

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345077	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 7/31/2015
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NAME OF PROVIDER OR SUPPLIER SUNNYBROOK REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 25 SUNNYBROOK ROAD RALEIGH, NC
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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F 278	<p>483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED</p> <p>The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to accurately code the Minimum Data Set (MDS) assessment on 1 (Resident #41) of 2 sampled residents with a Pre Admission Screening and Resident Review (PASRR) level II. Finding included:</p> <p>Resident #41 was admitted to the facility on 3/23/11 with multiple diagnoses including suspected Mental Retardation.</p> <p>The PASRR form for Resident #41 was reviewed and indicated that she was a level II with the PASRR number ending in a " B " .</p> <p>The annual MDS assessment dated 2/17/15 indicated that Resident #41 was not a PASRR level II.</p> <p>On 7/30/15 at 1:56 PM, MDS Nurse #1 was interviewed. She stated that she was the one who completed the PASRR information on the MDS and acknowledged that it was not accurate.</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