

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345036	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/19/2025
NAME OF PROVIDER OR SUPPLIER  Elizabeth City Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  1075 US Highway 17 South Elizabeth City, NC 27909	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0641</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and staff interviews, the facility failed to accurately code the Minimum Data Set Assessment (MDS) for 1 of 31 sampled residents (Resident #42) reviewed for MDS accuracy.</p> <p>The findings included:</p> <p>Resident #42 was admitted to the facility on [DATE].</p> <p>A nursing progress note dated 04/02/2025 revealed Resident #42 was admitted to the facility with a pressure wound located on her right ankle.</p> <p>The admission MDS assessment dated [DATE] coded Resident #42 as having 1 unhealed, unstageable pressure ulcer, not present on admission.</p> <p>An interview was completed on 06/18/2025 at 2:35 PM with the MDS Nurse. The MDS Nurse verified the admission MDS dated [DATE] was inaccurate and the pressure wound should have been coded as present upon admission/entry or reentry to the facility.</p> <p>An interview was completed on 06/19/2025 at 1:13 PM with the facility Administrator. The Administrator stated it was her expectation that the MDS assessment should have been coded correctly and accurately reflected the Resident upon their admission to the facility.</p>

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.

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