

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #  <b>345496</b>	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE:  <b>9/12/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LIBERTY COMMONS N&amp;R ALAMANCE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>791 BOONE STATION DRIVE BURLINGTON, NC</b>
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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<b>F 641</b>	<p>Accuracy of Assessments CFR(s): 483.20(g)</p> <p>§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 code the discharge Minimum Data Set (MDS) assessment to reflect accurately the discharge status for 1 of 3 residents, reviewed for closed record (Resident #72).</p> <p>Findings included:</p> <p>Resident #72 was admitted to the facility on 5/31/18 with diagnoses included congestive heart failure, vascular dementia, cerebral infraction and dependence on supplemental oxygen.</p> <p>Record review of the nurse's discharge progress note, dated 6/17/18, revealed Resident #72 was discharged to home on 6/17/18, with resident family members. Medication was sent with the resident. Hospice to visit resident's home. Family member verbalized understanding.</p> <p>Record review of the Discharge MDS assessment, dated 6/17/18, revealed Resident #72 was discharged to acute hospital.</p> <p>Record review of Resident 72's Discharge Summary, dated 6/17/18, revealed the resident was discharged home on hospice. The document was signed by physician.</p> <p>During an interview on 9/12/18 at 12:22 PM, MDS Nurse stated the resident had a planned discharged and was discharged home on 6/17/18. The nurse stated the discharge MDS dated 6/17/18 for Resident # 72 was incorrectly coded as discharge to acute hospital.</p> <p>During an interview on 9/12/18 at 5:30 PM, the facility cooperate consultant stated it was her expectation the MDS nurses provide accurate coding and reflect actual resident's status on the MDS.</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