STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345242	A. BUILDING _____ B. WING _____	02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE FOUNTAINS AT THE ALBEMARLE	200 TRADE STREET TARBORO, NC 27886

(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
F 640 SS=D	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. (iii) Significant change in status assessment. (iv) Significant correction of prior full assessment. (v) Significant correction of prior quarterly assessment. (vi) Quarterly review. (vii) A subset of items upon a resident's transfer,	F 640		2/21/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 02/15/2018

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	Continued From page 1 reentry, discharge, and death. (viii) Background (face-sheet) information, for an initial transmission of MDS data on resident that does not have an admission assessment. §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. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to transmit a Discharge Tracking MDS (Minimum Data Set) for 1 of 1 residents (Resident #1) reviewed for resident assessment. Findings included: Resident #1 was admitted to the facility on 9/1/2017 with diagnoses that included a femur fracture and hypertension. A review of an MDS assessment dated 10/4/2017 was coded as a Discharge Tracking Assessment. The assessment had a documented completion date of 10/4/17 but was flagged as "not exported". A review of a nursing note dated 10/4/2017 revealed the resident was discharged home with family. During an interview with the MDS nurse on 2/7/2018 at 1:45 PM, the MDS nurse indicated the assessment had been completed but not transmitted. The MDS nurse added that the resident was an HMO and not all assessments had to be transmitted. He further stated not	F 640	Discharge Tracking MDS for Resident #1 was transmitted on 02/08/2018. 100% audit of all residents MDS assessments was conducted by DON on 2/15/18 to ensure that all assessments had been satisfactorily transmitted. Inservice with MDS nurse and DON on 2/14/2018 covering timely transmission of MDS assessments. All MDS assessments will be audited by DON or designee weekly x 4 weeks and monthly x 2 months to ensure timely transmission of assessments. Findings of Transmission Audits will be presented to the QAPI Committee monthly for three months with any changes to plan made as needed.	

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F 640	Continued From page 2 transmitting the discharge tracking assessment was an oversight and that he would transmit the assessment this week. During an interview with the DON (Director of Nursing) on 2/7/2018 at 2:55 PM, the DON stated that she expected the MDS assessments to be transmitted per the federal regulations.	F 640		
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §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 MDS (Minimum Data Set) to reflect the active diagnoses as well as behaviors exhibited for 1 of 14 residents (Resident # 19) reviewed. Findings included: Resident #19 was admitted to the facility on 10/4/2017 with diagnoses that included Dementia and Anxiety Disorder. Review of the resident's most comprehensive recent MDS dated 10/11/2017 was coded as an admission assessment. The assessment revealed the resident had received anti-anxiety medication for 3 of the 7 days of the look back period. The diagnosis of anxiety was not marked under the active diagnosis section of the assessment. Review of physician's order dated 10/5/2017 read: Lorazepam 0.5 mg (milligrams) by mouth	F 641	Modification of MDS dated 10/11/17 (Admission Assessment) for Resident #19 was completed on 2/14/18 to include the active diagnosis of anxiety. This assessment with modification was transmitted on 2/14/18. Modification of MDS dated 1/4/18 (Quarterly Assessment) for Resident #19 was completed on 2/14/18 to include the active diagnosis of anxiety. This assessment with modification was transmitted on 2/14/18. Modification of MDS dated 1/4/18 (Quarterly Assessment) for Resident #19 was completed on 2/7/18 to include that behaviors were present during the look back period. This assessment with modification was transmitted on 2/8/18. 100% audit of all residents with a	2/21/18

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F 641	Continued From page 3 or by intramuscular injection (injection directly into a muscle) every four hours as needed for anxiety. A review of another MDS for the resident dated 1/4/2018, was coded as a quarterly assessment. The assessment revealed that the resident had received anti-anxiety medication for 7 of the 7 days of the look back period. The diagnosis of anxiety was not marked under the active diagnosis section of the assessment. The MDS further indicated that Resident #19 had not had any behaviors such as hitting, kicking, threatening others or screaming at others during this period. Review of prescription dated 12/11/2017 which read: Ativan .5 mg by mouth twice daily for anxiety. Review of a nursing note dated 12/30/2017 read in part: resident began to hit, kick and bite at staff, yelling and making a fist. Ativan .5 mg given IM (intramuscular) due to resident's combativeness and inability to redirect. Review of another nursing note dated 1/3/18 read in part: multiple episodes of becoming combative with staff, will kick at staff, attempt to hit them and be verbally abusive towards staff at times. An interview was conducted with the MDS Coordinator on 2/7/2018 at 9:31AM. During this interview, he stated that the anti-anxiety medication was given for agitation rather than anxiety and did not need to be coded as an active diagnosis. He further indicated that the Social Worker completed the behavioral section of the assessment and was unable to answer questions regarding that section.	F 641	diagnosis of anxiety most recent MDS assessment will be conducted by DON on 2/16/18 to ensure that assessments accurately reflect “anxiety” as an active diagnosis and that behaviors were documented accurately as having occurred or not occurred. Inservice with MDS nurse, Social Worker, and DON on 2/14/18 covering the need for accuracy in active diagnosis for all residents including residents receiving anxiolytic medications with diagnosis of anxiety and the need for accuracy in coding whether or not behaviors were present in the look back period. Documented behaviors can be found on resident MAR, in progress notes, or in EHR documentation. All MDS assessments for residents with diagnosis of “anxiety” will be audited by DON or designee weekly x 4 weeks and monthly x 2 months to ensure timely transmission of assessments. Findings of Transmission Audits will be presented to the QAPI Committee monthly for three months with any changes to plan made as needed.	

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F 641	Continued From page 4 During an interview with the Social Worker on 2/7/2018 at 9:51AM she stated that the assessment was coded incorrectly and it should reflect Resident #19's behaviors. She further added that she would collaborate with the MDS Coordinator to get the assessment modified. During an interview with the Director of Nursing (DON) on 2/7/2018 at 10:12 AM she stated that the assessment should accurately reflect the resident's behaviors and diagnosis. She indicated it is her expectation the assessments are completed accurately.	F 641		