

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345542	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/19/2024
NAME OF PROVIDER OR SUPPLIER The Forest at Duke Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 2701 Pickett Road 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20906</p> <p>Based on record review and staff interviews, the facility failed to transmit Minimum Data Set (MDS) discharge assessments for 2 of 2 residents reviewed for resident assessment (Resident #5 and Resident #6).</p> <p>The findings included:</p> <p>1. Resident #5 was admitted on [DATE] with diagnoses including congestive heart failure and hypertension.</p> <p>An admission MDS assessment dated [DATE] indicated Resident #5 had received skilled therapy services.</p> <p>Facility documentation indicated Resident #5 had been discharged home on 8/5/24.</p> <p>Review of Resident #5's MDS records revealed the discharge assessment had not been transmitted.</p> <p>An interview was conducted with the MDS Nurse on 11/19/2024 at 1:45 PM who stated Resident #5 was admitted to the facility and had received skilled services. She explained she had completed the discharge assessment but was unsure how she missed transmitting it to the database.</p> <p>An interview with the Administrator and Director was conducted on 11/19/24 at 2:20 PM in conjunction with a record review. Both the Administrator and Director stated the discharge transmission should have been done at the time of discharge.</p> <p>2. Resident #6 was admitted on [DATE] with diagnoses including atrial fibrillation and cerebral infarction.</p> <p>An admission MDS assessment dated [DATE] indicated Resident #6 had received skilled therapy services.</p> <p>Facility documentation indicated Resident #6 had been discharged home on 7/15/24.</p> <p>Review of Resident #6's MDS records revealed the discharge assessment had not been transmitted.</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
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<p>F 0640</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>An interview was conducted with the MDS nurse on 11/19/2024 at 1:45 PM. She stated Resident #6 was admitted to the facility and had received skilled services under a managed care program. She explained she had completed the discharge assessment but was unsure how she missed transmitting it to the database.</p> <p>An interview with the Administrator and Director was conducted on 11/19/24 at 2:20 PM in conjunction with a record review. Both the Administrator and Director stated the discharge transmission should have been done at the time of discharge.</p>		