

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>345501</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>08/14/2025</b>
NAME OF PROVIDER OR SUPPLIER <b>Croasdaile Village</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2600 Croasdaile Farm Parkway , Durham, North Carolina, 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
E0000	Initial Comments  An unannounced recertification survey and complaint investigation was conducted from 8/11/25 through 8/14/25. The facility was found in compliance with the requirement CFR. 483.73, Emergency Preparedness. Event ID# 1D30E6-H1.	E0000		09/10/2025
F0000	INITIAL COMMENTS  A recertification survey and complaint investigation was conducted from 8/11/25 through 8/14/25. Event ID#1D30E6-H1.  The following intakes were investigated 761434, 761558, 761557 and 2562429.  9 of 9 allegations did not result in a deficiency.	F0000		09/10/2025
F0638 SS = D	Qrtly Assessment at Least Every 3 Months  CFR(s): 483.20(c)  §483.20(c) Quarterly Review Assessment  A facility must assess a resident using the quarterly review instrument specified by the State and approved by CMS not less frequently than once every 3 months.  This REQUIREMENT is NOT MET as evidenced by:  Based on record reviews and staff interviews, the facility failed to complete a quarterly Minimum Data Set (MDS) assessment within the required time frame for 1 of 7 residents (Resident #45) reviewed for resident assessments.  Findings included:  Record review revealed Resident 45's admission MDS assessment was dated 4/2/25. There was no quarterly MDS assessment within 92 days available for review.  On 8/14/25 at 2:10 PM, during an interview, the MDS Coordinator indicated that Resident #45 was discharged and readmitted three times in two months. After the 4/2/25 admission MDS assessment, the quarterly MDS	F0638	Residents #45 had no negative consequences from the alleged deficient practice. The resident no longer resides in the facility. It is the practice of Croasdaile Village to set up Quarterly MDS assessments within 92 days that adheres to policy, procedure and to State and Federal Guidelines and Regulations.  All residents have the potential to be affected. A complete audit was performed of all residents MDS assessment transmissions in the past 6 months. No other MDS assessments were found to be out of compliance. The 1 missing MDS assessment was completed immediately.  The MDS Completion and Submission Timeframes Policy was reviewed and found to meet clinical standards. Education was provided to the MDS Team on the policy for transmitting MDS assessments, along with State and Federal guidelines.  MDS Coordinator or designee will:  Review missing assessment report weekly x 12 weeks, then monthly for 12 months.  Results of all audits will be brought to QAPI for review and revision as needed. The audits will be	09/10/2025

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F0638 SS = D	Continued from page 1 assessment should have been set up within 92 days, on 7/3/25, but it was missing.  On 8/14/25 at 2:30 PM, during an interview, the Administrator indicated MDS assessments should be completed and transmitted timely.	F0638	Continued from page 1 reviewed by the Quality Assurance Committee until consistent substantial compliance has been achieved as determined by the committee. The Administrator will be responsible for sustained compliance. This will be submitted to QAPI monthly for review.  The facility will be in and remain in compliance by: September 10th, 2025.	
F0640 SS = B	Encoding/Transmitting Resident Assessments  CFR(s): 483.20(f)(1)-(4)  §483.20(f) Automated data processing requirement-  §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:  (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.  §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.  §483.20(f)(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:  (i) Admission assessment.  (ii) Annual assessment.	F0640	Residents #53 and #68 had no negative consequences from the alleged deficient practice. It is the practice of Croasdaile Village to transmit assessments within 7 days after a facility completes a resident's assessment, that adheres to policy, procedure and to State and Federal Guidelines and Regulations.  All residents have the potential to be affected. A complete audit was performed of all residents MDS assessment transmissions in the past 6 months. No other MDS assessments were found to be out of compliance. The 2 assessments were transmitted immediately.  The MDS Completion and Submission Timeframes Policy was reviewed and found to meet clinical standards. Education was provided to the MDS Team on the policy for transmitting MDS assessments, along with State and Federal guidelines.  MDS Coordinator or designee will:  Review missing assessment report and conduct audits to ensure all assessments are transmitted within 7 days of completion weekly x 12 weeks, then monthly for 12 months.  Results of all audits will be brought to QAPI for review and revision as needed. The audits will be reviewed by the Quality Assurance Committee until consistent substantial compliance has been achieved as determined by the committee. The Administrator will be responsible for sustained compliance. This will be submitted to QAPI monthly for review.  The facility will be in and remain in compliance by: September 10th, 2025.	09/10/2025

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F0640 SS = B	<p>Continued from page 2</p> <p>(iii) Significant change in status assessment.</p> <p>(iv) Significant correction of prior full assessment.</p> <p>(v) Significant correction of prior quarterly assessment.</p> <p>(vi) Quarterly review.</p> <p>(vii) A subset of items upon a resident's transfer, reentry, discharge, and death.</p> <p>(viii) Background (face-sheet) information, for an initial transmission of MDS data on resident that does not have an admission assessment.</p> <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 reviews and staff interviews, the facility failed to transmit quarterly Minimum Data Set (MDS) assessments within the required time frame for 2 of 7 residents (Resident #53, Resident #68) reviewed for resident assessments.</p> <p>Findings included:</p> <p>1. Resident #53 was admitted on 3/20/25.</p> <p>Review of Resident 53's quarterly MDS assessment, dated 6/26/25, revealed the MDS assessment was signed as completed by the MDS Coordinator on 7/1/25 and indicated as ready to export. The MDS assessment was transmitted to the national database on 8/12/25.</p> <p>On 8/14/25 at 1:55 PM, during an interview, the MDS Coordinator indicated the 6/26/25 assessment was completed and signed on 7/1/25 and should have been transmitted within 14 days of completion. MDS Coordinator further stated that the facility was transitioning from old to new electronic medical records program, and the transmission process was not triggered. He found that it was missing and transmitted the MDS on 8/12/25. The MDS Coordinator continued that all completed MDS assessments were transmitted every other week.</p> <p>On 8/14/25 at 2:30 PM, during an interview, the</p>	F0640		

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F0640 SS = B	<p>Continued from page 3 Administrator indicated MDS assessments should be completed and transmitted timely.</p> <p>2. Resident #68 was admitted on 3/31/25.</p> <p>Review of Resident 68's quarterly MDS assessment, dated 7/7/25, revealed it was signed as completed by the MDS Coordinator on 7/2/25 and indicated as ready to export, but was not transmitted to the national database.</p> <p>On 8/14/25 at 2:00 PM, during an interview, the MDS Coordinator indicated that the Assessment Reference Date (ARD) for the quarterly MDS assessment was 7/7/25. Due to transition process from old to new electronic medical records program in the facility, the 7/7/25 quarterly MDS assessment was signed late, on 7/12/25, and the transmission process was not triggered. The MDS Coordinator continued that all completed MDS assessments were transmitted every other week.</p> <p>On 8/14/25 at 2:30 PM, during an interview, the Administrator indicated MDS assessments should be completed and transmitted timely.</p>	F0640		