

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #  <b>345365</b>	MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	DATE SURVEY COMPLETE:  <b>12/18/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SIGNATURE HEALTHCARE OF KINSTON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>907 CUNNINGHAM ROAD KINSTON, NC</b>
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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<b>F 278</b>	<p><b>483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED</b></p> <p>The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly 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 an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review, the facility failed to code the Minimum Data Set (MDS) assessment accurately for a Stage II pressure ulcer present on admission for 1 of 1 residents (Resident #2 ). Findings include: 1. Resident # 2 was admitted to the facility on 11/7/14. A review of the nursing admission skin assessment / interim care plan dated 11/7/14 revealed " PU (pressure ulcer) stage 2 on coccx (sic). " The ulcer measured 3.2 x 3.0 x &lt; 0.1 centimeters (cm) with pink wound bed and no drainage. A review of Resident # 2 ' s 5 Day Admission MDS assessment dated 11/14/14 indicated no pressure ulcers were present. A review of the 14 Day MDS assessment dated 11/19/14 also indicated no pressure ulcers were present. A review of the Weekly Pressure Wound Tracking report revealed documentation which included the size of pressure ulcers, stage, drainage, condition of wound bed, treatment and progress. The report for 11/7/14 did not include Resident # 2 as she was admitted after the report was generated. Resident # 2 was included on the report for 11/14/14. Resident # 2 was discharged to the hospital on 11/28/14 due to a urinary tract infection.</p> <p>During an interview on 12/17/14 at 10:20 am, Nurse # 2 stated she was not in the facility the day Resident # 2 was admitted. Nurse # 2 stated Resident # 2 was included on the Weekly Pressure Wound Tracking report the following week.</p> <p>During an interview on 12/17/14 at 11:30 AM, Nurse # 1 stated, " I don ' t know what happened. I get with</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

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<b>F 278</b>	<p>Continued From Page 1</p> <p>the treatment nurse and I review the wound reports for information on pressure ulcers for the MDS. I do not automatically get the wound report, I ask for it. I don ' t know how I missed it. "</p>
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