CENTERS	FOR MEDICARE & MEDICAID SERVICES			"A" FORM		
STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs		PROVIDER #	MULTIPLE CONSTRUCTION	DATE SURVEY		
		345166	A. BUILDING:B. WING	COMPLETE: 7/22/2015		
					NAME OF PR	COVIDER OR SUPPLIER
STOKES COUNTY NURSING HOME		1570 NC 8 AND 89 HIGHWAY				
STORES	- COUNTY WORSING HOME	DANBURY, NO	<u> </u>			
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIE	NCIES				
F 285	483.20(m), 483.20(e) PASRR REQUIREMENTS FOR MI & MR					
	A facility must coordinate assessments with the pre-admission screening and resident review program under Medicaid in part 483, subpart C to the maximum extent practicable to avoid duplicative testing and effort.					
	A nursing facility must not admit, on or after January 1, 1989, any new residents with: (i) Mental illness as defined in paragraph (m)(2)(i) of this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission; (A) That, because of the physical and mental condition of the individual, the individual requires the level					
	of services provided by a nursing facility; and (B) If the individual requires such level of services, whether the individual requires specialized services for mental retardation.					
	(ii) Mental retardation, as defined in paragraph (m)(2)(ii) of this section, unless the State mental retardation or developmental disability authority has determined prior to admission (A) That, because of the physical and mental condition of the individual, the individual requires the level					
	of services provided by a nursing facili	ity; and	nether the individual requires specialize			
	For purposes of this section: (i) An individual is considered to have "mental illness" if the individual has a serious mental illness defined at §483.102(b)(1).					
	(ii) An individual is considered to be "mentally retarded" if the individual is mentally retarded as defined in §483.102(b)(3) or is a person with a related condition as described in 42 CFR 1009.					
	This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the facility failed to renew an expired level two Preadmission Screening and Resident Review (PASRR) for a resident (Resident # 18) for evaluation for special services.					
	The findings include:					
	Resident #18 was admitted to the facility on 8/1/2011 with diagnoses including Mental Retardation, Intellect Disability and Insomnia.					
	Review of the PASRR level two Determination Notification dated 1/13/2011 was conducted. The PASRR number was noted to end with the letter B. This review and letter indicated that the PASRR expiration date ended on 1/13/2012 and needed an annual review.					
	There was not a resubmission for Resident #18 's PASRR level two after 1/13/2012.					

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

If continuation sheet 1 of 2 Event ID: F70I11

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FOR SNFs AN	ID NFs	345166	B. WING	7/22/2015		
NAME OF PROVIDER OR SUPPLIER STOKES COUNTY NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1570 NC 8 AND 89 HIGHWAY DANBURY, NC				
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIE	ENCIES				
F 285	Continued From Page 1					
	A quarterly Minimum Data Set dated 4/29/2015 was reviewed and a PASRR was not indicated for Resident #18.					
	An interview with the Social Worker (SW) on 7/22/2015 at 4pm revealed that he had only been employed at the facility for 3 months. The SW revealed a phone call was make to PASRR office and an updated application was submitted on 7/22/2015 for resident #18.					
	An interview was conducted with the Administrator on 7/22/2015 at 4:30pm. She stated it was her expectation for the SW to submit a PASRR level 2 application at the resident renewal time.					