.20(f) Automated data processing requirement-</p> <p>§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:</p> <ul style="list-style-type: none"> <li>(i) Admission assessment.</li> <li>(ii) Annual assessment updates.</li> <li>(iii) Significant change in status assessments.</li> <li>(iv) Quarterly review assessments.</li> <li>(v) A subset of items upon a resident's transfer, reentry, discharge, and death.</li> <li>(vi) Background (face-sheet) information, if there is no admission assessment.</li> </ul> <p>§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.</p> <p>§483.20(f)(3) Transmittal requirements. Within</p>	F 640	6/3/24		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

06/03/2024

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 correction is requisite to continued program participation.

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F 640	<p>Continued From page 1</p> <p>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:</p> <ul style="list-style-type: none"> <li>(i) Admission assessment.</li> <li>(ii) Annual assessment.</li> <li>(iii) Significant change in status assessment.</li> <li>(iv) Significant correction of prior full assessment.</li> <li>(v) Significant correction of prior quarterly assessment.</li> <li>(vi) Quarterly review.</li> <li>(vii) A subset of items upon a resident's transfer, reentry, discharge, and death.</li> <li>(viii) Background (face-sheet) information, for an initial transmission of MDS data on resident that does not have an admission assessment.</li> </ul> <p>§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.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews, the facility failed to complete Minimum Data Set (MDS) discharge assessments within the regulated time frame for 2 of 2 residents reviewed for resident assessment (Residents #64 and #43).</p> <p>The findings included:</p> <ol style="list-style-type: none"> <li>1. Resident #64 had been admitted on 12/15/2023. Diagnoses included Parkinsonism and repeated falls.</li> </ol> <p>A Social Work note dated 12/18/2023 indicated Resident #64 had a plan to discharge to her home tomorrow.</p>	F 640	<ol style="list-style-type: none"> <li>1. Assessment for Resident #64 and #43 corrected and resubmitted on 05/21/2024.</li> <li>2. Resident's that reside in the facility have the potential to be affected by this deficient practice.</li> <li>3. Administrator re-educated facility's MDS Coordinators on 06/3/2024 regarding F-640 Encoding/Transmitting Resident Assessments to ensure the facility completes Minimum Data Set (MDS) discharge assessments within the regulated time frame. Minimum Data Set (MDS) discharge assessments audited and reviewed on 06/03/2024 for the last three months by the MDS Coordinator</li> </ol>		

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F 640	<p>Continued From page 2</p> <p>A PPS (Prospective Payment System, a Medicare Part A required MDS assessment) 5-day and end of PPS assessment dated 12/19/2023 had been completed.</p> <p>Nursing documentation dated 12/19/2023 noted Resident #64 was discharged to her home at 5:10 PM. No MDS discharge assessment had been completed for Resident #64.</p> <p>On 5/21/24 at 2:46 PM an interview with the MDS coordinator was conducted. She stated the discharge assessment should have been included with the 5-day PPS assessment but had been missed being included. This had been a data entry error.</p> <p>On 5/22/24 at 11:06 AM an interview with the Administrator was conducted. She stated she would expect discharge assessments to be completed on time.</p> <p>2. Resident #43 had re-entered the facility on 1/11/2024. Her diagnoses included chronic respiratory failure and pulmonary hypertension.</p> <p>A Social Work note dated 1/12/2024 indicated Resident #43 had a plan to discharge to her home on 1/17/2024.</p> <p>A PPS (Prospective Payment System, a Medicare Part A required MDS assessment) 5-day and end of PPS assessment dated 1/17/2024 had been completed.</p> <p>Nursing documentation dated 1/17/2024 at 11:00 AM noted Resident #43 had been discharged to her home.</p>	F 640	<p>and/or designee to ensure the facility had completed Minimum Data Set (MDS) discharge assessments within the regulated time frame.</p> <p>4. An audit of Minimum Data Set (MDS) discharge assessments will be conducted by Administrator and/or Designee once a week for 2 months to ensure the facility completes Minimum Data Set (MDS) discharge assessments within the regulated time frame. Results of Audit will be brought to monthly Quality Assurance Performance Improvement (QAPI) meetings for review and revisions as necessary.</p>		

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F 640	<p>Continued From page 3</p> <p>No MDS discharge assessment had been completed for Resident #43.</p> <p>On 5/21/24 at 2:46 PM an interview with the MDS coordinator was conducted. She stated the discharge assessment should have been included with the 5-day PPS assessment but had been missed being included. This had been a data entry error.</p> <p>On 5/22/24 at 11:06 AM an interview with the Administrator was conducted. She stated she would expect discharge assessments to be completed on time.</p>	F 640		