

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345501	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/11/2024
NAME OF PROVIDER OR SUPPLIER  Croasdaile Village		STREET ADDRESS, CITY, STATE, ZIP CODE 2600 Croasdaile Farm Parkway Durham, NC 27705	

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 0640</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33778</b></p> <p>Based on record reviews and staff interviews, the facility failed to transmit Quarterly Minimum Data Set (MDS) assessments within the required time frame for 2 of 3 residents (Resident #16, Resident #67) selected to be reviewed for Resident Assessments.</p> <p>Findings included:</p> <p>1. Resident #16 was admitted on [DATE].</p> <p>Review of Resident 16's most recent MDS assessment revealed an Assessment Reference Date (ARD) of 5/8/24 and was coded as a quarterly assessment. The MDS was signed as completed by the MDS Coordinator on 5/9/24 and indicated as ready to export. The MDS assessment was transmitted to the national database on 7/10/24.</p> <p>On 7/11/24 at 1:55 PM, during an interview, the MDS coordinator indicated the assessment was completed and signed on 5/9/24. The MDS coordinator stated the assessment should have been transmitted within 14 days of completion. The submit by date was 5/23/24. MDS coordinator further stated that the nurse, who signed the completed MDS assessment, did not trigger the transmission process. He found that it was missing and transmitted the MDS on 7/10/24. The MDS coordinator mentioned that all completed MDS assessments were transmitted every other week.</p> <p>On 7/11/24 at 2:35 PM, during an interview, the Administrator expected that all MDS assessments should be completed and transmitted on time.</p> <p>2. Resident #67 was admitted on [DATE].</p> <p>Review of Resident 67's most recent MDS assessment revealed an Assessment Reference Date (ARD) of 5/5/24 and was coded as a quarterly assessment. The MDS was signed as completed by the MDS Coordinator on 5/6/24 and indicated as ready to export. The MDS assessment was transmitted to the national database on 7/10/24.</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345501	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/11/2024
NAME OF PROVIDER OR SUPPLIER  Croasdaile Village		STREET ADDRESS, CITY, STATE, ZIP CODE  2600 Croasdaile Farm Parkway Durham, NC 27705	
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 0640</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>On 7/11/24 at 1:55 PM, during an interview, the MDS coordinator indicated the assessment was completed and signed on 5/6/24. The MDS coordinator stated the assessment should have been transmitted within 14 days of completion. The submit by date was 5/20/24. MDS coordinator further stated that the nurse, who signed the completed MDS assessment, did not trigger the transmission process. He found that it was missing and transmitted the MDS on 7/10/24. The MDS coordinator mentioned that all completed MDS assessments were transmitted every other week.</p> <p>On 7/11/24 at 2:35 PM, during an interview, the Administrator expected that all MDS assessments should be completed and transmitted on time.</p>		