

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #  <b>345417</b>	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE:  <b>9/6/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HILLSIDE NURSING CENTER OF WAKE FOREST</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>968 EAST WAIT AVENUE WAKE FOREST, NC</b>
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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<b>F 641</b>	<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 staff interviews and record review the facility failed to accurately code the Minium Data Set (MDS) assessment in the area of discharge destination for 1 of 28 assessments reviewed.</p> <p>The findings included:</p> <p>Resident #111 was admitted to the facility on 5/14/24 with diagnoses that included hypertension and congestive heart failure.</p> <p>A progress note dated 6/20/24 revealed Resident #111 discharged to an assisted living facility on 6/20/24.</p> <p>Resident #111's discharge Minimum Data Set (MDS) assessment dated 6/20/24 revealed he was discharged to the hospital.</p> <p>During an interview with the Corporate Nurse Consultant on 9/4/24 at 2:13 PM she stated Resident #111 was discharged to an assisted living facility. She stated there was a coding error on the MDS assessment when Resident #111 was coded as a hospital discharge.</p> <p>An interview was conducted with the Director of Nursing on 9/4/24 at 4:15 PM who stated Resident #111's discharge assessment had been corrected to reflect he discharged to the community. She reported it was a coding error.</p>
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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