STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #	MULTIPLE CONSTRUCTION	DATE SURVEY COMPLETE:
	255192	A. BUILDING: _____ B. WING _____	2/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLAIBORNE COUNTY SENIOR CARE	2124 OLD HWY 61 SOUTH PORT GIBSON, MS

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
F 640	Encoding/Transmitting Resident Assessments CFR(s): 483.20(f)(1)-(4) §483.20(f) Automated data processing requirement- §483.20(f)(1) Encoding data. Within 7 days after a facility completes a resident's assessment, a facility must encode the following information for each resident in the facility: (i) Admission assessment. (ii) Annual assessment updates. (iii) Significant change in status assessments. (iv) Quarterly review assessments. (v) A subset of items upon a resident's transfer, reentry, discharge, and death. (vi) Background (face-sheet) information, if there is no admission assessment. §483.20(f)(2) Transmitting data. Within 7 days after a facility completes a resident's assessment, a facility must be capable of transmitting to the CMS System information for each resident contained in the MDS in a format that conforms to standard record layouts and data dictionaries, and that passes standardized edits defined by CMS and the State. §483.20(f)(3) Transmittal requirements. Within 14 days after a facility completes a resident's assessment, a facility must electronically transmit encoded, accurate, and complete MDS data to the CMS System, including the following: (i)Admission assessment. (ii) Annual assessment. (iii) Significant change in status assessment. (iv) Significant correction of prior full assessment. (v) Significant correction of prior quarterly assessment. (vi) Quarterly review. (vii) A subset of items upon a resident's transfer, reentry, discharge, and death. (viii) Background (face-sheet) information, for an initial transmission of MDS data on resident that does not have an admission assessment. §483.20(f)(4) Data format. The facility must transmit data in the format specified by CMS or, for a State which has an alternate RAI approved by CMS, in the format specified by the State and approved by CMS. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to transmit an annual and quarterly Minimum Data Set (MDS) in a timely manner for one (2) of seventeen (17) residents reviewed. Residents #12 and # 38 Findings Include: A review of a triggered facility task for resident assessment revealed Resident #12's Annual MDS, with an Assessment Reference Date (ARD) of 1/14/24, was not submitted until 2/23/24.

The above isolated deficiencies pose no actual harm to the residents

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F 640	Continued From Page 1 A review of a triggered facility task for resident assessment revealed Resident #38's Quarterly MDS with an ARD of 1/1/24, was not submitted until 2/23/24. Record review of the "MDS 3.0 Final Validation Report" with a submission date of 2/23/24 revealed Resident #12's and Resident #38's MDS assessments were not submitted until 2/23/24 at 5:33 PM. A message on the validation report revealed the assessment was complete late: ...(assessment completion date) is more than 14 days after the ARD date. In an interview with the Administrator at 5:11 PM on 2/29/24, he stated the MDS Coordinator is responsible for submitting assessments and that he expects the MDS assessments to be submitted in a timely and accurate manner. He emphasized that the Corporate MDS Coordinator, in collaboration with the Director of Nursing (DON), is responsible for ensuring that the MDS Coordinator transmits assessments on time. During an interview with the MDS Coordinator on 2/29/24 at 5:16 PM, she acknowledged that she is responsible for transmitting assessments on time. According to her, numerous assessments were due around the same time, contributing to the late transmission of assessments for Residents #12 and # 38.