STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345249	A. Building B. Wing	05/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNC Rockingham Rehab & Nursing Care Center	205 East Kings Highway Eden, NC 27288

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)
F 0640 Level of Harm - Potential for minimal harm Residents Affected - Some	Encode each resident's assessment data and transmit these data to the State within 7 days of assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35122 Based on record review and staff interviews, the facility failed to complete Minimum Data Set (MDS) discharge assessments within the regulated time frame for 2 of 2 residents reviewed for resident assessment (Residents #64 and #43). The findings included: 1. Resident #64 had been admitted on [DATE]. Diagnoses included Parkinsonism and repeated falls. A Social Work note dated 12/18/2023 indicated Resident #64 had a plan to discharge to her home tomorrow. A PPS (Prospective Payment System, a Medicare Part A required MDS assessment) 5-day and end of PPS assessment dated [DATE] had been completed. Nursing documentation dated 12/19/2023 noted Resident #64 was discharged to her home at 5:10 PM. No MDS discharge assessment had been completed for Resident #64. On 5/21/24 at 2:46 PM an interview with the MDS coordinator was conducted. She stated the discharge assessment should have been included with the 5-day PPS assessment but had been missed being included. This had been a data entry error. On 5/22/24 at 11:06 AM an interview with the Administrator was conducted. She stated she would expect discharge assessments to be completed on time. 2. Resident #43 had re-entered the facility on 1/11/2024. Her diagnoses included chronic respiratory failure and pulmonary hypertension. A Social Work note dated 1/12/2024 indicated Resident #43 had a plan to discharge to her home on 1/17/2024. A PPS (Prospective Payment System, a Medicare Part A required MDS assessment) 5-day and end of PPS assessment dated [DATE] had been completed. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0640 Level of Harm - Potential for minimal harm Residents Affected - Some	Nursing documentation dated 1/17/2024 at 11:00 AM noted Resident #43 had been discharged to her home. No MDS discharge assessment had been completed for Resident #43. On 5/21/24 at 2:46 PM an interview with the MDS coordinator was conducted. She stated the discharge assessment should have been included with the 5-day PPS assessment but had been missed being included. This had been a data entry error. On 5/22/24 at 11:06 AM an interview with the Administrator was conducted. She stated she would expect discharge assessments to be completed on time.