

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345501 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 07/11/2024 |
|---|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER CROASDAILE VILLAGE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2600 CROASDAILE FARM PARKWAY DURHAM, NC 27705 | | |
| (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 | An unannounced recertification and complaint investigation survey was conducted on 7/8/24 through 7/11/24. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #ELTW11. INITIAL COMMENTS | F 000 | | | |
| F 640 SS=B | A recertification and complaint investigation survey was conducted from 7/8/24 through 7/11/24. Event ID# ELTW11. The following intake was investigated: NC00216262. 2 of the 2 complaint allegations did not result in deficiency. 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 | F 640 | | 7/31/24 | |

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

TITLE

(X6) DATE

Electronically Signed

07/28/2024

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>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 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"> (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. <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 reviews and staff interviews, the facility failed to transmit Quarterly Minimum Data Set (MDS) assessments within the required time frame for 2 of 3 residents (Resident #16, Resident #67) selected to be reviewed for Resident Assessments.</p> <p>Findings included:</p> <ol style="list-style-type: none"> 1. Resident #16 was admitted on 2/2/24. | F 640 | <p>F640 Encoding/Transmitting Resident Assessments SS=B CFR(s): 483.20 (F)(1)-(4)</p> <p>I. Residents #16 and #67 had no negative consequences from the alleged deficient practice. It is the practice of Croasdaile Village to transmit Quarterly MDS assessments in a timely manner that adheres to policy, procedure and to State</p> | | |

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| F 640 | <p>Continued From page 2</p> <p>Review of Resident 16's most recent MDS assessment revealed an Assessment Reference Date (ARD) of 5/8/24 and was coded as a quarterly assessment. The MDS was signed as completed by the MDS Coordinator on 5/9/24 and indicated as ready to export. The MDS assessment was transmitted to the national database on 7/10/24.</p> <p>On 7/11/24 at 1:55 PM, during an interview, the MDS coordinator indicated the assessment was completed and signed on 5/9/24. The MDS coordinator stated the assessment should have been transmitted within 14 days of completion. The submit by date was 5/23/24. MDS coordinator further stated that the nurse, who signed the completed MDS assessment, did not trigger the transmission process. He found that it was missing and transmitted the MDS on 7/10/24. The MDS coordinator mentioned that all completed MDS assessments were transmitted every other week.</p> <p>On 7/11/24 at 2:35 PM, during an interview, the Administrator expected that all MDS assessments should be completed and transmitted on time.</p> <p>2. Resident #67 was admitted on 1/30/24. Review of Resident 67's most recent MDS assessment revealed an Assessment Reference Date (ARD) of 5/5/24 and was coded as a quarterly assessment. The MDS was signed as completed by the MDS Coordinator on 5/6/24 and indicated as ready to export. The MDS assessment was transmitted to the national database on 7/10/24.</p> <p>On 7/11/24 at 1:55 PM, during an interview, the</p> | F 640 | <p>and Federal Guidelines and Regulations.</p> <p>II. All residents have the potential to be affected. A complete audit was performed of all residents MDS assessment transmissions in the past 6 months. No other MDS assessments were found to be out of compliance. The 2 missing MDS assessments were transmitted on 07/10/24.</p> <p>III. The MDS Completion and Submission Timeframes Policy was reviewed and found to meet clinical standards. Education was provided to the MDS Team on the policy for transmitting MDS assessments, along with State and Federal guidelines.</p> <p>IV. MDS Coordinator or designee will: Review missing assessment report for timely transmission, weekly x 12 weeks, then monthly for 12 months. Results of all audits will be brought to QAPI for review and revision as needed. The audits will be reviewed by the Quality Assurance Committee until consistent substantial compliance has been achieved as determined by the committee. The Administrator will be responsible for sustained compliance. This will be submitted to QAPI monthly for review.</p> <p>V. The facility will be in and remain in compliance by: July 31st, 2024.</p> | | |

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

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OMB NO. 0938-0391

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| F 640 | <p>Continued From page 3</p> <p>MDS coordinator indicated the assessment was completed and signed on 5/6/24. The MDS coordinator stated the assessment should have been transmitted within 14 days of completion. The submit by date was 5/20/24. MDS coordinator further stated that the nurse, who signed the completed MDS assessment, did not trigger the transmission process. He found that it was missing and transmitted the MDS on 7/10/24. The MDS coordinator mentioned that all completed MDS assessments were transmitted every other week.</p> <p>On 7/11/24 at 2:35 PM, during an interview, the Administrator expected that all MDS assessments should be completed and transmitted on time.</p> | F 640 | | |