

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345375	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 9/11/2024
--	---------------------------------	--	--

NAME OF PROVIDER OR SUPPLIER ACCORDIUS HEALTH AT SCOTLAND MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 920 JR HIGH SCHOOL ROAD SCOTLAND NECK, NC
---	---

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
---------------------	-----------------------------------

F 640	<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"> (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. <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 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. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews, the facility failed to ensure a discharge Minimum Data Set (MDS) assessment was completed for 1 of 4 residents reviewed for discharge (Resident #34).</p> <p>Findings included:</p> <p>Resident #34 was admitted to the facility on 10/21/22. He was discharged from the facility on 8/1/24.</p> <p>A progress note dated 8/1/24 revealed Resident #34 was discharged to an assisted living facility on that day.</p>
--------------	---

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

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345375	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 9/11/2024
--	---------------------------------	--	--

NAME OF PROVIDER OR SUPPLIER ACCORDIUS HEALTH AT SCOTLAND MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 920 JR HIGH SCHOOL ROAD SCOTLAND NECK, NC
---	---

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
---------------------	-----------------------------------

F 640	<p>Continued From Page 1</p> <p>A review completed on 9/11/24 of Resident #34's medical record revealed no discharge MDS assessment had been completed.</p> <p>An interview was completed on 9/11/24 at 12:38pm with the MDS Nurse. The MDS Nurse verified the discharge MDS assessment had not been completed for Resident #34. The MDS Nurse stated a discharge MDS assessment should have been opened on 8/1/24 and completed within 14 days. The MDS Nurse stated the MDS assessment was missed in error.</p> <p>An interview was completed on 9/11/24 at 2:00pm with the facility's Administrator. The Administrator stated the MDS assessment should have been completed within the required timeframe.</p>
F 641	<p>Accuracy of Assessments CFR(s): 483.20(g)</p> <p>§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 observation, record review, Resident interviews, and staff interviews, the facility failed to accurately code the resident assessment in the area of functional limitation in range of motion (ROM) for 1 of 17 residents reviewed (Resident #18).</p> <p>The findings included:</p> <p>Resident #18 was admitted to the facility on 5/12/17 with diagnoses which included stroke and hemiplegia (partial or complete paralysis) right side.</p> <p>The Minimum Data Set (MDS) quarterly assessment dated 7/05/24 revealed Resident #18 was coded as no impairment for functional limitation in range of motion (ROM) of the upper extremity.</p> <p>Resident #18 had a care plan in place last reviewed 7/09/24 for activities of daily living (ADL) self-care performance deficit related to hemiplegia affecting the right dominant side.</p> <p>An observation and interview were conducted on 9/09/24 at 12:02 pm with Resident #18 who was noted sitting in his wheelchair with his right arm bent at the elbow and placed across his stomach. Resident #18 reported he had suffered a stroke in the past and he was unable to use his right arm, but he stated he was able use his left hand to place his right arm in different locations for comfort. Resident #18 was observed to hold his right forearm with his left hand and move his right arm up and down and across his body.</p> <p>An interview was conducted with the MDS Nurse on 9/11/24 at 11:20 am who revealed that Resident #18 did have functional limitations in ROM of his right-side upper extremity from a stroke, but she stated she must</p>

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345375	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 9/11/2024
--	---------------------------------	--	--

NAME OF PROVIDER OR SUPPLIER ACCORDIUS HEALTH AT SCOTLAND MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 920 JR HIGH SCHOOL ROAD SCOTLAND NECK, NC
---	---

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
---------------------	-----------------------------------

F 641	<p>Continued From Page 2 have just miscoded his assessment.</p> <p>During an interview on 9/11/24 at 11:55 am the Administrator revealed the MDS Nurse was responsible to ensure Resident #18's MDS assessment was coded correctly.</p>
--------------	---