

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #  <b>345325</b>	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE:  <b>10/8/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE CARROLTON OF DUNN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>711 SUSAN TART ROAD DUNN, 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 record review and staff interviews, the facility failed to accurately code the discharge return not anticipated Minimum Data Set (MDS) dated 8/9/24 in the area of discharge status for 1 of 34 MDS assessments reviewed for accuracy (Resident # 88).</p> <p>Findings included: Resident #88 was admitted to the facility on 7/24/24.</p> <p>A review of Resident #88's discharge return not anticipated MDS assessment dated 8/9/24 was coded as discharged to a short-term general hospital.</p> <p>Resident #88's nurses' note dated 8/9/24 documented the resident was discharged to home with family.</p> <p>Resident #88's social work noted dated 8/9/24 documented the resident had a planned discharge to home with family and follow up appointment was set.</p> <p>On 10/3/24 at 3:17 pm an interview was conducted with MDS Nurse #1. The MDS Nurse #1 stated Resident #88's discharge status was coded incorrectly that he was discharged to the hospital when the resident went home. The MDS Nurse #1 stated the error would be corrected and resubmitted.</p> <p>On 10/4/24 at 1:15 pm an interview was conducted with the Administrator. The Administrator was made aware that an MDS discharge assessment was incorrect. The Administrator stated the facility had hired 2 full-time MDS nurses and corrections would be made.</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

The above isolated deficiencies pose no actual harm to the residents