STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345254	A. BUILDING _____ B. WING _____	09/15/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONROE REHABILITATION CENTER	1212 EAST SUNSET DRIVE MONROE, NC 28112

(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	483.30(e) POSTED NURSE STAFFING INFORMATION The facility must post the following information on a daily basis: 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: - Registered nurses. - Licensed practical nurses or licensed vocational nurses (as defined under State law). - Certified nurse aides. o Resident census. 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: o Clear and readable format. o In a prominent place readily accessible to residents and visitors. 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. 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. 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 at the beginning of each shift for 3 of the last 6 days reviewed	F 356	F356 This plan of correction represents the center's written credible allegation of	10/10/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 10/03/2016

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F 356	Continued From page 1 (9/10/16, 9/11/16, and 9/12/16). The findings included: An observation made on 9/12/16 at 11:20 AM revealed a daily staff posting dated 9/9/16 (Friday) was posted at the entrance to the facility's lobby. An interview was conducted on 9/14/16 at 12:02 PM with the facility ' s Nursing Administration Assistant. The Nursing Administration Assistant assumed responsibility for posting nurse staffing information. Upon inquiry, the Assistant reported she typically completed nursing staff postings for Saturdays and Sundays on the following Monday morning when she came into work. She acknowledged the nurse staffing information for Saturdays and Sundays was not actually posted on the weekends. The Assistant stated she came into work at 11:00 AM on Mondays and Wednesdays; and, she came in at 7:00 AM on Tuesdays, Thursdays, and Fridays. An interview was conducted on 9/14/16 at 3:20 PM with the facility ' s Director of Nursing (DON). During this interview, the DON stated her expectation was, "That staffing is supposed to be posted daily. " An interview was conducted on 9/15/16 at 11:02 PM with the facility ' s Administrator. During the interview, the Administrator stated his expectation would be for the nursing staff posting to be accurate and posted at the start of each shift.	F 356	compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all state and federal regulations the center has taken or will take the actions set forth in the following plan of correction. It is the practice of this provider to ensure the posting of the following information: resident census, facility name, the current date, the total number and actual hours worked by licensed and unlicensed nursing staff directly responsible for resident care per shift. Consistent with this practice the following has been done: On 9/12/2016, the nurse staffing data posting for 9/9/2016 (Friday) was removed and replaced with the correct nurse staffing posting for 9/12/2016 (Monday). All Residents and Visitors were identified to be affected by the alleged deficient practice. In-service will be conducted for the staffing coordinator and designee on the facility policy and procedure for required staff posting by October 4, 2016. This in-service will be facilitated by the Director of Nursing.	

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F 356	Continued From page 2	F 356	A “staffing audit tool” will be put into place weekly for 30 days and then monthly thereafter for 3 months to assure compliance is met with reporting to the Quality Assurance and Performance Improvement Committee. The Quality Assurance and Performance Improvement Committee will review the audits to make recommendations to ensure compliance is sustained ongoing; and determine the need for further auditing beyond 3 months.	