

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345418	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 9/18/2024
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NAME OF PROVIDER OR SUPPLIER SWANNANOVA VALLEY HEALTH AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 1984 US HIGHWAY 70 SWANNANOVA, NC
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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F 638	<p>Qrtly Assessment at Least Every 3 Months CFR(s): 483.20(c)</p> <p>§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 staff interviews and medical record reviews, the facility failed to complete and submit a quarterly Minimum Data Set (MDS) assessment within 92 days of the Assessment Reference Date (ARD) from the previous MDS assessment for 1 of 1 resident reviewed for timely submission of MDS assessments (Residents #54).</p> <p>Findings included:</p> <p>Resident #54 was admitted to the facility on 8/22/22.</p> <p>Review of Resident #54's medical records revealed his most recent quarterly MDS assessment was with an ARD of 04/09/24. No subsequent submission of MDS assessment was found in his electrical health records as of 09/17/24, except an annual MDS with ARD of 09/09/24 in the status of "In Progress". It had been 161 days since the last MDS assessment submitted on 04/09/24.</p> <p>During an interview conducted on 09/17/24 at 10:26 AM, the Regional MDS Coordinator explained since the former MDS Coordinator left the facility in January 2024, he covered the MDS position for this facility while fulfilling his regional role since then. The facility hired a new MDS Coordinator in May 2024. However, she left in about a week during the training. He stated it was an oversight and acknowledged that Resident #54 should have at least one MDS submission within 92 days. The facility would complete the annual MDS with ARD of 09/09/24 and submit it as soon as possible.</p> <p>An interview was conducted with the Director of Nursing on 09/17/24 at 11:00 AM. She stated she was aware of staffing issues in the MDS Department. All the MDS tasks in the facility had been handled by the Regional MDS Coordinator in the past 6 months. It was her expectation for the facility to follow the regulations to complete and submit Resident #54's MDS assessment at least once every 92 days.</p> <p>During an interview conducted with the Administrator on 09/17/24 at 1:18 PM, she expected the MDS Coordinator to complete and submit Resident #54's MDS according to the regulations in a timely manner.</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

The above isolated deficiencies pose no actual harm to the residents