

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  08/14/2025
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 0638</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assure that each resident's assessment is updated at least once every 3 months.</p> <p>Based on record reviews and staff interviews, the facility failed to complete a quarterly Minimum Data Set (MDS) assessment within the required time frame for 1 of 7 residents (Resident #45) reviewed for resident assessments. Findings included: Record review revealed Resident 45's admission MDS assessment was dated 4/2/25. There was no quarterly MDS assessment within 92 days available for review. On 8/14/25 at 2:10 PM, during an interview, the MDS Coordinator indicated that Resident #45 was discharged and readmitted three times in two months. After the 4/2/25 admission MDS assessment, the quarterly MDS assessment should have been set up within 92 days, on 7/3/25, but it was missing. On 8/14/25 at 2:30 PM, during an interview, the Administrator indicated MDS assessments should be completed and transmitted timely.</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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(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**</b> 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 7 residents (Resident #53, Resident #68) reviewed for resident assessments. Findings included: 1. Resident #53 was admitted on [DATE]. Review of Resident 53's quarterly MDS assessment, dated 6/26/25, revealed the MDS assessment was signed as completed by the MDS Coordinator on 7/1/25 and indicated as ready to export. The MDS assessment was transmitted to the national database on 8/12/25. On 8/14/25 at 1:55 PM, during an interview, the MDS Coordinator indicated the 6/26/25 assessment was completed and signed on 7/1/25 and should have been transmitted within 14 days of completion. MDS Coordinator further stated that the facility was transitioning from old to new electronic medical records program, and the transmission process was not triggered. He found that it was missing and transmitted the MDS on 8/12/25. The MDS Coordinator continued that all completed MDS assessments were transmitted every other week. On 8/14/25 at 2:30 PM, during an interview, the Administrator indicated MDS assessments should be completed and transmitted timely. 2. Resident #68 was admitted on [DATE]. Review of Resident 68's quarterly MDS assessment, dated 7/7/25, revealed it was signed as completed by the MDS Coordinator on 7/2/25 and indicated as ready to export, but was not transmitted to the national database. On 8/14/25 at 2:00 PM, during an interview, the MDS Coordinator indicated that the Assessment Reference Date (ARD) for the quarterly MDS assessment was 7/7/25. Due to transition process from old to new electronic medical records program in the facility, the 7/7/25 quarterly MDS assessment was signed late, on 7/12/25, and the transmission process was not triggered. The MDS Coordinator continued that all completed MDS assessments were transmitted every other week. On 8/14/25 at 2:30 PM, during an interview, the Administrator indicated MDS assessments should be completed and transmitted timely.</p>		