

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/28/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345216	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/01/2014
NAME OF PROVIDER OR SUPPLIER WESTFIELD REHABILITATION AND HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3100 TRAMWAY ROAD SANFORD, NC 27332		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 356 SS=C	<p>483.30(e) POSTED NURSE STAFFING INFORMATION</p> <p>The facility must post the following information on a daily basis:</p> <ul style="list-style-type: none"> o Facility name. o The current date. o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: <ul style="list-style-type: none"> - Registered nurses. - Licensed practical nurses or licensed vocational nurses (as defined under State law). - Certified nurse aides. o Resident census. <p>The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows:</p> <ul style="list-style-type: none"> o Clear and readable format. o In a prominent place readily accessible to residents and visitors. <p>The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews, the facility failed to post nurse staffing information on a daily basis and failed to retain staff postings for 8 of the past 28 days.</p>	F 356	<p>F000</p> <p>Disclaimer The statements made on this plan of</p>	5/23/14	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

05/23/2014

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.

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F 356	Continued From page 1 The findings included: An observation made on 4/28/14 at 9:12 AM revealed a bulletin board located across from conference room off of the main lobby included a daily staff posting dated 4/25/14 (Friday). An observation made on 4/28/14 at 9:55 AM revealed a new daily staff posting dated 4/28/14 had been placed on the bulletin board. An interview was conducted with the Interim Director of Nursing (DON) on 4/29/14 at 12:31 PM. Upon inquiry, the Interim DON stated that her expectation would be for the daily staff posting to be updated each day, including weekend days. An interview was conducted with the facility ' s Administrator on 4/29/14 at 12:34 PM. The Administrator indicated she believed the weekend supervisor was responsible to update the staff posting on Saturdays and Sundays. She stated that her expectation was for the daily staff posting to be posted every day. The Administrator reported that copies of the daily staff postings were kept by the facility ' s receptionist. An interview was conducted with the receptionist on 4/29/14 at 12:37 PM in the presence of the Administrator. During this interview, the receptionist reported that she herself was responsible to post the staffing information each weekday, Monday through Friday. The receptionist also stated that on Mondays, she " catches up from the weekend. " Upon further inquiry, she reported that the staff postings from Saturdays and Sundays were not actually posted on the weekend. The receptionist indicated that	F 356	correction are not an admission of nor constitute an agreement with the alleged deficiency. To remain in compliance with all federal and state regulations, the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that the alleged deficiency has been or will be corrected by the date or dates indicated. F356 For the residents involved, corrective action has been accomplished by: On 5/1/14, the Receptionist and Business Office Manager were inserviced by the Administrator on completing the Nursing Staffing Posting Sheets a day in advance, Saturday thru Monday for the weekends, and placing the completed sheets on the 300 Hall nurses cart for the next day. The Receptionist will collect the Daily Posting for the previous day and maintain in a notebook for a minimum of 18 months. The Nurse Staffing information has been posted on a daily basis and updated at the beginning of each shift effective 5/1/14. Corrective Action has been accomplished on all residents with the potential to be affected by the alleged deficient practice by: An audit to ensure compliance with the required posting and requirement to		

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F 356	<p>Continued From page 2</p> <p>on each Monday, she would complete the daily posting sheet for the previous Saturday and Sunday using information from the weekend ' s daily assignment sheet. The completed staff posting sheet for Saturday and Sunday would then be filed for retention. A review of the retained records of staff postings from 4/1/14 through 4/28/14 revealed 8 daily staff postings from the past 28 days were missing (4/5/14, 4/6/14, 4/16/14, 4/17/14, 4/18/14, 4/19/14, 4/20/14 and 4/22/14). In regards to the missing records, the receptionist stated, " I ' m not sure how that happened. "</p> <p>A follow-up interview was conducted with the Administrator on 4/29/14 at 12:43PM. Based on information provided by the facility ' s receptionist, the Administrator acknowledged that daily staff postings for Saturdays and Sundays were completed on the following Monday. She confirmed that her understanding was that the weekend staff postings were not actually posted but instead put directly into the binder kept at the receptionist ' s station for retention. The Administrator re-stated that her expectation would be that the staff posting would be done every day.</p>	F 356	<p>maintain the posted daily data for minimum of 18 months has been implemented and results documented. The audit was completed by the Administrator on 5/23/14.</p> <p>Measures put into place or systemic changes made to ensure that the deficient practice does not occur:</p> <p>In addition to the inservice provided to the Receptionist and Business Office Manager, a Nursing inservice for all full time, part time and PRN RN's and LPN's was completed on the requirement that at the beginning of the 7-3 shift the 300 hall nurse will post the Nursing Staffing Daily Posting for that current day and update as needed to reflect the current staffing. In addition to this, at the beginning of 3-11 and 11-7 shift, the 300 hall nurse will update the Posting Sheet with any changes made at the beginning of or during the shift. This inservice was conducted by the Director of Nursing on 5/22/2014.</p> <p>The facility has implemented a quality assurance monitor:</p> <p>The Director of Nursing/SDC or designee will monitor this process using the QA Survey Tool, reviewing compliance with checking for posting and for collection of postings in notebook This audit will be completed for 3 months to ensure sustained compliance. Reports will be given to the monthly QOL committee and corrective action initiated as appropriate.</p>		

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F 356	Continued From page 3	F 356	Compliance will be monitored and ongoing auditing program reviewed at the weekly Quality of Life Meeting. Date of Compliance:5/23/14		