

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/07/2025  
FORM APPROVED  
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                  |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>345542</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>11/19/2024</b> |
|---|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>THE FOREST AT DUKE INC</b> |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2701 PICKETT ROAD<br/>DURHAM, NC 27705</b>                          |                      |   |
| (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 |   |
| E 000   | Initial Comments   | E 000   |   |                      |   |
| F 000   | An unannounced recertification survey and complaint investigation were conducted on 11/17/24 through 11/19/24. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #YXIP11.<br>INITIAL COMMENTS   | F 000   |   |                      |   |
| F 640<br>SS=B   | A recertification survey was conducted from 11/17/24 through 11/19/24. Event ID# YXIP11.<br>Encoding/Transmitting Resident Assessments CFR(s): 483.20(f)(1)-(4)<br><br>§483.20(f) Automated data processing requirement-<br>§483.20(f)(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:<br>(i) Admission assessment.<br>(ii) Annual assessment updates.<br>(iii) Significant change in status assessments.<br>(iv) Quarterly review assessments.<br>(v) A subset of items upon a resident's transfer, reentry, discharge, and death.<br>(vi) Background (face-sheet) information, if there is no admission assessment.<br><br>§483.20(f)(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.<br><br>§483.20(f)(3) Transmittal requirements. Within | F 640   |   | 12/13/24             |   |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

12/04/2024

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 correction is requisite to continued program participation.

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| F 640   | <p>Continued From page 1</p> <p>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"> <li>(i) Admission assessment.</li> <li>(ii) Annual assessment.</li> <li>(iii) Significant change in status assessment.</li> <li>(iv) Significant correction of prior full assessment.</li> <li>(v) Significant correction of prior quarterly assessment.</li> <li>(vi) Quarterly review.</li> <li>(vii) A subset of items upon a resident's transfer, reentry, discharge, and death.</li> <li>(viii) Background (face-sheet) information, for an initial transmission of MDS data on resident that does not have an admission assessment.</li> </ul> <p>§483.20(f)(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:</p> <p>Based on record review and staff interviews, the facility failed to transmit Minimum Data Set (MDS) discharge assessments for 2 of 2 residents reviewed for resident assessment (Resident #5 and Resident #6).</p> <p>The findings included:</p> <ol style="list-style-type: none"> <li>1. Resident #5 was admitted on 6/26/24 with diagnoses including congestive heart failure and hypertension.</li> </ol> <p>An admission MDS assessment dated 6/30/24 indicated Resident #5 had received skilled therapy services.</p> | F 640   | <p>Summary of deficiency: For 2 residents, the discharge MDS assessments were not transmitted within 7 days to CMS.</p> <p>Element 1: How corrective action will be accomplished for those residents found to have been affected by the deficient practice</p> <p>The cited deficiency constitutes no actual harm to residents. Residents' care and wellbeing was not affected by the deficient practice.</p> <ol style="list-style-type: none"> <li>1. On November 20, 2024 the MDS nurse transmitted the discharge summary to CMS for both residents.</li> </ol> |                      |   |

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| F 640   | <p>Continued From page 2</p> <p>Facility documentation indicated Resident #5 had been discharged home on 8/5/24.</p> <p>Review of Resident #5's MDS records revealed the discharge assessment had not been transmitted.</p> <p>An interview was conducted with the MDS Nurse on 11/19/2024 at 1:45 PM who stated Resident #5 was admitted to the facility and had received skilled services. She explained she had completed the discharge assessment but was unsure how she missed transmitting it to the database.</p> <p>An interview with the Administrator and Director was conducted on 11/19/24 at 2:20 PM in conjunction with a record review. Both the Administrator and Director stated the discharge transmission should have been done at the time of discharge.</p> <p>2. Resident #6 was admitted on 6/29/24 with diagnoses including atrial fibrillation and cerebral infarction.</p> <p>An admission MDS assessment dated 6/30/24 indicated Resident #6 had received skilled therapy services.</p> <p>Facility documentation indicated Resident #6 had been discharged home on 7/15/24.</p> <p>Review of Resident #6's MDS records revealed the discharge assessment had not been transmitted.</p> <p>An interview was conducted with the MDS nurse on 11/19/2024 at 1:45 PM. She stated Resident #6 was admitted to the facility and had received</p> | F 640   | <p>2. The MDS nurse was educated on the requirement of transmitting the discharge assessment within 7 days after discharge.</p> <p>3. The Administrator provided the MDS Nurse with a copy of the Encoding/Transmitting requirement5 as outlined in regulation 483.20(f)(1)-(4)</p> <p>Element 2: How the facility will identify other residents having the potential to be affected by the same deficient practice<br/>The deficient practice does not affect residents, their wellbeing, or their finances.</p> <p>1. On November 20, 2024 all residents who had a discharge assessment since December 8, 2023 were reviewed by the Director of Nursing to ensure the discharge assessments were transmitted within 7 days of discharge. All were in compliance.</p> <p>Element 3: What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur</p> <p>1. Upon resident admission to a Medicare certified bed, the DON will meet with the MDS Nurse to discuss the deadlines for all transmittal requirements during the resident's Medicare certified stay.</p> <p>2. During the weekly stand-up meeting the HC managers will review the upcoming discharges</p> <p>3. The Director of Nursing will check with the MDS Nurse to ensure there is a plan to transmit the discharge assessment within 7 days</p> |                      |   |

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| F 640   | Continued From page 3<br>skilled services under a managed care program. She explained she had completed the discharge assessment but was unsure how she missed transmitting it to the database.<br><br>An interview with the Administrator and Director was conducted on 11/19/24 at 2:20 PM in conjunction with a record review. Both the Administrator and Director stated the discharge transmission should have been done at the time of discharge. | F 640  | 4. The Director of Nursing will review the discharge assessments weekly to ensure the discharge assessment was transmitted within 7 days after discharge<br><br>Element 4: How the facility plans to monitor its performance to make sure that solutions are lasting.<br>1. The Administrator or Designee will audit completion of discharge assessment<br>• Weekly X 4 weeks<br>o Bi-weekly X 2 months<br>o Monthly X 4 months<br>o Or until compliance is 100%<br>o All finding will be reported to QAPI<br><br>Element 5: Dates when corrective action will be complete<br>1. The DON will conduct training with the MDS Nurse by December 13, 2024.<br>2. The Administrator will provide the MDS Nurse with the regulations by December 6, 2024. |   |