

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345119	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/24/2016
NAME OF PROVIDER OR SUPPLIER NORTHCHASE NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3015 ENTERPRISE DRIVE WILMINGTON, NC 28405		
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F 241 SS=D	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on family, resident and staff interviews, observations and record review the facility failed to meet the needs for toileting assistance when call bells were not answered timely for 1 of 1 resident which resulted in incontinent episodes for a continent resident (Resident #12). Findings included: Review of the medical record revealed Resident #12 was admitted to the facility on 8/6/2016 with diagnoses which included muscle weakness and unspecified lack of coordination. The Admission Minimum Data Set (MDS) assessment dated 8/13/2016 indicated the resident had adequate hearing, clear speech, made himself understood and understood others. He was cognitively intact and had no behaviors or rejection of care. He required extensive assistance with toilet use and was continent of bowel and bladder. The Care Plan dated 8/23/2016 listed a problem with incontinence related to physical immobility with interventions which included to toilet before or after meals, before bed and/or as needed. An interview was conducted with Resident #12 on 8/23/2016 at 11:00 AM. The resident was in his room, resting in bed with a family member at the bedside. The resident was alert, oriented and well kept. Resident #12 resided in a private room with a bathroom which was located approximately</p>	F 241	<p>Northchase Nursing and Rehabilitation acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance. Northchase Nursing and Rehabilitation response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Northchase Nursing and Rehabilitation reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding. Facility nursing staff, to includes licensed nurses and certified nursing assistants (CNAs), will answer Resident # 12's call bell in a timely manner and assist with the toileting needs of resident #12 timely to prevent further incontinent episodes.</p>	9/21/16	

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

TITLE

(X6) DATE

Electronically Signed

09/15/2016

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 241	<p>Continued From page 1</p> <p>8 feet from the resident ' s bed. The room was clean with no clutter observed. Resident #12 stated at times he waited over an hour for assistance after he used his call bell. Resident #12 indicated he felt very frustrated at times because he could not get assistance to the toilet when he was unable to physically get to the toilet himself. Resident #12 stated it was a horrible feeling when he soiled himself because no one would answer his call light. Resident #12 indicated he called a family member from his cell phone and she called the nurses station to get assistance for him on a couple of occasions. Resident # 12 stated there were at least three times since admission to the facility he soiled himself due to staff not responding to his call light. Resident # 12 stated twice during the interview it was a terrible feeling to know you needed to go to the bathroom, could not go by yourself and soiled yourself due to having to wait for assistance.</p> <p>An interview was conducted with Resident #12 ' s family member during the interview with the resident. Resident #12 ' s family member reported the resident called her while she was at home several times since his admission to the facility because he needed assistance to the bathroom. The resident ' s family member reported the resident would be upset and frustrated when he called, so she called the nurses desk and requested assistance for him. The family member stated there were many times she visited the facility and was unable to locate staff for assistance when Resident #12 needed to go to the toilet. The family member said she remembered at least 2 times Resident #12 soiled himself while she visited due to staff not responding to call lights. Resident #12 ' s family</p>	F 241	<p>100% interview of alert and oriented residents, to include Resident #12, was conducted by the Administrator and Activity Director on 9/15/2016 to determine if call bells had been answered in a timely manner to address resident's needs and prevent incontinence for those residents who are continent.</p> <p>100% inservice was initiated for all nursing staff, to include NA#1 and Nurse #2, administrative staff, maintenance, and housekeeping by RN Supervisor on 9/15/2016 regarding the need to answer call bells in a timely manner including the call bell for Resident #12. If a staff member is unable to directly address the resident's need, the call bell should be left on and the staff member should immediately find someone who can assist the resident. All new employees will be inserviced by the Staff Facilitator during orientation regarding the need to answer call bells in a timely manner including the call bell for Resident #12. If a staff member is unable to directly address the resident's need, the call bell should be left on and the staff member should immediately find someone who can assist the resident. 100% in-service was initiated on 9/15/16 by RN Supervisor for all licensed nurses and CNAs, to include NA#1 and Nurse #2 regarding the need to answer call bells in a timely manner and to assist residents, to include resident #12, with toileting needs when requested in a timely manner so as to prevent incontinent episodes. All new CNAs and Licensed Nurses will be inserviced by the Staff Facilitator regarding the need to</p>		

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F 241	Continued From page 2 member stated the nursing staff explained to her on several occasions there was not enough staff to get everything done and the staff was doing the best they could. An interview was conducted with Nursing Assistant (NA) #1 on 8/23/2016 at 1:45 PM. NA #1 indicated she worked with Resident # 12 several days a week. NA #1 reported the resident was continent and called for assist when he needed toileting and she would walk with him to the bathroom since he was unable to ambulate independently. NA #1 said she did recall a time Resident #12 was upset when he called for assistance to the bathroom and staff was unable to respond before he soiled himself. NA #1 stated she explained to the resident she was in another room and answered his call as soon as she could. NA #1 stated she apologized to Resident #12 and the resident stated he understood and he knew there was not enough staff. NA #1 indicated she hated not being able to answer lights in a timely manner, but the facility did not have enough NAs and when call outs occurred there was no way to get everything done. An interview was conducted with Nurse #2 on 8/23/2016 at 3:30 PM. Nurse #2 reported she worked with Resident #12 often. Nurse #2 indicated she recalled a couple of times Resident #12 's family member called the nurses desk and requested assistance for him. Nurse #2 reported she went to the resident 's room when the family member called. Nurse #2 recalled the resident needed assistance to the bathroom. Nurse #2 reported she assisted the resident to the toilet on one occasion and the resident had soiled himself on another occasion. Nurse #2 said Resident #12 's call light was on each time but did not know for how long. Nurse #2 stated she felt the facility needed more NAs to care for the residents.	F 241	assist residents, to include resident #12, with toileting needs when requested in a timely manner so as to prevent incontinent episodes. All nursing staff, to include NA#1 and Nurse #2, administrative staff, maintenance, and housekeeping are responsible for answering call bells in a timely manner. When a staff member answers a call bell and is unable to address the resident's need, to include toileting needs, he or she should leave the call bell on and immediately find a staff member that can assist the resident. The Nursing Supervisors, QI Nurse, and Staff Facilitator will conduct Resident Care audits daily x 4 weeks, to include all shifts and weekends, then weekly x 4 weeks, then monthly x 1 month to ensure call bells, including call bell for Resident #12, are being answered in a timely manner using a QI Resident Care Audit Tool. Any concerns will be immediately addressed by the Nursing Supervisor, QI Nurse, and Staff Facilitator with retraining of staff. The DON will review the QI Resident Care Audit Tool and initial weekly x 8 weeks, then monthly x 1 month to ensure compliance. The Social Workers will interview 10% of alert and oriented residents, to include Resident #12, weekly x 8 weeks then monthly x 1 month to determine if call bells are being answered in a timely manner to prevent incontinence for those residents who are continent using a QI Resident Care Questionnaire. The DON will review the results of the audit weekly x 8 weeks then monthly x 1 month to ensure compliance. Any		

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

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F 241	Continued From page 3 Nurse #2 indicated there were times the NAs were unable to do rounds every 2 hours and were unable to answer call lights. Nurse #2 indicated she helped the NAs as much as she could but had her own responsibilities. Nurse #2 reported Resident #12 was upset when he soiled himself and she apologized to the resident. An interview was conducted with the Administrator on 8/24/2106 at 5:00 PM. The Administrator stated the expectation was for call lights to be answered in a timely manner in order to ensure the dignity of all residents.	F 241	identified concerns will be immediately addressed by the DON, Nursing Supervisor, QI Nurse, or Staff Facilitator with retraining of staff. The administrator will compile the results of the QI Resident Care Audit Tool and QI Resident Care Questionnaire and present findings to the QI Executive Committee monthly x 3 months. Trends will determine if further monitoring or increase in frequency of monitoring is needed.		
F 242 SS=D	483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident. This REQUIREMENT is not met as evidenced by: Based on observations, record review, resident interviews and staff interviews, the facility failed to honor bathing preferences for 1 of 1 resident (Resident # 5). Findings included: 1. Resident # 5 was admitted to the facility on 3/14/13 with cumulative diagnoses which included chronic pain syndrome and rheumatoid arthritis. A review of the annual MDS (Minimum Data Set) assessment of 1/14/16 revealed the resident felt it was somewhat important to choose between a tub bath, shower, bed bath or sponge bath. The	F 242	Resident # 5 will continue to have her preference to receive showers two times a week honored. An interview was conducted with 100% of all alert and oriented residents to include resident # 5 by the Social Workers completed on 9/14/16 to determine whether resident choices were being honored, such as preference for shower or bath. The MDS nurses immediately addressed all identified areas of concerns by updating the resident care plan and	9/21/16	

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F 242	<p>Continued From page 4</p> <p>Quarterly Minimum Data Set (MDS) assessment dated 7/16/16 revealed Resident # 5 was cognitively intact and able to communicate effectively. The assessment documented Resident # 5 as needing total assistance with baths.</p> <p>During an interview on 8/22/16 at 2:25 pm, Resident # 5 stated staff did not offer showers and she had not had a shower in a very long time. A review of the shower schedule revealed Resident # 5's showers were scheduled on the 3 PM-11 PM shift for Wednesday and Sunday. A review of the nursing assistant flow record revealed baths were documented but not whether they were bedbaths or showers.</p> <p>During an interview on 8/22/16 at 4:25 pm, the 3 PM-11 PM nursing assistant (NA # 10) assigned to Resident # 5 stated the resident was oriented and truthful. NA # 10 stated when she went in to set up Resident # 5 for a bed bath, she would already have her face washed and her teeth brushed. NA # 10 stated, "She helps a lot with her bath, she washes what she can reach and I bathe the rest." NA # 10 stated each resident was to have a shower two times a week and the shower schedule book contained the information as to what two days a week the shower was scheduled as well as the shift. NA # 10 stated Resident # 5 got her showers on the 7 AM-3 PM shift. NA # 10 was informed Resident # 5's showers were scheduled for the 3-11 shift and was asked about Resident # 5's statement of only having three showers since admission. NA # 10 stated, "I don't know about that. She's been here a long time. If she's only had three showers, something is wrong. "</p> <p>During an interview on 8/24/16 at 4:23 PM, Resident # 5 stated again she had only three showers since she had been in the facility. She</p>	F 242	<p>care guide to reflect the residents' preference by 9/14/16. The Social Workers reviewed the federal resident rights with all alert and oriented residents and presented them with a copy of the federal resident's rights completed on 9/14/16.</p> <p>An in-service was initiated on 9/14/16 by the Social Worker with all nursing staff to include NA # 10, all CNAs, and all licensed nurses, regarding honoring a residents' choices, such as bathing preference to be completed by 9/21/16. All newly hired nursing staff to include CNAs and licensed nurses will be in-serviced during orientation by the Staff Facilitator regarding honoring a resident's choices, such as bathing preference.</p> <p>Prior to providing care a licensed nurse or CNA should review the resident's care guide for resident preferences, such as bathing preferences, and honor the resident's choices when providing care. A Resident Choice Questionnaire will be presented to all newly admitted residents upon admission by the Activity Director regarding resident preferences, such as type of bath. The MDS nurses will immediately update the resident's care guide and resident care plan to reflect preferences. An audit will be conducted with 10% of all alert and oriented residents to include resident # 5 by the Social Worker weekly x 4 weeks then monthly x 2 months to ensure resident's preferences are being honored and for any changes in preferences utilizing a QI Resident Choice Audit Tool. The MDS nurses will immediately address any</p>		

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F 242	Continued From page 5 stated "I had one when I was in another room a long time ago. I don't know when the other two were but they were a long time apart. I have only refused a shower one time because I already had my pajamas on and was ready for bed. If everyone else is getting a shower, I don't want to be left out, but they don't offer one." During an interview on 8/24/16 at 4:48 PM, the Administrator stated her expectation was that Resident # 5 will be provided care according to her preferences and choices.	F 242	identified areas of concern and update the resident care plan and resident care guide for any changes. The DON will review and initial the QI Resident Choice Audit Tool weekly x 4 weeks then monthly x 2 months for completion and to ensure all concerns were addressed. The Administrator will compile the results of the QI Resident Choice Audit Tool and present to the Executive Quality Insurance Committee monthly x 3 months. Identification of trends will determine the need for further action and/or change in frequency of required monitoring.		
F 353 SS=E	483.30(a) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care. The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: Except when waived under paragraph (c) of this section, licensed nurses and other nursing personnel. Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.	F 353		9/21/16	

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F 353	Continued From page 6 This REQUIREMENT is not met as evidenced by: Based on record reviews, staff, resident and family interviews and observations, the facility failed to provide sufficient nursing staff by not answering call bells for 1 of 1 residents who needed toileting assistance (Resident #12 and Resident #10) and failed to honor resident ' s choices by not offering showers on the designated shower days for 1 of 1 residents. (Resident #5) Findings included: 1. This citation is cross referenced to F241- Based on family, resident and staff interviews, observations and record review the facility failed to meet the needs for toileting assistance when call bells were not answered for 1 of 1 residents which resulted in incontinent episodes for a continent resident (Resident #10 and Resident #12). 2. This citation is cross referenced to F242- Based on observations, record review, resident interviews and staff interviews, the facility failed to honor bathing preferences for 1 of 1 residents (Resident #5). An interview was conducted with NA#2 on 8/21/2016 at 7:15 PM. NA #2 stated they worked short staffed at least 4 to 5 times a week. NA#2 stated that when they worked short staffed, residents were not checked on every two hours and call lights were not answered timely. NA #2 stated she did the best she could but there was no way to effectively care for all the residents on her assignment when they worked short. NA #2 stated most of the residents on her regular assignment were total care.	F 353	The facility will provide sufficient nursing staff to meet the needs of the residents , to include Resident #5, #10 and #12 to assure the timely answering of call bells, provide for toileting assistance, honoring of resident's choices, and receiving showers on designated shower days based upon the acuity and specialty. The Regional Vice Presidents, Administrator, RN Corporate Clinical Director, RN Clinical Consultant, Facility Scheduler and DON reviewed the staffing patterns on September 15, 2016 to determine and assign the appropriate staffing patterns that meet the resident's needs based upon acuity and to review the recruitment, hiring, orientation and retention process. The Administrator, Scheduling Coordinator and DON will review the daily staffing Hours per Patient Day (HPPD). The Administrator, Director of Nursing, and Scheduling Coordinator will calculate the acuity levels and ensure the appropriate Licensed Nurses and Certified Nursing assistants are assigned to meet the needs of the residents by reviewing the Case Mix Index Report generated from the Point Click Care System, tube feeding, total care, pressure ulcer and other specialty services daily to identify and account for the acuity of the residents and placement of the appropriate nursing staff. The new staffing alignment patterns		

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F 353	Continued From page 7 On 8/21/2016 at 7:30 PM NA#3 was interviewed. NA#3 said they were short staffed about 3 to 4 times a week on the 3 to11 shift. She stated there were times when residents were changed once or twice a shift. NA #3 indicated she felt bad for the residents but she did the best she could and the NA staff tried to work together to get things done. On 8/21/2016 at 8:10 PM an interview was conducted with NA #4. NA # 4 stated the 3 to 11 shift did not have enough NAs to complete all the care for the residents. NA #4 reported in the last 2 weeks there have been evenings the residents on her assignment did not get changed but once. The NA said the nurses knew about the staffing and tried to assist, but the nurses were busy with their duties. On 8/21/2016 at 8:20 PM an interview was conducted with Nurse #1. Nurse #1 indicated the facility was short staffed 3 to 4 days a week. Nurse #1 reported she did as much as she could to assist the NA staff. Nurse #1 stated on the days when there was not enough staff, the residents did not get showers and the nursing assistants were not able to answer the call lights. An interview was conducted with Nursing Assistant (NA) #5 on 8/23/2016 at 1:45 PM. NA #5 stated they worked short at least 3 to 4 days a week. NA #5 reported there were call outs some days and there were times the original schedule did not have adequate staff. NA #5 indicated there were many days she was unable to complete resident rounds every 2 hours and times she was unable to answer call lights. NA#5 stated showers were not given as scheduled most days because there just wasn ' t enough time to complete them.	F 353	will be initiated by September 21, 2016 by the Director of Nursing and Administrator. All callouts will be addressed immediately utilizing certified department heads and agency by the scheduling coordinator or the on-call nurse The facility will utilize the following formula to account for the HPPD. Census X HPPD Budget=Actual Hours Per day/Hours per shift=Total number of RN, LPN or C.N.A.□s The facility is budgeted for 0.32 for Registered Nurses, 0.90 for Licensed Practical Nurses and 2.11 for Certified Nursing Assistants. The Certified Nursing Assistants HPPD was increased to 2.30 to account for the acuity of the residents. The The staffing coordinator was in-serviced by the Administrator and Regional Vice President on September 15, 2016 regarding the appropriate number of staff required daily on each shift to assure resident needs are met. The number of residents assigned to each C.N.A each shift will be followed according to the facility's budgeted HPPD. Staffing assignment will be adjusted accordingly with acuity level changes by the Director of Nursing and Administrator. The Nursing Supervisor, QI Nurse, or Staff facilitator will perform resident care audits 5x per week to monitor actual provision of care, to include care for Resident #5, #10 and #12, utilizing a Resident Care Audit Tool. The DON or Administrator will review assignment sheets and Resident Care Audits Tools to include for resident # 5, #10 and #12, 5 x		

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F 353	Continued From page 8 An interview was conducted with the Administer on 8/24/2016 at 5:00PM. The Administer reported she completed the staffing schedule. The Administrator indicated she relied on the nurse management staff to assist with the information on resident acuity. The Administrator said there were ongoing concerns from employees related to staffing and she thought it was a time management issue with some employees. The Administrator indicated if call lights were not answered and showers were not completed as scheduled there was an issue. The Administrator reported due to a lot of staff turnover, the facility recently hired some staff, and orientation was scheduled. The Administrator said the expectation for staffing was to provide appropriate staffing to respond to resident ' s needs timely and meet each resident ' s individual needs.	F 353	per week x 4 weeks, 2 x per week x 4 weeks, weekly x 4 weeks, then monthly x 1 month to ensure appropriate number of staff scheduled for each shift daily ensuring resident needs are met to include showers and toileting and for completion and monitoring of Resident Care Audit Tools. The DON will immediately address all identified areas of concern with reeducation of staff or adjusting staffing needs as indicated. The Regional Vice President will review staffing weekly and follow up to ensure adequate staffing and follow up with the Administrator or Director of Nursing for any identified concerns. The Executive QI Committee will review daily schedules and resident care audit tools monthly x 3 months to ensure appropriate number of staff is scheduled per requirement to meet the needs of our residents to include showers and toileting.		