

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345036		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 06/19/2025	
NAME OF PROVIDER OR SUPPLIER ELIZABETH CITY HEALTH AND REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP CODE 1075 US HIGHWAY 17 SOUTH , ELIZABETH CITY, North Carolina, 27909			
(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	
E0000	Initial Comments An unannounced recertification and complaint investigation survey was conducted on 06/16/25 through 06/19/25. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID # 67GJ11.		E0000				
F0000	INITIAL COMMENTS A recertification and complaint investigation survey was conducted from 06/16/25 through 06/19/25. Event ID# 67GJ11. The following intakes were investigated NC00228660 and NC00224830. 5 of the 5 complaint allegations did not result in deficiency.		F0000				
F0641 SS = B	<p>The Statement of Deficiencies was amended on 07/02/25 at tag F641.</p> <p>Accuracy of Assessments</p> <p>CFR(s): 483.20(g)(h)(i)(j)</p> <p>§483.20(g) Accuracy of Assessments.</p> <p>The assessment must accurately reflect the resident's status.</p> <p>§483.20(h) Coordination. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>§483.20(i) Certification.</p> <p>§483.20(i)(1) A registered nurse must sign and certify that the assessment is completed.</p> <p>§483.20(i)(2) Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>§483.20(j) Penalty for Falsification.</p>		F0641	<p>On June 18, 2025, it was identified that the facility failed to accurately code the Minimum Data Set Assessment (MDS) for 1 of 31 sampled residents (Resident #42) reviewed for MDS accuracy.</p> <p>On June 18, 2025, Resident #42's assessment was modified to code that the "wound was present on admission"</p> <p>On June 18, 2025, any resident in house who was admitted with wounds was audited for Minimum Data Set (MDS) accuracy in coding the admission assessment. No additional deficiencies were identified.</p> <p>On June 18, 2025, all Minimum Data Set (MDS) coordinators were educated by the director of clinical reimbursement services and the administrator on the importance and requirement of accuracy in the Minimum Data Set (MDS) assessment.</p> <p>The Minimum Data Set (MDS) coordinator will complete five full Minimum Data Set (MDS) assessments weekly for four weeks, then three Minimum Data Set (MDS)</p>		06/20/2025	

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F0641 SS = B	<p>Continued from page 1</p> <p>§483.20(j)(1) Under Medicare and Medicaid, an individual who willfully and knowingly-</p> <p>(i) Certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or</p> <p>(ii) Causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty or not more than \$5,000 for each assessment.</p> <p>§483.20(j)(2) Clinical disagreement does not constitute a material and false statement.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on record review and staff interviews, the facility failed to accurately code the Minimum Data Set Assessment (MDS) for 1 of 31 sampled residents (Resident #42) reviewed for MDS accuracy.</p> <p>The findings included:</p> <p>Resident #42 was admitted to the facility on 04/02/2025.</p> <p>A nursing progress note dated 04/02/2025 revealed Resident #42 was admitted to the facility with a pressure wound located on her right ankle.</p> <p>The admission MDS assessment dated 04/14/2025 coded Resident #42 as having 1 unhealed, unstageable pressure ulcer, not present on admission.</p> <p>An interview was completed on 06/18/2025 at 2:35 PM with the MDS Nurse. The MDS Nurse verified the admission MDS dated 04/14/2025 was inaccurate and the pressure wound should have been coded as present upon admission/entry or reentry to the facility.</p> <p>An interview was completed on 06/19/2025 at 1:13 PM with the facility Administrator. The Administrator stated it was her expectation that the MDS assessment should have been coded correctly and accurately reflected the Resident upon their admission to the facility.</p>			F0641	<p>Continued from page 1</p> <p>assessments weekly for four weeks, and then one Minimum Data Set (MDS) assessment weekly for four weeks.</p> <p>Results of the audit will be reviewed in the monthly facility Quality Assurance and Performance Improvement Committee for three months. The Quality Assurance and Performance Improvement Committee will review the audits to make recommendations to ensure compliance is sustained, ongoing, and determine the need for further auditing beyond the three months. The Quality Assurance and Performance Improvement Committee can modify this plan to ensure the facility remains in substantial compliance.</p>		