STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345555	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hillcrest Raleigh at Crabtree Valley	3830 Blue Ridge Road Raleigh, NC 27612

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** Based on record review and staff interviews, the facility failed to complete or transmit to CMS (The Centers for Medicare and Medicaid Services) database a discharge Minimum Data Set (MDS) assessment for 7 of 10 residents reviewed for discharge MDS assessments (Resident #20, #80, #109, #36, #58, #77, and #142).The findings included:1a. Resident #20 was admitted to the facility on [DATE].A review of a nurse progress note dated 1/20/26 indicated Resident #20 was sent to the hospital for evaluation following a health event.A review of Resident #20's Electronic Medical Record (EMR) revealed no discharge MDS was completed, and Resident #20 did not return to the facility.b. Resident #80 was admitted to the facility on [DATE].A review of nurse progress note dated 11/26/25 indicted Resident #80 was discharged home with family.A review of Resident #80's EMR revealed no discharge MDS assessment was completed, and Resident #80 did not return to the facility.c. Resident #109 was admitted to the facility on [DATE].A review of nurse progress note dated 11/22/25 indicated Resident #109 was discharged home with family.A review of Resident #109's EMR revealed no discharge MDS assessment was completed, and Resident #109 did not return to the facility.d. Resident #36 was admitted to the facility on [DATE].A review of a nurse progress note dated 1/23/26 indicated Resident #36 was discharged home with family.A review of Resident #36's EMR revealed a discharge MDS assessment was completed on 1/23/26 but was not transmitted to CMS.e. Resident #58 was admitted to the facility on [DATE].A review of nurse progress note dated 1/24/26 indicated Resident #58 was discharged to the hospital for evaluation following a health event.A review of Resident #58's EMR revealed a discharge MDS assessment was completed on 1/24/26 but was not transmitted to CMS.f. Resident #77 was admitted to the facility on [DATE].A review of nurse progress note dated 12/11/26 indicated Resident #77 was discharged home with family.A review of Resident #77's EMR revealed a discharge MDS assessment was completed on 12/11/25 but was not transmitted to CMS.g. Resident #142 was admitted to the facility on [DATE].A review of nurse progress note dated 10/30/25 indicated Resident #142 was discharged home with family the day she was admitted .A review of Resident #142's EMR revealed a discharge MDS assessment was completed on 10/30/25 but was not transmitted to CMS.An interview with the MDS Nurse on 5/13/26 at 11:32 AM was conducted. She stated she had been doing MDS assessments for the facility for over a year. The MDS Nurse stated anyone from admissions or any of the nurses could use the facility's internal documentation system to advise the MDS staff that a resident had discharged from the facility. The MDS Nurse indicated that they relied on their internal documentation system only and did not run overdue MDS reports. The MDS Nurse also stated they have a very high number of admissions and discharges in the facility. The MDS nurse stated that Residents #20, #80 and #109 were inadvertently overlooked and their discharge MDS assessments were not completed. She stated not transmitting the discharge MDS assessments for Residents #36, #58, #77 and #142 was an oversight.During an interview with the Administrator on 5/14/26 at 8:15 AM she indicated all discharge MDS assessments should have been completed and transmitted timely.

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