

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345367	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/20/2025
NAME OF PROVIDER OR SUPPLIER Liberty Healthcare Services of Golden Years Nursin		STREET ADDRESS, CITY, STATE, ZIP CODE 7348 North West Street Falcon, NC 28342	

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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review and staff interviews, the facility failed to accurately code the Quarterly Minimum Data Set (MDS) assessment for 1 of 33 sampled residents reviewed for diagnosis of depression. (Resident #12) Findings included: Resident #12 was admitted to the facility on [DATE]. Cumulative diagnoses included hypertension, diabetes mellitus, depression and hyperlipidemia. Review of the August 2025 Medication Administration Record (MAR) revealed Resident #12 received the medication Sertraline (antidepressant medication) tablet 25 Milligram (MG) 1 tablet by mouth one time a day for depression. Review of the Quarterly Minimum Data Set (MDS) assessment dated [DATE] indicated Resident #12 was cognitively intact. MDS Section I5800 under the active diagnoses was documented as no for Resident #12 having an active diagnosis of depression. During an interview with the Director of Nursing (DON) on 11/20/2025 at 9:14 AM, she confirmed that the resident's MDS was inaccurate due to the resident having a diagnosis of depression and was receiving antidepressant medication. The DON further stated that it was her expectation that the MDS would be coded accurately. During an interview with the MDS Coordinator on 11/20/2025 at 10:15 AM, she confirmed Resident #12 had diagnosis of depression and the MDS was not coded accurately. MDS Coordinator added that she will be careful next time to make sure the MDS was coded accurately. During an interview with the Administrator on 11/20/2025 at 10:35 AM, she stated the MDS was not accurate because the resident had diagnosis of depression. She added her expectation was the MDS is coded accurately for the residents.</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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