

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345509	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 11/23/2016
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NAME OF PROVIDER OR SUPPLIER KINGSWOOD NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 915 PEE DEE ROAD ABERDEEN, NC
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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F 287	<p>483.20(f) ENCODING/TRANSMITTING RESIDENT ASSESSMENT</p> <p>(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>(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>(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 a resident that does not have an admission assessment. <p>(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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to complete an entry tracking record within 7 days of reentry to the facility and failed to submit an entry tracking record within 14 calendar days after the reentry for 1 of 2 sampled residents (Resident #5). The findings included:</p> <p>Resident #5 was initially admitted to the facility on 5/20/15 and most recently readmitted on 11/4/16.</p> <p>A Minimum Data Set (MDS) discharge return anticipated tracking record for Resident #5 was dated 10/31/16.</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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F 287	<p>Continued From Page 1</p> <p>Medical record review for Resident #5 revealed she was readmitted to the facility on 11/4/16. There was no MDS reentry tracking record for Resident #5.</p> <p>An interview was conducted with MDS Nurse #2 on 11/22/16 at 12:20 PM. MDS Nurse #2 indicated she and MDS Nurse #1 were responsible for completion of MDS assessments. The MDS discharge return anticipated tracking record dated 10/31/16 for Resident #5 was reviewed with MDS Nurse #2. The medical record documentation that indicated Resident #5 was readmitted to the facility on 11/4/16 was reviewed with MDS Nurse #2. MDS Nurse #2 indicated she was responsible for completion and submission of the MDS reentry tracking record for Resident #5. She revealed she had not completed or submitted an MDS reentry tracking record for Resident #5. MDS Nurse #2 stated she had missed that one. She reported she normally completed the MDS reentry tracking records within 48 hours of readmission.</p> <p>An interview with the Administrator was conducted on 11/23/16 at 12:27 PM. The Administrator indicated she expected MDS entry tracking records to be completed as required.</p>
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