STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345538	A. BUILDING _____ B. WING _____	C 05/26/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRUITTHEALTH-RALEIGH	2420 LAKE WHEELER ROAD RALEIGH, NC 27603

(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
E 000	Initial Comments An unannounced Recertification and complaint investigation survey was conducted on 5/23/22 through 5/26/22. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #OCWJ11.	E 000		
F 000	INITIAL COMMENTS A recertification and complaint investigation survey was conducted from 5/23/22 through 5/26/22. Event ID #OCWJ11 The following intakes were investigated: NC00184621 and NC0018336. 6 of the 6 complaint allegations were not substantiated.	F 000		
F 727 SS=E	RN 8 Hrs/7 days/Wk, Full Time DON CFR(s): 483.35(b)(1)-(3) §483.35(b) Registered nurse §483.35(b)(1) Except when waived under paragraph (e) or (f) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week. §483.35(b)(2) Except when waived under paragraph (e) or (f) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis. §483.35(b)(3) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to schedule a Registered Nurse (RN) for at least 8 consecutive hours per day for 11 of 86 days reviewed for sufficient staffing	F 727	This plan of correction constitutes a written Allegation of Compliance with federal and state requirements. Preparation and submission of this	6/10/22

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

Electronically Signed | 06/06/2022

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F 727	Continued From page 1 (3/5/22, 3/6/22, 3/12/22, 3/13/22, 3/19/22, 3/26/22, 3/27/22, 4/2/22, 4/23/22, 5/7/22, and 5/14/22). Findings included: A record review of the facility ' s Daily Staffing Sheet was conducted on 5/26/22. The Daily Staffing Sheets revealed the facility had not scheduled an RN for at least 8 consecutive hours a day on 3/5/22, 3/6/22, 3/12/22, 3/13/22, 3/19/22, 3/26/22, 3/27/22, 4/2/22, 4/23/22, 5/7/22, and 5/14/22. During an interview on 5/26/22 at 11:34 AM the Director of Nursing (DON) confirmed there was not an RN in the facility for at least 8 consecutive hours on 3/5/22, 3/6/22, 3/12/22, 3/13/22, 3/19/22, 3/26/22, 3/27/22, 4/2/22, 4/23/22, 5/7/22, and 5/14/22. The DON revealed she was a new hire a few months ago but that she met with the Scheduler to review staffing. The DON stated the facility recently hired new RN ' s and would assign the new hires to the RN open shifts to ensure there was an RN scheduled daily. During an interview on 5/26/22 at 12:28 PM the Scheduler revealed the facility was required to have an RN scheduled every day for a minimum of 8 consecutive hours, but she was unable to find RN coverage for those dates. She stated she met with the DON to review staffing and the facility was aware of the open RN shifts. The Scheduler reported the facility utilized several staffing agencies but was unable to secure an RN for the open shifts on 3/5/22, 3/6/22, 3/12/22, 3/13/22, 3/19/22, 3/26/22, 3/27/22, 4/2/22, 4/23/22, 5/7/22, and 5/14/22.	F 727	Allegation of Compliance does not constitute an admission or agreement by the provider of truth of the facts alleged or the corrections of the conclusions set forth on the statement of deficiencies. The plan of correction is prepared and submitted solely because of requirements under state and federal law. 1.No specific residents were identified in the Statement of Deficiencies for this tag. 2.All residents potentially could be affected by RN staffing levels at the facility. 3.The facility Administrator and Director of Nursing have been educated on the Federal regulation regarding the RN 8 hours per day 7 days per week requirement, by the Senior Nurse Consultant on 6/1/22. This education has been added to the General Orientation of any newly hired Administrator and/or Director of Nursing. The facility has created a rotation list of RNs within the facility, for on-call coverage in the event an RN vacancy occurs on the schedule. The on-call RN from this rotation list will be responsible to cover the vacant RN 8-hour shift if one occurs. The Director of Nursing and/or Nursing Supervisor will audit the schedule daily, to ensure each day 8 continuous hours of RN coverage occurs. Audits will be	

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F 727	Continued From page 2 During an interview on 5/26/22 at 1:00 PM the Administrator revealed she was a new hire and was aware of the need for RN coverage daily for minimum of 8 consecutive hours.	F 727	completed each day for 4 weeks, and then twice per week, for 8 weeks. On 6/1/22 the Director of Nursing educated all RN□s, the Staffing Coordinator, and all members of the Nursing Management Team related to the requirement for 8 continuous hours of RN coverage, and the facility staffing plan to ensure compliance. 4.The Director of Nursing will present the analysis of the Registered Nurse staffing requirement compliance percentage to the Nursing Home Administrator at the Quality Assurance and Performance Improvement Committee meeting monthly until three consecutive months of compliance is maintained and then quarterly thereafter. 5.Completion Date: 6/10/22	
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.	F 812		6/10/22

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F 812	Continued From page 3 §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observations and staff interview the facility failed to maintain kitchen equipment clean and in a sanitary condition to prevent cross contamination of food served to residents by failing to clean 1 of 1 steamtable and 2 of 2 plate warmers. The findings included: A review of the Dietary Services, Cleaning Schedule Form-Daily revised on 4/27/16 read as: "Steam Table: Clean/free of food debris. Under shelf/over shelf cleaned." A review of the Dietary Services, Cleaning Schedule Form-Weekly revised on 4/27/16 read as: "Large Equipment: Plate Dispenser: Clean and sanitize inside and out." During the kitchen observation on 5/24/22 at 11:34 AM the steam table was observed. The 6-foot steamtable shelf was observed with dried food debris. On 5/25/22 at 10:00 AM the steam table shelf was observed with dried food debris. The 3 well plate dispenser was observed with dark brown dried food debris inside each well. On 5/26/22 at 9:25 AM the kitchen was observed with the dietary manager. The 6-foot steamtable shelf was observed with food debris and was wet and dirty to touch. The 3 well plate dispenser and the 2 well-plate dispensers were both observed with dark brown dried food debris inside each of	F 812	1.No specific residents were identified in the Statement of Deficiencies for this tag. 2.All residents potentially could be affected by food safety and sanitation procedures at the facility. 3.The facility procedure for daily, weekly, and monthly cleaning and sanitation was reviewed by the Food Service Director on 6/2/22. On 6/3/22 the Director of Food Service provided re-education to all food service staff regarding daily, weekly, and monthly cleaning and sanitation expectations and documentation. Dietary staff members not educated by 6/5/22 will be removed from the schedule until their education has been completed. This education has been added to the general orientation for newly hired dietary staff members. The Director of Food Service and/or Registered Dietitian will audit 100% of cleaning schedules daily for four weeks, and then twice per week for 8 weeks. 4.The Director of Food Service and/or RD will present analysis of the daily, weekly, and monthly cleaning and documentation compliance to the Nursing Home Administrator at the monthly Quality	

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F 812	Continued From page 4 the wells. In an interview on 5/26/22 at 9:28 AM the dietary manger indicated the steam table needed to be clean and staff would clean immediately. She revealed staff would clean the plate warmer when not hot. The dietary manager revealed the cleaning schedules were kept in a book and she would post the schedules. In an interview on 5/26/22 at 10:20 AM the Administrator revealed she would have staff clean the steamtable and plate warmers and have staff wipe down daily.	F 812	Assurance and Performance Committee until three consecutive months of compliance is maintained and then quarterly thereafter. 5.Completion Date: 6/10/22	