

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345433	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 8/16/2013
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NAME OF PROVIDER OR SUPPLIER CLAY COUNTY CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 86 VALLEY HIDEAWAY DRIVE HAYESVILLE, NC
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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F 276	<p>483.20(c) QUARTERLY ASSESSMENT AT LEAST EVERY 3 MONTHS</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interviews and record review the facility failed to complete a quarterly assessment every 3 months for 1 of 27 residents reviewed for quarterly assessments (Resident #83).</p> <p>The findings included:</p> <p>Resident #83 was admitted to the facility on 11/03/12 with diagnoses which included dementia, hypertension, iron deficiency anemia, osteoporosis and debility. The most recent Minimum Data Set (MDS) was a quarterly assessment dated 05/12/13. There was no further MDS assessment at the time of the survey on 08/16/13.</p> <p>An interview with the nurse responsible for scheduling and completing resident assessments was conducted on 08/16/13 at 9:45 AM. The nurse stated she had scheduled a full MDS with an Assessment Reference Date (ARD) of 08/08/13 but had not completed it because she didn't have all the information she needed from the other members of the interdisciplinary team. She further stated she was completing a full assessment because Resident #83 had experienced a significant decline in her condition. The nurse stated she thought she had an additional 14 days from the ARD date to complete the assessment and didn't realize it had to be completed within 3 months of the most recent assessment.</p> <p>An interview with the Director of Nursing (DON) was conducted 08/16/13 at 11:49 AM. The DON stated she expected MDS assessments to be completed accurately and when appropriate for each resident.</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